Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 **, and ending** 06/30/25

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

C Name of organization: Habitat for Humanity Peninsula and Greater Williamsburg

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 11011 Warwick Blvd

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Newport News VA 23601

D Employer identification number: **-***1619

E Telephone number: 757-596-5553

G Gross receipts$ 9,326,930

F Name and address of principal officer:
Shauntrice Williams
11011 Warwick Blvd
Newport News VA 23601

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: www.HabitatPGW.org

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	118
6 Total number of volunteers (estimate if necessary)	6	1000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,653,590	2,659,378
9 Program service revenue (Part VIII, line 2g)	1,241,249	2,059,769
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,328	22,530
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,599,094	4,505,650
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,507,261	9,247,327
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,237,048	4,363,273
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 384,434		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,244,437	5,482,864
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,481,485	9,846,137
19 Revenue less expenses. Subtract line 18 from line 12	25,776	-598,810

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,493,359	10,319,127
21 Total liabilities (Part X, line 26)	2,308,243	1,732,821
22 Net assets or fund balances. Subtract line 21 from line 20	9,185,116	8,586,306

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Shauntrice Williams CEO

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Samantha M. Freeman, CPA, MBA	Samantha M. Freeman, CPA, MBA	10/14/25		*********

Firm's name: CARMINES, ROBBINS & COMPANY, PLC — Firm's EIN: **-***4334

Firm's address: 11815 Rock Landing Dr Newport News, VA 23606 — Phone no. 757-873-8585

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ... ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ... ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,052,126 including grants of $) (Revenue $ 1,767,024)

See Schedule O

4b (Code:) (Expenses $ 1,069,857 including grants of $) (Revenue $ 286,322)

Mortgages: Homes are sold to qualified low-income families with interest at -0-%, generally with 20 to 30 year mortgages. The mortgages are discounted to reflect the FMV of the 0% interest rate. This discount is the cost to Habitat of providing the mortgages.

4c (Code:) (Expenses $ 54,000 including grants of $) (Revenue $ 6,423)

Voluntary support of Habitat for Humanity International house building programs outside the United States, and donations to other charitable organizations.

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

(Expenses $ 4,139,689 including grants of $) (Revenue $)

4e Total program service expenses 9,315,672

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any 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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	16		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 118			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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 on 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	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Shauntrice Williams 11011 Warwick Blvd

Newport News VA 23601 757-596-5553

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Keith Vander Vennet President	0.00 0.00	X		X				0	0	0
(2) Jim Golini President Elect	0.00 0.00	X		X				0	0	0
(3) Stephen Abbitt Im. Past President	0.00 0.00	X		X				0	0	0
(4) Brandon Knight Treasurer	0.00 0.00	X		X				0	0	0
(5) Curtis Lassiter, Jr. Secretary	0.00 0.00	X		X				0	0	0
(6) Lindsey Carney Smith Of Counsel	0.00 0.00	X		X				0	0	0
(7) Valarie Miller Board Member	0.00 0.00	X						0	0	0
(8) Donald B. Brown Board Member	0.00 0.00	X						0	0	0
(9) Brian Fields Board Member	0.00 0.00	X						0	0	0
(10) Cynthia Hall Board Member	0.00 0.00	X						0	0	0
(11) Seletia Hamiel Board Member	0.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) David Hancock										
(12)	0.00									
Board Member	0.00	X						0	0	0
(13) Denise McRoberts										
(13)	0.00									
Board Member	0.00	X						0	0	0
(14) Kelly Peck										
(14)	0.00									
Board Member	0.00	X						0	0	0
(15) Marcia S. Price										
(15)	0.00									
Board Member	0.00	X						0	0	0
(16) Sherry Thacker										
(16)	0.00									
Board Member	0.00	X						0	0	0
(17) Charlene Kruger Yackanich										
(17)	0.00									
Board Member	0.00	X						0	0	0
(18) Paul Criner										
(18)	0.00									
Board Member	0.00	X						0	0	0
(19) Terri Francis										
(19)	0.00									
Board Member	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								207,153		
d Total (add lines 1b and 1c)								207,153		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	105,037				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,554,341				
	g Noncash contributions included in lines 1a-1f	1g	$ 243,077				
	h **Total.** Add lines 1a–1f			2,659,378			
Program Service Revenue		Business Code					
	2a Sale of Houses	531390		1,767,024			1,767,024
	b Mortgage Discount Amortizatio	522292		286,322			286,322
	c Miscellaneous Income/Loss			6,423			6,423
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			2,059,769			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			22,530			22,530
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b	8,022					
	c Rental inc. or (loss) 6c	-8,022					
	d Net rental income or (loss)			-8,022			-8,022
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	233,416				
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events			233,416			233,416
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	4,351,837				
	b Less: cost of goods sold	10b	71,581				
	c Net income or (loss) from sales of inventory			4,280,256			4,280,256
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			9,247,327	0	0	6,587,949

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	3,890,376	3,596,938	62,007	231,431
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	190,884	176,864	7,010	7,010
10 Payroll taxes	282,013	255,855	13,079	13,079
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	54,031	31,191	21,330	1,510
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	107,735	101,834		5,901
13 Office expenses	267,774	251,793	9,647	6,334
14 Information technology				
15 Royalties				
16 Occupancy	1,005,738	983,518	11,110	11,110
17 Travel	253,694	251,576	1,059	1,059
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,110	19,844	3,133	3,133
20 Interest				
21 Payments to affiliates	54,000	54,000		
22 Depreciation, depletion, and amortization	48,152	42,031	4,897	1,224
23 Insurance	161,343	148,584	12,759	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Construction Costs	1,829,209	1,829,209		
b Mortgage Discount	1,069,857	1,069,857		
c Land Costs	287,277	287,277		
d A Brush with Kindness	215,301	215,301		
e All other expenses	102,643			102,643
25 **Total functional expenses.** Add lines 1 through 24e	9,846,137	9,315,672	146,031	384,434
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,009,856	1	1,476,224
	2	Savings and temporary cash investments		435,998	2	336,243
	3	Pledges and grants receivable, net		177,495	3	50,000
	4	Accounts receivable, net		124,406	4	64,310
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		3,828,640	7	4,250,252
	8	Inventories for sale or use		921,246	8	893,916
	9	Prepaid expenses and deferred charges		78,845	9	106,788
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,984,844			
	b	Less: accumulated depreciation	10b 380,741	1,831,711	10c	1,604,103
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,085,162	15	1,537,291
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		11,493,359	16	10,319,127
Liabilities	17	Accounts payable and accrued expenses		735,676	17	715,729
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		18,451	21	75,365
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,554,116	25	941,727
	26	**Total liabilities.** Add lines 17 through 25		2,308,243	26	1,732,821
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,776,998	27	6,802,159
	28	Net assets with donor restrictions		1,408,118	28	1,784,147
		Organizations that do not follow FASB ASC 958, check her ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		9,185,116	32	8,586,306
	33	Total liabilities and net assets/fund balances		11,493,359	33	10,319,127

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,247,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,846,137
3	Revenue less expenses. Subtract line 2 from line 1	3	-598,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,185,116
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,586,306

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
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		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Alyssa Kelley										
(12)	0.00									
Board Member	0.00	X						0	0	0
(21) Robert Lefkowicz										
(13)	0.00									
Board Member	0.00	X						0	0	0
(22) Janet Green										
(14)	0.00									
CEO, Former	0.00						X	207,153	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								207,153		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
Habitat for Humanity Peninsula and Greater Williamsburg	**-***1619

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,100,042	2,023,343	1,651,196	2,653,590	2,659,378	10,087,549
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	4,597,674	5,211,707	5,218,152	5,865,077		20,892,610
3 Gross receipts from activities that are not an unrelated trade or business under section 513					6,411,606	6,411,606
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	5,697,716	7,235,050	6,869,348	8,518,667	9,070,984	37,391,765
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						37,391,765

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	5,697,716	7,235,050	6,869,348	8,518,667	9,070,984	37,391,765
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,579	1,005	5,340	24,862	18,784	52,570
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,579	1,005	5,340	24,862	18,784	52,570
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	125,760	146,314	220,857	210,406	133,519	836,856
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.)	5,826,055	7,382,369	7,095,545	8,753,935	9,223,287	38,281,191

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	97.68 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	97.49 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	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* ***Part VI*** *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) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	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		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** how these activities directly furthered their exempt purposes, *how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
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.*	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** 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)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
Habitat for Humanity Peninsula and Greater Williamsburg

Employer identification number
****-***1619**

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization
Habitat for Humanity Peninsula and

Employer identification number
-*1619

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Habitat for Humanity International 322 W Lamar Street Americus GA 31709	$ 154,006	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Hampton Redevelopment & Housing PO Box 280 Hampton VA 23669	$ 323,712	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Mr & Mrs Fortune PO Box 2193 Poquoson VA 23662	$ 113,466	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	Dr. H. Stanley Bolding c/o Kaufman & Canoles, PC 4801 Courthouse Street Ste 300 Williamsburg VA 23188	$ 926,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Jean Pierre Elkhoury 7887 Jones Branch Drive Unit 1002 McLean VA 22102	$ 65,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	Brian M. Johnson 11562 Brass Lantern Court Reston VA 20194	$ 123,250	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization
Habitat for Humanity Peninsula and

Employer identification number
-*1619

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Sentara Health 100 Sentara Circle Williamsburg VA 23188	$ 104,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	Mr. & Mrs. Sharlin C/O West & Feinberg, Esq. 4550 Montgomery Avenue Ste 775N Bethesda MD 20814	$ 200,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Habitat for Humanity Peninsula and

Employer identification number: **-***1619

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Stock	$ 122,250	11/26/24

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Habitat for Humanity Peninsula and Greater Williamsburg

Employer identification number
-*1619

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		990,546		990,546
b Buildings				
c Leasehold improvements				
d Equipment		994,298	380,741	613,557
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,604,103

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

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)	Operating Lease ROU Asset	898,542
(2)	Construction In Progress	638,749
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		1,537,291

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)	Lease Liabilities	924,227
(3)	SHOP Liability	17,500
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		941,727

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	5,107,639
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5,107,639
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,139,688		
c	Add lines 4a and 4b			4c	4,139,688
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	9,247,327

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

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

1	Total expenses and losses per audited financial statements			1	5,706,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5,706,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,139,688		
c	Add lines 4a and 4b			4c	4,139,688
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	9,846,137

Part XIII Supplemental Information

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

Part IV, Line 2b - Escrow Liability Arrangement Explanation

Escrow funds include funds held by VHDA, for mortgages administered by VHDA and, funds held by Habitat for homeowner deposits.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

ReStore Expenses Net with Revenue on FS $ 4,139,688

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

ReStore Expenses Net with Revenue on FS $ 4,139,688

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **Habitat for Humanity Peninsula and Greater Williamsburg**

Employer identification number: ****-***1619**

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue / Direct Expenses		(a) Event #1 Raise the Roof (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	152,660	46,318	30,613	229,591
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	152,660	46,318	30,613	229,591
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				229,591

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Habitat for Humanity Peninsula and Greater Williamsburg**

Employer identification number ****-***1619**

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Janet Green CEO, Former	(i) (ii)	134,051 0	12,601 0	60,501 0	0 0	0 0	207,153 0	0 0
2		(i) (ii)							
3		(i) (ii)							
4		(i) (ii)							
5		(i) (ii)							
6		(i) (ii)							
7		(i) (ii)							
8		(i) (ii)							
9		(i) (ii)							
10		(i) (ii)							
11		(i) (ii)							
12		(i) (ii)							
13		(i) (ii)							
14		(i) (ii)							
15		(i) (ii)							
16		(i) (ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Habitat for Humanity Peninsula and

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization: Greater Williamsburg

Employer identification number: **-***1619

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	1	122,250	
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )	X	1	4,201,205	
26	Other ( )	X	2	120,827	
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Habitat for Humanity Peninsula and Greater Williamsburg**

Employer identification number ****-***1619**

Form 990 - Organization's Mission
Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities and hope to realize our vision of a world where everyone has a decent place to live. Habitat for Humanity Peninsula & Greater Williamsburg adheres to a strict non-proselytizing policy and will not base an offer of assistance on the expressed or implied condition that people adhere to or convert to a particular faith or listen and respond to messaging designed to induce conversion to a particular faith.

Form 990, Part I, Line 6
Approximately, 1,000 company-wide volunteers for home construction, repair, and ReStore activities.

Form 990, Part III, Line 4a - First Accomplishment
Homeownership Program: Families in need of a decent place to live build safe and affordable homes in partnership with us. Habitat houses are modestly sized. They are large enough for the homeowner family's needs, but small enough to keep construction and maintenance costs affordable. By using the labor of volunteers and prospective homeowners, employing efficient building methods, keeping house sizes modest, using donated construction materials and appliances, and issuing no-profit loans, Habitat makes its houses affordable for low-income families to purchase. Affordable homeownership helps create the conditions that free families from instability, stress and fear and encourage self-reliance and confidence. Studies show that strong and stable households are foundational to child development and growth. When a home fosters -- instead of hinders -- health and safety, families can flourish. Owning affordable homes also allows homeowners to lift up their entire family by saving for their futures and investing in educational opportunities, bolstering job opportunities and career growth. Habitat for Humanity Peninsula & Greater Williamsburg has build more than 230 homes since inception.

Form 990, Part III, Line 4d - All Other Accomplishments
Habitat for Humanity ReStores: These are nonprofit home improvement stores and donation centers that sell new and gently-used furniture, appliances, home accessories, building materials and more to the public at a fraction of retail price. The goal of the ReStore is to generate enough profits to build more Habitat homes for deserving, low-income families, as well as to promote recycling. 100% of the net proceeds from the ReStores are used to build and sell affordable housing. Habitat for Humanity Peninsula & Greater Williamsburg operates three Virginia ReStores located in Newport News, Williamsburg, and Yorktown.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
New board members are elected on an on-going basis. Board officers are elected annually.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
Decisions are subject to a majority vote by board members.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Habitat for Humanity Peninsula and Greater Williamsburg	**-***1619

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
HFH-PGW's Form 990 was prepared by HFH-PGW's external auditor, Carmines, Robbins & Company, PLC. The completed Form 990 was then reviewed by HFH-PGW's executive committee. After the review was complete, the Form 990 was provided to the full board for review, comment, and approval. Upon approval, the Form 990 was finalized and filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
HGH-PGW conducts an annual review of its Conflict of Interest policy with the Board of Directors. Each Board of Director is required to sign an acknowledgement of their understanding of the policy, which is kept on file for the fiscal year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors approve all management staff compensation, including the executive director.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation of the executive director is set by the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
HFH-PGW does not make public its governing documents, conflict of interest policy, or financial statements during the fiscal tax year. However, these documents are available upon request.

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

ReStore Expenses Net with Revenue on FS	$ -4,139,688
ReStore Expenses Net with Revenue on FS	$ 4,139,688

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning 07/01/24, and ending 06/30/25

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

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

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section

☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
Habitat for Humanity Peninsula and Greater Williamsburg

Number, street, and room or suite no. If a P.O. box, see instructions.
11011 Warwick Blvd

City or town, state or province, country, and ZIP or foreign postal code
Newport News VA 23601

C Book value of all assets at end of year 10,319,127

D Employer identification number
-*1619

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of Shauntrice Williams Telephone number 757-596-5553

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Signature of officer	Date	Title
		CEO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Samantha M. Freeman, CPA, MBA	Samantha M. Freeman, CPA, MBA	10/14/25		*********

Firm's name	Firm's EIN
CARMINES, ROBBINS & COMPANY, PLC	**-***4334
Firm's address	**Phone no.**
11815 Rock Landing Dr Newport News, VA 23606	757-873-8585

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2024
Attachment Sequence No. **179**

Name(s) shown on return: Habitat for Humanity Peninsula and Greater Williamsburg

Identifying number: **-***1619

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	48,036

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	119
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	48,155
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

Habitat for Humanity Peninsula and
Greater Williamsburg
11011 Warwick Blvd
Newport News, VA 23601

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
75	Shelves	4/26/05	6,244				6,244	7	MQ	200DB	6,244	0
349	Seekright Rental House	11/01/22	153,395				153,395	27	MM	S/L	6,508	0
	Out Of Service: 1/31/24											
351	SeekRight Rental - Bath Remodel	11/01/22	3,890				3,890	27	MM	S/L	165	0
	Out Of Service: 1/31/24											
352	Seekright Rental HVAC	11/01/22	6,185				6,185	27	MM	S/L	262	0
	Out Of Service: 1/31/24											
414	HVAC	11/06/23	8,894			X	1,779	15	HY	S/L	7,180	119
			178,608				171,493				20,359	119
Other Depreciation:												
4	Ladder	2/01/94	200				200	5	MO	S/L	200	0
7	Nail Gun	2/21/95	348				348	5	MO	S/L	348	0
10	Pump jack	8/01/96	579				579	5	MO	S/L	579	0
65	Quickbooks Non-profit	4/30/04	397				397	3	MO	S/L	397	0
67	Pallet Shelves	2/04/04	6,405				6,405	10	MO	S/L	6,405	0
84	2001 Chevy Truck 14' VIN 9674	5/01/06	18,161				18,161	5	MO	S/L	18,161	0
89	Shelves	5/22/06	3,524				3,524	10	MO	S/L	3,524	0
90	Shelves	6/30/06	1,028				1,028	10	MO	S/L	1,028	0
92	Racks	4/25/06	5,678				5,678	7	MO	S/L	5,678	0
130	Projector	6/22/09	754				754	5	MO	S/L	754	0
136	Generator	1/04/10	572				572	5	MO	S/L	572	0
152	IKEA Conferance Table/Chairs	11/24/11	4,532				4,532	10	MO	S/L	4,532	0
154	Signage - Wsmbg Restore	4/04/12	8,890				8,890	10	MO	S/L	8,890	0
157	Office Sofa	12/04/11	626				626	7	MO	S/L	626	0
158	Office Signage	1/11/12	2,005				2,005	10	MO	S/L	2,005	0
160	DVD, Camera, Monitor	12/24/11	1,365				1,365	5	MO	S/L	1,365	0
161	Cash Register	1/24/12	498				498	5	MO	S/L	498	0
162	Leasehold Improvements (Paint, Tile)	4/30/12	11,147				11,147	5	MO	S/L	11,147	0
163	46" Samsung LCD TV	12/31/11	751				751	10	MO	S/L	751	0
166	Security Equip & 10 Cameras	9/09/13	3,398				3,398	10	MO	S/L	3,398	0
169	Security Camera Upgrades	6/04/14	1,998				1,998	10	MO	S/L	1,998	0
170	New Sign - NN ReStore	6/12/14	1,777				1,777	10	MO	S/L	1,777	0
171	Isuzu Truck VIN#802745	6/17/14	42,785				42,785	10	MO	S/L	42,785	0
180	Vinyl Lettering on Isuzu	8/05/14	3,388				3,388	9	MO	S/L	3,388	0
181	Bi-part Sliding Door	12/10/14	8,100				8,100	5	MO	S/L	8,100	0
182	20 Cameras & related equip	5/01/15	6,125				6,125	5	MO	S/L	6,125	0
188	GoPro Camera	8/24/15	470				470	5	MO	S/L	470	0
189	2 HP Desktops	10/24/15	1,485				1,485	5	MO	S/L	1,485	0
190	HP Computer for Fundraising	11/24/15	695				695	5	MO	S/L	695	0
191	HP Desktop	12/24/15	769				769	5	MO	S/L	769	0
192	HP Desktop (Joy)	6/24/16	690				690	5	MO	S/L	690	0
194	Fence - Chain Link	4/29/16	4,275				4,275	15	MO	S/L	2,328	285
195	Heat Pump & Dust System	6/30/16	7,200				7,200	15	MO	S/L	3,840	480
197	YC DOC Signage & Lettering	12/16/16	7,459				7,459	3	MO	S/L	7,459	0
209	Motorized Rollup Door	9/29/17	6,537				6,537	15	MO	S/L	2,942	435
210	Engineering Services	7/24/17	1,343				1,343	40	MO	S/L	232	34
211	Chain Link Fence	8/29/17	3,950				3,950	15	MO	S/L	1,799	264
212	Signage - Chatham	10/10/17	9,666				9,666	15	MO	S/L	4,350	644
213	Showroom Carpet	9/24/17	2,250				2,250	5	MO	S/L	2,250	0
214	Asphalt Ramp	10/02/17	3,450				3,450	15	MO	S/L	1,553	230
215	Sealing & Stripping Parking Lot	10/04/17	5,480				5,480	15	MO	S/L	2,466	365
216	Slider Doors (net of $4k Landlord Pymt)	10/23/17	3,925				3,925	15	MO	S/L	1,744	262
217	John Deere Tractor	6/27/18	44,000				44,000	10	MO	S/L	26,400	4,400
218	Bri-Mar Trailer	10/13/17	5,686				5,686	10	MO	S/L	3,838	569
221	2017 Chevy express G2500	3/15/18	25,369				25,369	10	MO	S/L	16,067	2,537
222	Electrical Recepticales, etc	10/11/17	4,638				4,638	25	MO	S/L	1,252	186
246	2 - Digital Signs	7/09/18	5,000				5,000	10	MO	S/L	3,000	500
247	2015 Ford Edge	10/24/18	17,832				17,832	10	MO	S/L	10,105	1,783
260	Monument Sign	2/11/20	9,000				9,000	15	MO	S/L	2,650	600
261	Blockwall	6/29/20	7,754				7,754	15	MO	S/L	2,068	517
262	Overhead Doors	6/29/20	10,985				10,985	15	MO	S/L	2,929	733
263	Chain Link Fence	7/02/19	5,495				5,495	15	MO	S/L	1,832	366
264	PowerEdge T340 Server	5/15/20	6,942				6,942	5	MO	S/L	5,785	1,157
282	Kamco - New Cameras	5/05/21	4,318				4,318	10	MO	S/L	1,367	432
283	Powered Pallet Stacker	6/14/21	9,125				9,125	10	MO	S/L	2,814	912
284	2020 Ford Transit Van 250 VIN 3867	6/01/21	37,085				37,085	10	MO	S/L	11,435	3,708

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
285	Rails & Shelves for F250 Van VIN3867	6/01/21	5,525				5,525	10	MO	S/L	1,704	552
286	2017 Chevy Silverado 2500 HD Double Cal	6/03/21	32,000				32,000	10	MO	S/L	9,867	3,200
290	SmartBoard 70" - Donated Used	1/02/21	5,875				5,875	10	MO	S/L	2,056	588
307	Kamco Security Cameras	1/02/22	19,433				19,433	10	MO	S/L	4,858	1,944
308	CFE Equio Forklift (MCP1F2A25LV)	2/14/22	26,744				26,744	10	MO	S/L	6,463	2,675
309	2014 John Deere Excavator	4/21/22	28,000				28,000	10	MO	S/L	6,067	2,800
310	2015 Monroe Equipment Trailer	4/21/22	4,500				4,500	10	MO	S/L	975	450
311	2015 Holmes Trailer	4/21/22	3,000				3,000	10	MO	S/L	650	300
312	2004 Chevy 2500 Pickup	4/21/22	10,000				10,000	10	MO	S/L	2,167	1,000
323	Security Cameras	12/24/22	2,569				2,569	0	--	Memo	0	0
324	Amazon HP 17" laptop i5	7/24/22	526				526	0	--	Memo	0	0
325	Amazon Sceptre 22" FHD LED Monitor	7/24/22	141				141	0	--	Memo	0	0
326	Amazon Bush Somerset 72" Desk & Hutch	7/24/22	722				722	0	--	Memo	0	0
327	Best Buy Dell Inspirion 3511 15.6" Touch I	9/24/22	419				419	0	--	Memo	0	0
328	Amazon Sceptre 24" thin LED Monitor	9/24/22	145				145	0	--	Memo	0	0
329	Apple 11" iPad Pro 128GB	12/24/22	582				582	0	--	Memo	0	0
330	Amazon HP LasetJet MFP	12/24/22	228				228	0	--	Memo	0	0
331	Amazon HP LaserJet M110we	12/24/22	128				128	0	--	Memo	0	0
332	Amazon Lenovo 2022 IdeaPad 5i	12/24/22	327				327	0	--	Memo	0	0
333	CoolBoxC-125 Portable AC	8/24/22	1,399				1,399	0	--	Memo	0	0
334	CoolBoxC-125 Portable AC	8/24/22	1,399				1,399	0	--	Memo	0	0
335	USB Receipt Printer Star TSP100/TSP143U	10/01/22	274				274	0	--	Memo	0	0
336	BayComm-16 Channel Hikvision DVR w/ 4	12/24/22	873				873	0	--	Memo	0	0
337	Uline - 3 Pallet Trucks	10/24/22	1,366				1,366	0	--	Memo	0	0
338	Hikvision 4MP Outdoor Fixed Camera	11/03/22	1,997				1,997	0	--	Memo	0	0
339	48x27" Standard Pallet Truck	10/27/22	395				395	0	--	Memo	0	0
340	2 Steel Convertible Hand Trucks	10/27/22	490				490	0	--	Memo	0	0
341	Convertible Aluminum Hand Truck	10/27/22	265				265	0	--	Memo	0	0
342	30x60" Adjustable Panel Truck	12/13/22	618				618	0	--	Memo	0	0
343	5 - 18" Busel Poly Box Trucks	12/13/22	2,078				2,078	0	--	Memo	0	0
344	Leasehold Improvements	4/25/23	117,489				117,489	15	MO	S/L	9,138	7,833
345	Hercules Fence	10/28/22	5,995				5,995	15	MO	S/L	666	400
346	2020 Chevy Silverado VIN9506 (ABWK)	12/13/22	27,756				27,756	10	MO	S/L	4,395	2,775
348	Cameras & Security System	4/24/23	4,849				4,849	5	MO	S/L	1,131	970
350	Seekright Rental Land	11/01/22	84,611				84,611	0	--	Land	0	0
357	2009 Hawke Trailer VIN#4BABD12289M0	7/11/23	4,500				4,500	10	MO	S/L	450	450
415	.27 Cal SemiAuto Powder Actuated Fastene	2/23/24	350				350	0	--	Memo	0	0
416	Hitachi 2.5" Nailer	2/23/24	375				375	0	--	Memo	0	0
417	MAX Framing Nailer 2"-3.5"	3/05/24	389				389	0	--	Memo	0	0
418	DeWalt Cordless Roofing Nailer (Amazon)	5/24/24	355				355	0	--	Memo	0	0
419	DeWalt DXFRS800 Walkie Talkies	3/24/24	486				486	0	--	Memo	0	0
420	Uline Hand Trucks (3 Loop Handle Steel)	3/11/24	405				405	0	--	Memo	0	0
421	Uline Dolly's (4 Deliuze Hardware)	3/11/24	480				480	0	--	Memo	0	0
422	Folding Hand Truck (Amazon)	5/24/24	158				158	0	--	Memo	0	0
423	Northern Tool Hand Truck (P-Handle Stron	5/24/24	128				128	0	--	Memo	0	0
424	Folding Hand Truck (Amazon)	5/24/24	158				158	0	--	Memo	0	0
425	Northern Tool Hand Truck (P-Handle Stron	5/24/24	128				128	0	--	Memo	0	0
426	Seekright Rental - Improvements	6/29/24	42,767				42,767	0	--	Memo	0	0
430	Forklift TCM Model FCG25F9	7/12/24	3,500				3,500	5	MO	S/L	0	700
439	Generac XT8000EFI Generator w/Cover	2/24/25	982				982	0	--	Memo	0	0
440	2 Kopelynn Modern Upholstered Chairs	6/24/25	212				212	0	--	Memo	0	0
441	BestGlory Executive Ergonomic Desk Chair	6/24/25	130				130	0	--	Memo	0	0
442	Sedeta Farmhouse L Shaped Standing Desk	6/24/25	319				319	0	--	Memo	0	0
443	2 4-in-1 Folding Series Hand Truck	6/24/25	318				318	0	--	Memo	0	0
444	Strongway P-Handle Hand Truck	3/24/25	171				171	0	--	Memo	0	0
445	Strongway P-Handle Hand Truck	3/24/25	171				171	0	--	Memo	0	0
446	Strongway P-Handle Hand Truck	3/24/25	171				171	0	--	Memo	0	0
447	Jet Pallet Jack - donated by HR Wholesalers	1/02/05	575				575	0	--	Memo	0	0
448	Lift Rite Pallet Jack - donated by HR Whole	1/02/25	797				797	0	--	Memo	0	0
449	New Time Clock	5/14/25	600				600	0	--	Memo	0	0
450	Jet Pallet Jack - donated by HR Wholesalers	1/02/25	575				575	0	--	Memo	0	0
451	Seekright Rental - Improvements	6/29/25	1,244				1,244	0	--	Memo	0	0
	Total Other Depreciation		841,066				841,066				312,232	48,036
	Total ACRS and Other Depreciation		841,066				841,066				312,232	48,036

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		1,019,674				1,012,559				332,591	48,155
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,019,674				1,012,559				332,591	48,155

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
344	Leasehold Improvements	4/25/23	117,489		0	0	0	117,489
414	HVAC	11/06/23	8,894		0	0	7,115	1,779
	Grand Total		126,383		0	0	7,115	119,268

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
75	Shelves	4/26/05	6,244	0	0
349	Seekright Rental House	11/01/22	153,395	0	0
351	SeekRight Rental - Bath Remodel	11/01/22	3,890	0	0
352	Seekright Rental HVAC	11/01/22	6,185	0	0
414	HVAC	11/06/23	8,894	119	0
			178,608	119	0
Other Depreciation:					
4	Ladder	2/01/94	200	0	0
7	Nail Gun	2/21/95	348	0	0
10	Pump jack	8/01/96	579	0	0
65	Quickbooks Non-profit	4/30/04	397	0	0
67	Pallet Shelves	2/04/04	6,405	0	0
84	2001 Chevy Truck 14' VIN 9674	5/01/06	18,161	0	0
89	Shelves	5/22/06	3,524	0	0
90	Shelves	6/30/06	1,028	0	0
92	Racks	4/25/06	5,678	0	0
130	Projector	6/22/09	754	0	0
136	Generator	1/04/10	572	0	0
152	IKEA Conferance Table/Chairs	11/24/11	4,532	0	0
154	Signage - Wsmbg Restore	4/04/12	8,890	0	0
157	Office Sofa	12/04/11	626	0	0
158	Office Signage	1/11/12	2,005	0	0
160	DVD, Camera, Monitor	12/24/11	1,365	0	0
161	Cash Register	1/24/12	498	0	0
162	Leasehold Improvements (Paint, Tile)	4/30/12	11,147	0	0
163	46" Samsung LCD TV	12/31/11	751	0	0
166	Security Equip & 10 Cameras	9/09/13	3,398	0	0
169	Security Camera Upgrades	6/04/14	1,998	0	0
170	New Sign - NN ReStore	6/12/14	1,777	0	0
171	Isuzu Truck VIN#802745	6/17/14	42,785	0	0
180	Vinyl Lettering on Isuzu	8/05/14	3,388	0	0
181	Bi-part Sliding Door	12/10/14	8,100	0	0
182	20 Cameras & related equip	5/01/15	6,125	0	0
188	GoPro Camera	8/24/15	470	0	0
189	2 HP Desktops	10/24/15	1,485	0	0
190	HP Computer for Fundraising	11/24/15	695	0	0
191	HP Desktop	12/24/15	769	0	0
192	HP Desktop (Joy)	6/24/16	690	0	0
194	Fence - Chain Link	4/29/16	4,275	285	0
195	Heat Pump & Dust System	6/30/16	7,200	480	0
197	YC DOC Signage & Lettering	12/16/16	7,459	0	0
209	Motorized Rollup Door	9/29/17	6,537	436	0
210	Engineering Services	7/24/17	1,343	33	0
211	Chain Link Fence	8/29/17	3,950	263	0
212	Signage - Chatham	10/10/17	9,666	645	0
213	Showroom Carpet	9/24/17	2,250	0	0
214	Asphalt Ramp	10/02/17	3,450	230	0
215	Sealing & Stripping Parking Lot	10/04/17	5,480	366	0
216	Slider Doors (net of $4k Landlord Pymt)	10/23/17	3,925	262	0
217	John Deere Tractor	6/27/18	44,000	4,400	0
218	Bri-Mar Trailer	10/13/17	5,686	568	0
221	2017 Chevy express G2500	3/15/18	25,369	2,537	0
222	Electrical Recepticales, etc	10/11/17	4,638	185	0
246	2 - Digital Signs	7/09/18	5,000	500	0
247	2015 Ford Edge	10/24/18	17,832	1,783	0
260	Monument Sign	2/11/20	9,000	600	0
261	Blockwall	6/29/20	7,754	517	0
262	Overhead Doors	6/29/20	10,985	732	0
263	Chain Link Fence	7/02/19	5,495	366	0
264	PowerEdge T340 Server	5/15/20	6,942	0	0
282	Kamco - New Cameras	5/05/21	4,318	432	0
283	Powered Pallet Stacker	6/14/21	9,125	912	0
284	2020 Ford Transit Van 250 VIN 3867	6/01/21	37,085	3,709	0

Future Depreciation Report FYE: 6/30/26

FYE: 6/30/2025

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Asset	Description	Date In Service	Cost	Tax	AMT
285	Rails & Shelves for F250 Van VIN3867	6/01/21	5,525	553	0
286	2017 Chevy Silverado 2500 HD Double Cab	6/03/21	32,000	3,200	0
290	SmartBoard 70" - Donated Used	1/02/21	5,875	587	0
307	Kamco Security Cameras	1/02/22	19,433	1,943	0
308	CFE Equio Forklift (MCP1F2A25LV)	2/14/22	26,744	2,674	0
309	2014 John Deere Excavator	4/21/22	28,000	2,800	0
310	2015 Monroe Equipment Trailer	4/21/22	4,500	450	0
311	2015 Holmes Trailer	4/21/22	3,000	300	0
312	2004 Chevy 2500 Pickup	4/21/22	10,000	1,000	0
323	Security Cameras	12/24/22	2,569	0	0
324	Amazon HP 17" laptop i5	7/24/22	526	0	0
325	Amazon Sceptre 22" FHD LED Monitor	7/24/22	141	0	0
326	Amazon Bush Somerset 72" Desk & Hutch (Dot)	7/24/22	722	0	0
327	Best Buy Dell Inspirion 3511 15.6" Touch Lapt	9/24/22	419	0	0
328	Amazon Sceptre 24" thin LED Monitor	9/24/22	145	0	0
329	Apple 11" iPad Pro 128GB	12/24/22	582	0	0
330	Amazon HP LasetJet MFP	12/24/22	228	0	0
331	Amazon HP LaserJet M110we	12/24/22	128	0	0
332	Amazon Lenovo 2022 IdeaPad 5i	12/24/22	327	0	0
333	CoolBoxC-125 Portable AC	8/24/22	1,399	0	0
334	CoolBoxC-125 Portable AC	8/24/22	1,399	0	0
335	USB Receipt Printer Star TSP100/TSP143U	10/01/22	274	0	0
336	BayComm-16 Channel Hikvision DVR w/ 4TB I	12/24/22	873	0	0
337	Uline - 3 Pallet Trucks	10/24/22	1,366	0	0
338	Hikvision 4MP Outdoor Fixed Camera	11/03/22	1,997	0	0
339	48x27" Standard Pallet Truck	10/27/22	395	0	0
340	2 Steel Convertible Hand Trucks	10/27/22	490	0	0
341	Convertible Aluminum Hand Truck	10/27/22	265	0	0
342	30x60" Adjustable Panel Truck	12/13/22	618	0	0
343	5 - 18" Busel Poly Box Trucks	12/13/22	2,078	0	0
344	Leasehold Improvements	4/25/23	117,489	7,832	0
345	Hercules Fence	10/28/22	5,995	399	0
346	2020 Chevy Silverado VIN9506 (ABWK)	12/13/22	27,756	2,776	0
348	Cameras & Security System	4/24/23	4,849	970	0
350	Seekright Rental Land	11/01/22	84,611	0	0
357	2009 Hawke Trailer VIN#4BABD12289M02897	7/11/23	4,500	450	0
415	.27 Cal SemiAuto Powder Actuated Fastener	2/23/24	350	0	0
416	Hitachi 2.5" Nailer	2/23/24	375	0	0
417	MAX Framing Nailer 2"-3.5"	3/05/24	389	0	0
418	DeWalt Cordless Roofing Nailer (Amazon)	5/24/24	355	0	0
419	DeWalt DXFRS800 Walkie Talkies	3/24/24	486	0	0
420	Uline Hand Trucks (3 Loop Handle Steel)	3/11/24	405	0	0
421	Uline Dolly's (4 Deliuze Hardware)	3/11/24	480	0	0
422	Folding Hand Truck (Amazon)	5/24/24	158	0	0
423	Northern Tool Hand Truck (P-Handle Strongway	5/24/24	128	0	0
424	Folding Hand Truck (Amazon)	5/24/24	158	0	0
425	Northern Tool Hand Truck (P-Handle Strongway	5/24/24	128	0	0
426	Seekright Rental - Improvements	6/29/24	42,767	0	0
430	Forklift TCM Model FCG25F9	7/12/24	3,500	700	0
439	Generac XT8000EFI Generator w/Cover	2/24/25	982	0	0
440	2 Kopelynn Modern Upholstered Chairs	6/24/25	212	0	0
441	BestGlory Executive Ergonomic Desk Chair	6/24/25	130	0	0
442	Sedeta Farmhouse L Shaped Standing Desk	6/24/25	319	0	0
443	2 4-in-1 Folding Series Hand Truck	6/24/25	318	0	0
444	Strongway P-Handle Hand Truck	3/24/25	171	0	0
445	Strongway P-Handle Hand Truck	3/24/25	171	0	0
446	Strongway P-Handle Hand Truck	3/24/25	171	0	0
447	Jet Pallet Jack - donated by HR Wholesalers	1/02/05	575	0	0
448	Lift Rite Pallet Jack - donated by HR Wholes.	1/02/25	797	0	0
449	New Time Clock	5/14/25	600	0	0
450	Jet Pallet Jack - donated by HR Wholesalers	1/02/25	575	0	0
451	Seekright Rental - Improvements	6/29/25	1,244	0	0
	Total Other Depreciation		841,066	46,875	0
	Total ACRS and Other Depreciation		841,066	46,875	0

Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Grand Totals		1,019,674	46,994	0

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25

2024

Name
Habitat for Humanity Peninsula and Greater Williamsburg

Employer Identification Number
****-***1619**

		(a) Other event 5K Run (event type)	(b) Other event B3 Breakfast (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	18,313	12,300		30,613
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	18,313	12,300		30,613
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest Income	$ 18,784		14			
Total	$ 18,784					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
RTR Expenses	$ 70,914	$	$	$ 70,914
Golf Tounament Expenses	19,323			19,323
Breakfast Expenses	10,000			10,000
Tournament Expenses	1,804			1,804
5K Expenses	602			602
Total	$ 102,643	$ 0	$ 0	$ 102,643

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Grants - CHODO	$ 105,037
Contributions - Business	184,606
Contributions - Capital Campaigns	3,300
Contributions - Civic Organizations	72,710
Contributions - Faith Groups	28,473
Contributions - Individuals	1,576,640
Grants	445,535
In-Kind Donations - Materials	76,137
In-Kind Donations - Services & Rents	44,690
Stock Donations	122,250
Total	$ 2,659,378

Schedule A, Part III, Line 3(e)

Description	Amount
Miscellaneous Income/Loss	$ 6,423
Mortgage Discount Amortizatio	286,322
Sale of Houses	1,767,024
ReStore	4,351,837
Total	$ 6,411,606

Schedule A, Part III, Line 10a(e)

Description	Amount
Interest Income	$ 18,784
Rental House	
Total	$ 18,784

Federal Statements

Schedule A, Part III, Line 11

Description	Amount
Realized Capital Gain/Loss	$ 3,746
Raise the Roof Fundraiser	81,746
Golf Tournaments	26,995
5K Run	17,711
Pickleball Tournament	2,021
B3 Breakfast	2,300
Less: Deductions	-1,000
Total	$ 133,519

Federal Statements

Non Interest Bearing Cash

Description	Amount
Unrestricted	$ 1,400,859
Escrow	75,365
Total	$ 1,476,224

Savings & Temporary Investment

Code	Description	Amount
	CDs	$ 336,243
	Total	$ 336,243