

Form **990**

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

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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\$: **375,781**

F Name and address of principal officer:
DAVID FULLER
P O BOX 2111
MECHANICSVILLE VA 23116

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.HISTORICPOLEGREEN.ORG** **H(c)** Group exemption number _____

K Form of organization: Corporation Trust Association 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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2024 (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)		33,385	58,304
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54,906	38,260
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,438	257,166
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		293	5,200
			151,022	358,930
Expenses	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)			0
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25)		11,801	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		161,302	186,257
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		161,302	186,257	
19 Revenue less expenses. Subtract line 18 from line 12		-10,280	172,673	
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)		6,285,828	6,470,922
	22 Net assets or fund balances. Subtract line 21 from line 20		4,766	200
		6,281,062	6,470,722	

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 Preparer's name: **DAVID R. WALTON** Preparer's signature: **DAVID R. WALTON** Date: **11/07/25** Check if self-employed if PTIN: **P01085539**
 Firm's name: **CHARLES E. WALTON & CO., PC** Firm's EIN: **06-1652940**
 Firm's address: **303 ASHCAKE RD, STE. H** Phone no.: **804-798-3216**
ASHLAND, VA 23005

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



Historic Polegreen Church Quarterly Board Meeting Calendar 2025-2026

All meetings are held at Historic Polegreen Church at 4:00 PM unless otherwise stated.

Thursday, February 20, 2025

Thursday, May 15, 2025

Thursday, August 21, 2025

Thursday, November 20, 2025

Thursday, February 19, 2026

Thursday, May 21, 2026

August 20, 2026

November 19, 2026

HPCF Board of Directors/Staff

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