

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISTORIC POLEGREEN CHURCH FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2111 City or town, state or province, country, and ZIP or foreign postal code MECHANICSVILLE VA 23116	D Employer identification number 54-1588657 E Telephone number 804-730-3837 G Gross receipts\$ 231,002
F Name and address of principal officer: ROBERT B GILES P O BOX 2111		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.HISTORICPOLEGREEN.ORG H(e) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1990 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	55,699	35,906
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,039	48,100
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,671	124,376
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,766	206,904
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
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)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		8,457	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,896	152,912
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	146,896	152,912	
19 Revenue less expenses. Subtract line 18 from line 12	-24,130	53,992	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,472,726	6,054,976
	22 Net assets or fund balances. Subtract line 21 from line 20	1,400	1,191
		6,471,326	6,053,785

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 DAVID FULLER	Date			
	Type or print name and title PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name DAVID R. WALTON	Preparer's signature DAVID R. WALTON	Date 10/16/23	Check <input type="checkbox"/> if self-employed	PTIN P01085539
	Firm's name CHARLES E. WALTON & CO., PC	Firm's EIN 06-1652940			
	Firm's address 303 ASHCAKE RD, STE. H ASHLAND, VA 23005	Phone no. 804-798-3216			

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