Form	99	0	Return	of Organization Ex	emnt From In	come	Tav		Ļ	OMB No. 1545-0047
		-		-	•					2019
(Rev.	January	/ 2020)	.,	, 527, or 4947(a)(1) of the Inter	•			ndations	) ∣	<b>A</b> ( <b>B</b> ) "
		he Treasury		ter social security numbers on	•		•			Open to Public
		e Service		ww.irs.gov/Form990 for instru						Inspection
_			year, or tax year begin		· · · · ·	and endi	Ĩ			, <b>20</b> 20
		oplicable:		bitat for Humanity In	IC OI THE NEW	River	valley	D Emplo		
	ldress ch	÷	Doing business as			Room/sui				L367548
	ame char	•		D. box if mail is not delivered to street addr	te	E Teleph				
H	tial retur		1675 North Fram		4-			<b>0</b> 0	-	)381-1144
		n/terminated		ince, country, and ZIP or foreign postal co	de			G Gross	receipts	
	nended r		Christiansburg,					\$		2,014,430 hates? Yes X No
	plication	n pending		icipal officer: Jim Drader			H(a) Is this a g			
		ot status: X 50	Same as C above				H(b) Are all s			
			1(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527			attach a list		
	ebsite:		prporation Trust Asso			100		exemption		
K Fo		-	prporation Trust Asso	ociation 🗌 Other 🕨	L Year of formati	ion: 198	67  M 8	State of lega	ii domici	le: VA
rai	1	Summary Briefly describe	the organization's missi	on or most significant activities:	Habitat for	Thomas		the Ne		
		-	-	-						
e				te of Habitat for Hun			I that j	provid	les a	
Jano		housing to	qualifying low	income families inac	lequately hous	ed.				
Governance										
20			-	discontinued its operations or dis				1 1		
త			• •	0,00	••••					13
ies				s of the governing body (Part VI,				-		13
Activities &				calendar year 2019 (Part V, line				-		51
Ac			f volunteers (estimate if r	• /	•••••					1,500
				Part VIII, column (C), line 12						0
	b	Net unrelated t	ousiness taxable income	from Form 990-T, line 39	• • • • • • • • • • •	· · · ·		7b		0
							Prior Year			Current Year
đ			nd grants (Part VIII, line	,			499	,129		1,311,190
nu		0	Program service revenue (Part VIII, line 2g)							0
Revenue			· · ·	,, , ,				,654		(45,912)
œ				es 5, 6d, 8c, 9c, 10c, and 11e)				,057		531,862
			<b>e</b> (	must equal Part VIII, column (A),	,		1,215			1,797,140
			• •	X, column (A), lines 1-3) $\ldots$			16,000			13,844
		•	,	(, column (A), line 4)			- 4 -	242		0
es			other compensation, employee benefits (Part IX, column (A), lines 5-10)       545         nal fundraising fees (Part IX, column (A), line 11e)							513,159
Expenses						•				0
ď			g expenses (Part IX, col		87,813	-				261 205
ш		•		es 11a-11d, 11f-24e)				,538		361,395
		•	,	equal Part IX, column (A), line 25	,			,881		888,398
, v	19	Revenue less e	expenses. Subtract line	8 from line 12				,959		908,742
Net Assets or Fund Balances	20	Total assats (D	ort V line 16)				ning of Curre			End of Year
Asse Bala		```	, ,				1,726			3,084,774
und A				ine 21 from line 20			1,603	,616		572,201
Par		Signature				•	1,003	,031		2,512,573
		U		n, including accompanying schedules and	statements, and to the best	of my know	vledge and bel	ief. it is		
				cer) is based on all information of which pre-		,		,		
		Jim Dr	ader							
Sign		Signature o						Date	)	
Here				Director						
Here Jim Drader, Executive Director Type or print name and title										
		Print/Type prepar		Preparer's signature	Date		Charl		PTIN	
Paid				<del> G</del>		21	Check	L "		1600502
Prep		Joshua Ar		thur CDA	04-07-20		irm's EIN	pioyea	P0	1609583
-	Only	Firm's name		thur CPAs			irm's EIN			
036	Uniy	Firm's address				P	hone no.	E40 0	01 -	240
Movit		discuss this re-		nsburg VA 24068 own above? (see instructions)				540-3		
			Act Notice, see the se		<u></u>		<u></u>	• • • •		Form <b>990</b> (2019)
1 1 1	- W 10 4V	ern noudollull	INC.ICC, 300 LIC 30							EULIL <b>330</b> (2019)

Form	990 (2019) Habitat for Humanity Inc of the New River Valley	54-1367548	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Habitat for Humanity of the New River Valley is an independent affiliate of		
	International that provides affordable housing to qualifying low income fami	lies inadequ	ately
	housed.		
	D'al the same similar to see the West to see an a second side the same disk to see a third second second second		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes	x No
	prior Form 990 or 990-EZ?	ies	<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5		Yes	v No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	the total expenses, and revenue, if any, for each program service reported.	,	
4a	(Code: ) (Expenses \$ 452,966 including grants of \$ ) (Revenue	\$	)
	The organization operates a retail store where donated building materials an	d supplies,	,
	furniture, and appliances are sold at discounted prices. Net proceeds also h	elp fund oth	ler
	program services.		
4b	(Code:) (Expenses \$154,588 including grants of \$) (Revenue	\$	)
	Provided affordable housing to low income families. The organization builds	homes and al	so
	provides zero interest financing for many of the homes it sells.		
4.	(Code ) (European f 12 044 including grants of f	¢	
4c	(Code:) (Expenses \$ 13,844 including grants of \$) (Revenue	\$	)
	The organization helps support the global home construction mission of Habit	at for Human	lity
	International.		
4d			
4d	Cther program services (Describe on Schedule O.)	)	
4d 4e		)	

	n 990 (2019) Habitat for Humanity Inc of the New River Valley 54-13675	48	F	age 3
Pa	rt 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? <i>If "Yes," complete Schedule C, Part II</i>	4		v
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	4		x
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		x
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
k	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
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
C	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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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		x
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	······································	404		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13 14a		x
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		x
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," 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
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2019) Habitat for Humanity Inc of the New River Valley 54-13675	48	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete Schedule L, Part L	25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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 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	00-		
	"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		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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? <i>If "Yes," complete Schedule M.</i>	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
<b>0</b> 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
1a ⊾				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and       0			
C	reportable gaming (gambling) winnings to prize winners?	1c		
		10		

	990 (2019) Habitat for Humanity Inc of the New River Valley 54-1367	548	P	Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?.	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
a h	Initiation fees and capital contributions included on Part VIII, line 12       12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	-		
ь 11	Section 501(c)(12) organizations. Enter:	-		
a h		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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 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.			

Form	990	(2019)
------	-----	--------

Form	990 (2019) Habitat for Humanity Inc of the New River Valley 54-13675	48	Р	age <b>6</b>
Par	t 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 in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 in line 1a, above, who are independent       1         Image: Did any officer, director, trustee, or key employee have a family relationship or a business relationship with       13			
2	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	-		~
U	supervision of officers, directors, or 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	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
000	tion <b>D. Toncies</b> (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
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 in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	x x	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jim Drader (540)381-1144, 1675 North Franklin Street, Christiansburg, VA 24073			

Form 990 (20	(19) Habitat for Humanity Inc of the New River Valley	54-1367548	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, 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 organization	e this table for all persons required to be listed. Report compensation for the calendar year ending with or v s tax year.	within the	
List all	of the organization's current officers, directors, trustees (whether individuals or organizations) regardless	s of amount of	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	ing related erganizati	0.1.00				,				
		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average					nan one s both ar	- -	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or o	Ins	Officer	Key	emj	For	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	titutio	cer	/ em	hest	Former Highest	(1099-10130)		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee on				
	below	Jstee	trust		ee	Ipen				
	dotted line)	Û	ee			Highest compensated employee				
						<u>а</u>				
(1) Tom Sherman	2.00									
Board Member		х						0	0	0
(2) Jordan Stidham	2.0_0									
Treasurer		х		х				0	0	0
(3) Ted Koebel	2.0_0									
Secretary		х						0	0	0
(4) Larry Day	2.00									
Board Member		х						0	0	0
(5) Mary A Bonadeo	2.00									
Chair		х		х				0	0	0
(6) Steve Jones	2.00									
Board member		х						0	0	0
(7) Patrick Doan	2.00									
Collegiate Chapter Advisor		х						0	0	0
(8) Bobby Parker	2.00									
Board Member		х						0	0	0
(9) Crystal Hollins	2.00									
Board Member		х						0	0	0
(10)Holly L Lesko	2.00									
Board Member		х						0	0	0
(11)Kate Means	2.00									
Vice Chair		x		х				0	0	0
(12)Susan_Icove	2.00									
Chair FISH		х						0	0	0
(13)John_Ross	2.00									
Member		х						0	0	0
(14)David Pynn	2.00									
Treasurer		x		х				0	0	0
EEA										Form <b>990</b> (2019)

Part VII	Section A. Officers, Directors, Trustee	es, key Emp	loyees	s, and	a Hig	nest Co	omp	ensated Employe	es (continuea)			
	(A) Name and title		box, office	ot chec unless er and a	persor a direct	than one is both a or/trustee)	n )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cor	(F) nated amo of other mpensatio rom the	
		(list any or normalization of the second sec		(W-2/1099-MISC)	-	nization a						
	ey Fortier ve Director	55.00			x			60,152	0		27,7	48
16)												
17)												
18)												
19)												
20)												
23)												
24)												
25)												
	btotal						-					
d Tot 2 Tot	tal (add lines 1b and 1c)	ed to those li					• •	60,152 pre than \$100,000	0 of		27,7	48
	the organization list any <b>former</b> officer, direc			nlovo	o or	highost	con	anonsatod			Yes	No
em	ployee on line 1a? If "Yes," complete Schedul r any individual listed on line 1a, is the sum of re	le J for such	individ	ual				· · · · · · · · · · ·		3		x
-	anization and related organizations greater th						edul	le J for such		4		x
	any person listed on line 1a receive or accrue services rendered to the organization? If "Yes	•		•		-				5		x
1 Cor	<b>B. Independent Contractors</b> mplete this table for your five highest compensa mpensation from the organization. Report comp											
	(A) Name and business addres				,	0		(B) Description of servic		(C) Compens	ation	
										Compone		
							-					

►

na a shua al ua a na Alaan (	* 4 0 0 0 0 - F -		
received more than \$	\$100,000 of C	compensation from	n the organization

Form 9	<u> </u>	,		nity	Inc of the	New River V	alley	54-13675	48 Page 9
Part	VIII	Statement of Rev							
		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
ts ts	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events		1c					
B, G Ame	d	5		1d					
ilar İlar	е			1e	85,000				
ons, Sim	f		-						
ber		and similar amounts not i		1f	1,226,190				
li ti	g			4	¢				
an Co	h			1g		1 211 100			
	h	Total. Add lines 1a-1f	· · · · · · · · ·	• • •	Business Code	1,311,190			
	2a				Busilless Code				
ice	b								
Serv	c								
Program Service Revenue	d								
ogra Re	е								
P,	f	All other program service	revenue						
	g	Total. Add lines 2a-2f .			•••••				
	3	Investment income (includ	ing dividends, inte	erest, a	and				
		other similar amounts) .				439	439		
	4				eeds►				
	5	Royalties	•••••		· · · · · · •				
			(i) Real		(ii) Personal				
		Gross rents							
		Less: rental expenses	6b						
		Rental income or (loss)	6C						
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets other than inventory	70		100.040				
e	b	Less: cost or other basis	7a 7b		109,840				
enue		Gain or (loss)			156,191 (46,351)				
Other Reve		Net gain or (loss)				(46,351)	(46,351)		
erF		Gross income from fundra				(40,551)	(40,551)		
oth		events (not including \$							
		of contributions reported c	n line	-					
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .		8b					
	c	Net income or (loss) from	fundraising event	s.	<b>&gt;</b>				
	9a	Gross income from gamin	g						
		activities, See Part IV, line	19	9a					
	b	Less: direct expenses .		9b					
	c	Net income or (loss) from	gaming activities	<u></u>	<b>&gt;</b>				
	10a	Gross sales of inventory, I	ess						
		returns and allowances .		10a	579,871				
		Less: cost of goods sold		1 <b>0</b> b	61,099				
	C	Net income or (loss) from	sales of inventory	/	<b>&gt;</b>	518,772	518,772		
					Business Code				
e		Miscellaneous			900099	13,090	13,090		
enu	b								
Miscellanous Revenue	C								
Mis		All other revenue			L				
		Total. Add lines 11a-11d				13,090			
	12	Total revenue. See instru			🏲	1,797,140	485,950	0	0

25

26

22

23

24

b

Depreciation, depletion, and amortization

a Dues and subscriptions

c Supplies and equipment

d Bank and merchant fees

e All other expenses

Repairs and maintenance

following SOP 98-2 (ASC 958-720)

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

Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e. .

Form	990 (2019) Habitat for Humanity I	nc of the New 1	River Valley	54-136
Pa	rt IX Statement of Functional Expenses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	izations must complet	e column (A).
	Check if Schedule O contains a response or note to a	any line in this Part IX		
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21	13,844	13,844	
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	60,152	30,076	15,038
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	367,906	301,082	26,782
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	51,770	29,312	12,102
10	Payroll taxes	33,331	26,343	2,458
11	Fees for services (nonemployees):			
а	Management			
b	Legal			
С	Accounting	13,221	140	13,081
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17 .			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25, column			
-	(A) amount, list line 11g expenses on Schedule O.)	20,403	18,420	1,693
12	Advertising and promotion	15,607	2,323	2,049
13	Office expenses	9,021	4,891	3,731
14	Information technology			
15	Royalties			
16	Occupancy	128,257	70,762	57,495
17	Travel	6,863	4,542	2,252
18	Payments of travel or entertainment expenses		-	• -
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest	10,578		10,578
21	Payments to affiliates	300	300	-

9<u>,6</u>97

50,654

12,125

1,650

9,449

14,039

59,531

888,398

46,023

3,470

1,329

7,240

13,508

47,793

621,398

(D) Fundraising expenses

Page 10

15,038

40,042

10,356

4,530

290

69

276

30

384

5,164

87,813

11,235 399

Form **990** (2019)

9,697

4,355

8,655

2,179

6,574

179,187

321

147

orm 990 (20 <b>Part X</b>	M9) Habitat for Humanity Inc of the New River Va Balance Sheet		4-136	7548 Page 1
	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	188,243	1	686,574
2	Savings and temporary cash investments	268,487	2	79,826
3	Pledges and grants receivable, net		3	
4			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	
6			5	
0	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	692,774	7	647,023
8		44,834	8	
Assets 8 9	Prepaid expenses and deferred charges	17,577	9	<u>38,238</u> 18,355
10a	Land, buildings, and equipment: cost or other	17,577	3	10,355
IVa	basis. Complete Part VI of Schedule D 10a 86,685			
b	Less: accumulated depreciation	32,628	10c	22,931
11	Investments - publicly traded securities	52,020	11	22,931
12	Investments - other securities. See Part IV, line 11		12	
12	Investments - program-related. See Part IV, line 11	480,355	13	1,590,278
14		400,555	14	1,550,270
15	Other assets. See Part IV, line 11	1,549	15	1,549
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,726,447	16	3,084,774
17	Accounts payable and accrued expenses	71,450	17	26,759
18	Grants payable	,	18	
19			19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	413	21	(2,198
ທ 22	Loans and other payables to any current or former officer, director,			<b>*_*</b>
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	19,036	23	216,082
24	Unsecured notes and loans payable to unrelated third parties		24	330,400
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	31,717	25	1,158
26	Total liabilities. Add lines 17 through 25	122,616	26	572,201
	Organizations that follow FASB ASC 958, check here			
s	and complete lines 27, 28, 32, and 33.			
Net Assets or Fund Balances 82 25 86 65 87 87 88 87 88 87 88 88 88 88 88 88 88	Net assets without donor restrictions	1,591,269	27	2,484,936
28	Net assets with donor restrictions	12,562	28	27,637
	Organizations that do not follow FASB ASC 958, check here			
5	and complete lines 29 through 33.			
ັ 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ž 31	Retained earnings, endowment, accumulated income, or other funds		31	
5 32	Total net assets or fund balances	1,603,831	32	2,512,573
33	Total liabilities and net assets/fund balances	1,726,447	33	3,084,774

EEA

Form **990** (2019)

Form	990 (2019) Habitat for Humanity Inc of the New River Valley 5	4-136754	8	Pa	age <b>12</b>
Par	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)			797,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		888,	, 398
3	Revenue less expenses. Subtract line 2 from line 1	3		908,	,742
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	603,	,831
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	512,	,573
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2019)

			Public Charity Status and Public Support					OMB No. 1545-0047	
SCHEDULE A			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust						ե <b>2019</b>
•		0 or 990-EZ)		► Attach to Form 990 or Form 990-EZ.					
•		of the Treasury enue Service	•	Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Open to Public Inspection
Name	e of the	e organization						Employer identificati	on number
Hab	ita		nity Inc of the		-			54-1367548	
Pa	rt I	Reason	for Public Charity	<b>/ Status</b> (All or	ganizations must co	omplete	this part	.) See instructions	•
The	orga			•	s 1 through 12, check onl	•	,		
1	Ц				urches described in <b>sect</b>				
2	Ц		•		Schedule E (Form 990 c	,	,		
3	Ц	•	• •	•	n described in section 1				
4			0 1	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
-		•	e, city, and state:	<u>Ct</u> - C				al contrata a sufficient for	
5		-		-	university owned or opera	ated by a g	jovernmen	tal unit described in	
c		•	)(1)(A)(iv). (Complete		unit desceribed in <b>section</b>	470/6//4/			
6	x		•	•	init described in <b>section</b> t of its support from a gov			n the general nublic	
7	Δ	0	ection 170(b)(1)(A)(vi	•		/emmentai		n the general public	
8			rust described in secti		,				
9	П	•			ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant colleg	IA.
Ū		•	•		see instructions). Enter the		•	• •	
		university:	a non land grant cone	go of agriculture (c			ly, and olar	o or the conege of	
10	Π		n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		-	-		subject to certain exception				
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses	
		acquired by th	e organization after Ju	ne 30, 1975. See <b>:</b>	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organizatio	n organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	
		of one or more	publicly supported or	ganizations descrit	ped in section 509(a)(1)	or section	າ 509(a)(2)	. See section 509(a)(3	3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.
	а				rised, or controlled by its		-		g
			• • • • •		appoint or elect a major	rity of the c	lirectors or	trustees of the	
		•	•	-	IV, Sections A and B.				
	b			•	ontrolled in connection w		U		
			а I		on vested in the same pe	rsons that (	control of r	nanage the supported	
	с		on(s). You must comp inctionally integrated		anization operated in cor	nection w	ith and fu	actionally integrated wi	th
	C				u must complete Part I				u 1,
	d				g organization operated i				n(s)
		- 71	, ,		generally must satisfy a d			11 0	(0)
					e Part IV, Sections A a				
	е			-	determination from the IF			Type II, Type III	
			-		ntegrated supporting orga				
	f	Enter the numb	per of supported organ	izations					
	g	Provide the foll	owing information abo	ut the supported or	ganization(s).	-			
	(i	) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
									other support (see instructions)
		Yes No							
(A)									
<b>(B)</b>									
(())									
(C)									
(D)									

Total		
For Paperwork Reduction Act Notice, see the	e Instructions for F	Form 990 or 990-EZ.

(E)

		or Humanity				54-136754	<u> </u>
Pa	art II Support Schedule for Organiza						
	(Complete only if you checked th						fy under
	Part III. If the organization fails to	o qualify under	the tests list	ed below, ple	ease complet	e Part III.)	
_	ction A. Public Support						
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1							
	membership fees received. (Do not						
_	include any "unusual grants.")	259,273	439,835	435,328	499,129	1,311,190	2,944,755
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4		259,273	439,835	435,328	499,129	1,311,190	2,944,755
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)						46,162
_	Public support. Subtract line 5 from line 4						2,898,593
_	ction B. Total Support					I	
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	259,273	439,835	435,328	499,129	1,311,190	2,944,755
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	2	118	799	1,237	439	2,595
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.)		4,605	2,476	64,847	13,090	85,018
11	Total support. Add lines 7 through 10						3,032,368
	Gross receipts from related activities, etc. (se	ee instructions)				12	3,348,009
	First five years. If the Form 990 is for the or						
	organization, check this box and stop here	- 					· · · · ► □
Se	ction C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	d by line 11, c	olumn (f))		14	95.59 %
15	Public support percentage from 2018 Sched	ule A, Part II, lir	ne 14			15	89.39 %
16a	a 33 1/3% support test - 2019. If the organiza	ation did not che	ck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, cheo	ck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anization			► x
k	o 33 1/3% support test - 2018. If the organiza	ation did not che	ck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more,	, check
	this box and stop here. The organization qu	alifies as a publ	icly supported	organization .			► 🗌
17a	10%-facts-and-circumstances test - 2019.	If the organizat	ion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 14	is
	10% or more, and if the organization meets t	the "facts-and-c	ircumstances"	test, check thi	s box and <b>sto</b>	<b>p here.</b> Explain	in
	Part VI how the organization meets the "facts	s-and-circumsta	ances" test. Th	e organization	qualifies as a	publicly support	ed
	organization			-	-		_
k	0 10%-facts-and-circumstances test - 2018.						
-	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet					-	clv
	supported organization					-	·
18	<b>Private foundation.</b> If the organization did n						
-	instructions						▶ □

Sche	dule A (Form 990 or 990-EZ) 2019 Habitat fo	or Humanity	y Inc of th	e New River	r Valley	54-1367	548 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization faile	d to qualify u	nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
See	ction A. Public Support			•	•		
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support				•	1	
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ▶ <u></u>
	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched					16	%
See	ction D. Computation of Investment Inc						
17	Investment income percentage for 2019 (line					17	%
18	Investment income percentage from 2018 Se					18	%
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-		•••••	
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-	-	-		-
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	see instructio	ons 🕨 🗌

Part	IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	mplete		
ect	ion A. All Supporting Organizations	art v.)		
			Yes	N
	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.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
0	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
2	Was any supported organization not organized in the United States ("foreign supported organization")? If	50		
a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	40		
D	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
~	Did the organization support any foreign supported organization that does not have an IRS determination	40		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
_	purposes.	40		
d	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	Fa		
<b>h</b>	was accomplished (such as by amendment to the organizing document).	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	E h		
_	designated in the organization's organizing document?	5b		
	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	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 <b>Part VI.</b>	6		
	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 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
а	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 <b>Part VI</b> .	9a		_
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	-		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
a	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 10b below.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2019 Habitat for Humanity Inc of the New River Valley 54	4-1367548	Р	age <b>5</b>
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c	;)		
below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in	Part VI. 11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to	th a		
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during			
tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised	i, or		
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the supp	orted		
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		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	tors		-
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how cont			
or management of the supporting organization was vested in the same persons that controlled or manag			
the supported organization(s).	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).	•		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		<u> </u>
	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 organization used to satisfy the Integral Part Test during the year (see instructions).
- a D 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.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 Habitat for Humanity Inc of the New Ri			7548 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	-		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	integra	ated Type III supporting	organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

_	ule A (Form 990 or 990-EZ) 2019 Habitat for Humanity Inc			7548 Page 7					
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	tion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in <b>Part VI</b> ). See instructions.								
_7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	e organization is respons	sive						
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount		<i>(</i> 1)						
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2019								
	From 2014								
	From 2015								
	From 2016								
	From 2017								
	From 2018								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
	Distributions for 2019 from								
4	Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
Ŭ	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in <b>Part VI</b> . See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
•	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
-	and 4c.								
8	Breakdown of line 7:								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
е	Excess from 2019								
EEA			Sched	ule A (Form 990 or 990-EZ) 2019					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

#### (Form 990, 990-EZ. or 990-PF)

# Schedule of Contributors

OMB No. 1545-0047

2019

Department of the Treasury	
Internal Revenue Service	

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		
Name of the organization		Employer ider	ntification number

•	
Habitat for Humanity Inc of the New River Valley	54-1367548
Organization type (check one):	

Filers of:	Section:				
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

#### Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

х For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

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

Virginia Housing Development Auth 601 S Belvidere St Richmond, VA 23220	\$75,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Town of Blacksburg

Blacksburg, VA 24062

300 S Main St

Name of organization

Part I

(a)

Νó.

1

(a)

No.

2

(a) No.

(a) No.

(a) No.

(a) No.

Habitat for Humanity Inc of the New River Valley

(b)

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

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

х

(d)

Type of contribution

(d)

Type of contribution

Employer identification number

54-1367548

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

(c)

Total contributions

30,509

\$

SCł	HEDULE D	Supplemen	tal Financial Sta	tements			OMB No. 1545-0047
(Fo	rm 990)	Complete if the org	ganization answered "Ye 10, 11a, 11b, 11c, 11d, 11e	s" on Form 990,			2019
Depar	tment of the Treasury	▶	Attach to Form 990.				Open to Public
•	al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and t	the latest informat	ion.		Inspection
	of the organization				Employer id		
		nity Inc of the New River V		Funda an Assau		36754	8
Pa		tions Maintaining Donor Advised Fu			nts.		
	Complete	if the organization answered "Yes" on				h) Funda a	
1	Total number at en	nd of year	(a) Donor advised			<b>b)</b> Funds a	nd other accounts
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in w	riting that the assets held in	n donor advised			
	funds are the orga	nization's property, subject to the organization	on's exclusive legal control	?			. 🗌 Yes 🗌 No
6	Did the organizatio	on inform all grantees, donors, and donor ad	visors in writing that grant f	unds can be used			
	only for charitable	purposes and not for the benefit of the dono	r or donor advisor, or for ar	ny other purpose			
_		ssible private benefit?					. Yes No
Pa		vation Easements.					
		e if the organization answered "Yes" of		e 7.			
1		servation easements held by the organizatio		1			
		f land for public use (e.g., recreation or edu	cation)	Preservation of a			
	Protection of n		L	Preservation of a	a certified	nistoric s	tructure
2	Preservation o	n open space nrough 2d if the organization held a qualified		in the form of a con	convotion		
2	•	ast day of the tax year.					the End of the Tex Vee
а		· · ·			. 2a	Held at	the End of the Tax Year
b							
c	•	vation easements on a certified historic struc					
d		vation easements included in (c) acquired at					
	historic structure lis	sted in the National Register			. 2d		
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or tern	ninated by the orgai	nization d	uring the	
	tax year ►						
4	Number of states v	where property subject to conservation ease	ement is located				
5	Does the organizat	tion have a written policy regarding the period	odic monitoring, inspection,	handling of			
	-	preement of the conservation easements it h		••••		• • • •	. 🗌 Yes 📋 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and en	forcing conservation	n easeme	nts durin	g the year
-	►			••••••••			
7		es incurred in monitoring, inspecting, handlir	ng of violations, and enforc	ing conservation ea	sements o	auring the	e year
8	► \$	vation easement reported on line 2(d) above	a caticfu the requirements of	of contion $170(h)(4)$			
0	and section 170(h)		• •		. , . ,		. 🗌 Yes 🗌 No
9	( )	be how the organization reports conservatio					
-		include, if applicable, the text of the footnot		•			
		ounting for conservation easements.	5				
Pa	rt III Organi	zations Maintaining Collections	of Art, Historical Tr	easures, or Ot	her Sin	nilar As	ssets.
	Complet	te if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 8.			
1a	If the organization	elected, as permitted under FASB ASC 958	s, not to report in its revenu	e statement and ba	lance she	et works	
	of art, historical tre	asures, or other similar assets held for publi	c exhibition, education, or	research in furthera	nce of pul	olic	
	service, provide, in	Part XIII the text of the footnote to its finan	cial statements that describ	pes these items.			
b	If the organization	elected, as permitted under FASB ASC 958	s, to report in its revenue st	tatement and balanc	e sheet w	orks of	
		ures, or other similar assets held for public e	exhibition, education, or res	search in furtherance	e of public	service,	
	•	ng amounts relating to these items:					
	.,						
_		d in Form 990, Part X					
2	-	received or held works of art, historical trea		-	, provide t	he	
	•	required to be reported under FASB ASC 9	•				
a		on Form 990, Part VIII, line 1					
b	Assets included in	Form 990, Part X				▶ \$	

For	Paperwork	Reduction	Act Notice.	see the	Instructions	for Form 99	0.
	. apoi noi n	i toaaotion	,,	000 1110	moa aonomo		•••

Schedule D (Form 990) 2019

Sched	ule D (Form 990) 2019 Habitat for Hum						54-136			age <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	Assets (c	ontinı	ued)
3	Using the organization's acquisition, accession	n, and other records,	check any	of the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan c	or exchange	program	IS			
b	Scholarly research		е	Other						
с	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they fu	rther the c	organization's	s exempt	t purpose in Part			
	XIII.				-					
5	During the year, did the organization solicit or r	eceive donations of	art, historic	al treasure	es, or other s	imilar				
	assets to be sold to raise funds rather than to							🗌 Ye	sП	No
Pa	rt IV Escrow and Custodial Arrar			,						
	Complete if the organization a		on Form	990. Pa	rt IV. line	9. or re	eported an an	nount on	Form	
	990, Part X, line 21.					-,				
1a	Is the organization an agent, trustee, custodian	or other intermedia	rv for contrib	outions or	other assets	not				
		•••••	-					Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII a								• ==	
			owing table.				Δ	mount		
~	Beginning balance					. 10		anoun		
с С	Additions during the year									
d	<b>o y</b>									
e	0 ,	•••••								
f	Ending balance							V.		Na
2a	Did the organization include an amount on For								_	No
b	If "Yes," explain the arrangement in Part XIII. (	Direck nere if the ex	planation na	s been pr	ovided on Pa				•	
Pa	rt V Endowment Funds.			000 Da	wt I\/ line	10				
	Complete if the organization a									
		(a) Current year	(b) Prio	r year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years b	ack
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 currer	nt year end balance	(line 1g, col	umn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment	D								
с	Term endowment   %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess		tion that are	held and	administered	for the				
	organization by:	-							Yes	No
								3a(i)		
	0									
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Equipr									
I u	Complete if the organization a		on Form	990 Pa	rt IV line	11a S	ee Form 990	Part X li	ine 1(	٦
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Boo		
	Description of property	(investm		.,	other)	.,	epreciation	( <b>u</b> ) BUU	K value	
10	Land		/	(0	,		.,			
1a ⊾										
b	Buildings									
C	Leasehold improvements				0.6 . 6.5 -					
d					86,685		63,754		22,9	931
<u>e</u>	Other			(5) 1						
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, columr	n (B), line	10c.)		►		22,9	931

Schedule D (Form 990) 2019 Habitat for Humanity Inc of	the New River	Valley	54-1367548	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lir	ie 11b. Se	e Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market va	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).				

## Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1Real estate held for development	158,719	Cost
(2)Construction in progress	1,431,559	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	1,590,278	

#### 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) Ecurity Deposits	1,549
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	1,549

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)Money held for Dr. Joe's pavilion	1,158
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ►	1,158

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.

Sched	ule D (Form 990) 2019 Habitat for Humanity Inc of the New River Valley	54-1367	
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Retur	n.
	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	1,797,140
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 facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,797,140
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,797,140
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	888,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments         2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	888,398
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	888,398
Pa	rt XIII Supplemental Information.		

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

SCHEDULE I			ants and Othe				I	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in	the United Sta	ites		2019
Department of the Treasury		Comple	te if the organization a	nswered "Yes" on For ▶ Attach to Form 990.	m 990, Part IV, line 2 <sup>-</sup>	l or 22.	(	Open to Public
Internal Revenue Service			► Go to www.irs.	.gov/Form990 for the	latest information.			Inspection
Name of the organization							Employer identification	n number
	anity Inc of the						54-1367548	
	al Information on (				alle lite e fan de a ana ata a a			
	ation maintain records to		-	-				🗙 Yes 🗌 No
	IV the organization's pro						••••	<u>X</u> res ino
					ts Complete if the	organization answered	"Yes" on Form 90	0
	line 21, for any recipi		•			0		,,
-	Iress of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
.,	ernment		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	
(1)Habitat for	Humanity Intern							To carry out
270 Peachtree S	treet Suite 130							the org's
Atlanta, GA 303	03	91-1914868	501(c)(3)	13,844				mission
(2)								
(3)								
(1)								
(4)								
(5)								
(0)								
(6)								
.,								
(7)								
(8)								
(0)								
(9)								
(10)								
(10)								
2 Enter total number	er of section 501(c)(3) ar	nd government organi	zations listed in the line	1 table			· · · · · · · •	
	er of other organizations						· · · · · · · •	

# Schedule I (Form 990) (2019) Habitat for Humanity Inc of the New River Valley 54-1367548 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Part III can be duplicated if additiona		•	· g		, ,
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addi	tional information.

Page 2

Department of the Treasury

Internal Revenue Service Name of the organization

# 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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

Habitat for Humanity Inc of the New River Valley

54-1367548

#### 01. Form 990 governing body review (Part VI, line 11)

A draft copy of the 990 is reviewed by the treasurer prior to filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

Employees and board members are required to sign an annual conflict of interest statement.

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

The executive committee evaluates, on an annual basis, the performance and goals of the

executive director, and reviews regional and national Habitat for Humanity salary data in

making a determination of the executive director's compensation.

#### 04. Other officer or key employee compensation (Part VI, line 15b

The executive committee evaluates, on an annual basis, the performance and goals of all

compensated officers and key employees (if applicable), and reviews regional and national

Habitat for Humanity salary data in making a determination of their compensation.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

A copy of the organization's by-laws, conflict of interest policy, financial statements

and Form 990 are maintained at the organization's office and are made available upon

request.

	1
Federal Supporting Statements	2019 PG01
Name(s) as shown on return Tax ID Num	
Habitat for Humanity Inc of the New River Valley	54-1367548

# Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Habitat for Humanity Inc of the New River Valley Address: 1675 North Franklin Street, Christiansburg, VA 24073 EIN: 54-1367548 Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

Name(s) as shown on return     FEN       Habitat for Humanity Inc of the New River Valley     54-1367548       Description     Amount       Auto expense     \$ 1,93       FISH     24,91       Miscellaneous     20,76       Payroll processing     Total: \$ 47,79       Miscellaneous     6,24       Payroll processing     6,24       Payroll processing     13       Real estate and personal property taxes     13       Description     Amount       Kiscellaneous     \$ 1,57       Description     5 18       Miscellaneous     6,24       Payroll processing     13       Total: \$	990 Overflow Statement			<b>2019</b> Page 1
Description       Amount         Auto expense       \$ 1,93         FISH       24,91         Miscellaneous       20,76         Payroll processing       18         Description       Amount         Auto expense       \$ 18         Miscellaneous       \$ 6,24         Payroll processing       6,24         Real estate and personal property taxes       13         Total:       \$ 6,57         Description       Amount         Miscellaneous       \$ 15         Payroll processing       13         Total:       \$ 15         Payroll processing       1         FISH       5,00	Name(s) as shown on return		FEIN	
Auto expense       \$ 1,93         FISH       24,91         Miscellaneous       20,76         Payroll processing       18         Total: \$ 47,79       18         Miscellaneous       \$ 18         Miscellaneous       \$ 18         Payroll processing       Amount         Miscellaneous       \$ 18         Payroll processing       6,24         Payroll processing       13         Real estate and personal property taxes       13         Miscellaneous       \$ 15         Payroll processing       13         Miscellaneous       \$ 15         Payroll processing       13         Total: \$ 6,57       13         Payroll processing       13         FISH       5,00	Habitat for Humanity Inc of the New River Valley			54-1367548
Auto expense       \$ 1,93         FISH       24,91         Miscellaneous       20,76         Payroll processing       18         Total: \$ 47,79       18         Miscellaneous       \$ 18         Miscellaneous       \$ 18         Payroll processing       Amount         Miscellaneous       \$ 18         Payroll processing       6,24         Payroll processing       13         Real estate and personal property taxes       13         Miscellaneous       \$ 15         Payroll processing       13         Miscellaneous       \$ 15         Payroll processing       13         Total: \$ 6,57       13         Payroll processing       13         FISH       5,00	Description			Amount
Miscellaneous       20,76         Payroll processing       18         Total:       47,79         Description       Amount         Auto expense       \$         Miscellaneous       6,24         Payroll processing       6,24         Real estate and personal property taxes       13         Description       47,79         Miscellaneous       6,24         Payroll processing       13         Total:       \$         Miscellaneous       6,57         Description       Amount         Miscellaneous       \$         Payroll processing       15         Payroll processing       1         FISH       5,00	Auto expense		\$	1,93
Payroll processing       18         Total: \$       47,79         Description       Amount         Auto expense       \$         Miscellaneous       6,24         Payroll processing       6,24         Real estate and personal property taxes       13         Description       13         Miscellaneous       6,57         Description       Amount         Miscellaneous       \$         Payroll processing       13         Description       Amount         Miscellaneous       \$         Payroll processing       15         Payroll processing       \$         FISH       5,00				24,91
Description       Amount         Auto expense       \$ 18         Miscellaneous       6,24         Payroll processing       13         Real estate and personal property taxes       13         Total:       \$ 6,57         Miscellaneous       \$ 15         Payroll processing       15         Payroll processing       15         Payroll processing       \$ 15         Payroll processing       5,00				
Auto expense       \$ 18         Miscellaneous       6,24         Payroll processing       13         Real estate and personal property taxes       13         Total: \$ 6,57       6,57         Miscellaneous       \$ 15         Payroll processing       1         Payroll processing       1         FISH       5,00		Total:	\$	
Auto expense       \$ 18         Miscellaneous       6,24         Payroll processing       13         Real estate and personal property taxes       13         Total: \$ 6,57       6,57         Miscellaneous       \$ 15         Payroll processing       1         Payroll processing       1         FISH       5,00				
Miscellaneous       6,24         Payroll processing       13         Real estate and personal property taxes       13         Total: \$       6,57         Miscellaneous       \$         Miscellaneous       \$         Payroll processing       15         Payroll processing       1         FISH       5,00				
Payroll processing       13         Real estate and personal property taxes       13         Total: \$       6,57         Miscellaneous       \$         Payroll processing       15         FISH       5,00				C 04
Real estate and personal property taxes       13         Total: \$       6,57         Description       Amount         Miscellaneous       \$       15         Payroll processing       1         FISH       5,00				
DescriptionAmountMiscellaneous\$ 15Payroll processing1FISH5,00	Real estate and personal property taxes			13
Miscellaneous         \$         15           Payroll processing         1         1           FISH         5,00         5,00		Total:	\$	6,57
Miscellaneous         \$         15           Payroll processing         1         1           FISH         5,00         5,00				
Miscellaneous         \$         15           Payroll processing         1         1           FISH         5,00         5,00				
Miscellaneous         \$         15           Payroll processing         1         1           FISH         5,00         5,00	Deservintion			3
Payroll processing       1         FISH       5,00			_ <u>-</u>	
FISH 5,00				
Total: \$5,16	FISH			5,00
		Total:	\$	5,16