HARRISONBURG
REDEVELOPMENT AND
HOUSING AUTHORITY
P.O. BOX 1071
HARRISONBURG, VA 22803

Phone/VTDD 540-434-7386
Fax 540-432-1113

December 13, 2019

The Regular Meeting of the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners will be held on **Wednesday, December 18, 2019 at 4:00 p.m.**, at the office of the Authority located at 286 Kelley Street, Harrisonburg, Virginia.

Michael G. Wong
Executive Director

Enclosures

AGENDA
Regular Meeting
December 18, 2019

I. Call to order and determination of quorum

II. Review and Approval of Minutes
- October 2019

III. Review and Approval Financial Statements
- October 2019
- November 2019

IV. Reports

A. Executive Director
1. Public Comment
2. Award of 50 Mainstream Non Elderly Vouchers
3. Resolution Credit line for Virginia Community Capital-JR Polly Lineweaver Elevator repair and purchase of Solar Panels
4. Aspiring Agency-"Living Wage Certification Program"
5. 2019 Bad Debt and Inventory Write-Offs
6. 50x25 Clean Energy for All
7. 990 for Shenandoah Housing Corporation and Lineweaver Annex Corporation

B. Any New Business/ Old Business
1. Strategic Initiatives Updates
   - MTW Application
   - Addressing Homelessness and Affordable Housing

C. Management Reports
1. Housing Choice Voucher Management Report
2. J.R. "Polly" Lineweaver/Lineweaver Annex Program Management Report
3. Franklin Heights Program Management Report
4. Commerce Village Management Report
5. Family Self Sufficiency Management Report
6. Financial Monthly Report & Quarterly Investment Update

MINUTES

Regular Meeting
October 16, 2019

The Regular Meeting of the Harrisonburg Redevelopment & Housing Authority Board of Commissioners was held on **Wednesday October 16, at 4:00 p.m.**, at the office of the Authority located at 286 Kelley Street, Harrisonburg Virginia.

Those present were:
Tim Smith, Chair
John Hall, Vice Chair
Scott Gallagher, Commissioner
Costella Fordney, Commissioner
Levi Fuller, Commissioner

Also present were:
Michael G. Wong, Executive Director
Melisa Michelson, Attorney

The Regular Meeting was called to order and quorum declared present by Tim Smith, Chair. Mr. Wong then presented the minutes from the September 18, 2019 meeting for consideration of approval. After a period of discussion, the minutes were unanimously approved on a motion from Vice Chair Hall seconded by Commissioner Fuller. Mr. Wong then presented the September 2019 financial statements for consideration of approval. After a period of discussion, Commissioner Gallagher seconded by Commissioner Fordney made the motion for approval. This motion was unanimously approved.

Chairperson Smith then opened the floor for general Public Comment. No comment was received. Mr. Wong then presented revised procurement policy for board consideration. He related of the updates consisted of changes in amounts required for small purchases allowed by State and Federal regulations. After a period of discussion, Commissioner Gallagher seconded by Commissioner Fordney made the motion for approval. The motion was unanimously approved.

Mr. Wong then presented a proposed Meeting and Public Comment Guidelines for consideration of approval. Ms. Michelsen related of the guidelines is to add clarity and structure to the public comment process. She related of the guidelines being consistent with other localities. After a period of discussion, Vice Chair Hall seconded by Commissioner Fuller made the motion for approval of the guidelines. The motion was unanimously approved.

Mr. Wong then presented an updated Internal Controls Policy. He related of the Authority being required by the new financial standards to have a policy and is required to be annually reviewed and approved. Commissioner Gallagher seconded by Commissioner Forney made the motion approving the policy. The motion was unanimously approved.

Mr. Wong then requested that the November meeting be postponed or cancelled due to conflict with the Governor's Housing Conference. After a period of discussion, Commissioner Gallagher seconded by Commissioner Fordney made the motion approving the cancellation of the November meeting. The motion was unanimously approved.

Mr. Wong then provided brief program updates on Authority's strategic initiatives, Franklin Heights, the Family Self Sufficiency Program, Lineweaver Annex, JR Polly Lineweaver, Commerce Village and the Housing Choice Voucher program. Vice Chair Hall seconded by Commissioner Fordney then made the motion to approve the management reports and to adjourn. This motion was unanimously approved.

Michael G. Wong Executive Director	Tim Smith Chairperson

LOCAL COMMUNITY DEVELOPMENT (LCD)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3410 HMIS COC Homelessness Grant-17	84,072.00	7,006.00	17,580.77	68,457.54	70,060.00	(1,602.46)
3410 VHSP-VA Hsg Solutions Prgm Grant	53,004.00	4,417.00	5,441.68	67,793.90	44,170.00	23,623.90
3610 Interest Income	0.00	0.00	0.00	0.23	0.00	0.23
3690 Other Income	0.00	0.00	0.00	22,672.91	0.00	22,672.91
3690 Developer's Fees	175,000.00	14,583.33	0.00	0.00	145,833.33	(145,833.33)
3690 Admin. Fees	10,000.00	833.33	0.00	9,668.76	8,333.33	1,335.43
3690 Application Fees	15,000.00	1,250.00	0.00	7,500.00	12,500.00	(5,000.00)
3690 Lease Income	4,800.00	400.00	400.00	4,000.00	4,000.00	0.00
3690 Management Fees-CV	10,000.00	833.33	812.35	8,288.70	8,333.33	(44.63)
3690 BPort Net Receipts	184,265.00	15,355.42	23,200.16	161,381.08	153,554.17	7,826.91
3690 Lineweaver Apts. Net Receipts	360,800.00	30,066.67	28,717.69	305,446.95	300,666.67	4,780.28
Total Receipts	896,941.00	74,745.08	76,152.65	655,210.07	747,450.83	(92,240.76)
Expenses:						
Administration						
4110 Adm Salaries	129,791.00	10,815.92	9,786.86	107,054.61	108,159.17	(1,104.56)
4540 Adm Benefits	40,011.00	3,334.25	3,255.81	33,218.03	33,342.50	(124.47)
4130 Legal Expense	10,000.00	833.33	0.00	8,934.81	8,333.33	601.48
4140 Staff Training	5,000.00	416.67	1,229.21	6,039.21	4,166.67	1,872.54
4150 Travel	15,000.00	1,250.00	12,729.08	26,373.89	12,500.00	13,873.89
4171 Auditing Fees	3,600.00	300.00	0.00	0.00	3,000.00	(3,000.00)
4190 Sundry-Admin. Exp.	28,500.00	2,375.00	1,168.90	24,632.86	23,750.00	882.86
4190 VHSP-VA Hsg Solutions Prgm Grant	53,004.00	4,417.00	7,361.27	69,168.03	44,170.00	24,998.03
4190 HMIS Match for Grant Funds	10,000.00	833.33	6,618.65	9,385.58	8,333.33	1,052.25
4190 Community Donations (OpDr/COC,etc)	15,000.00	1,250.00	0.00	10,330.23	12,500.00	(2,169.77)
4190 HMIS Homeless Assistance-17	84,072.00	7,006.00	13,261.45	68,457.54	70,060.00	(1,602.46)
Total Administration	393,978.00	32,831.50	55,411.23	363,594.79	328,315.00	35,279.79
Utilities						
4320 Electric	3,150.00	262.50	173.15	2,080.35	2,625.00	(544.65)
4330 Gas	1,800.00	150.00	17.51	649.30	1,500.00	(850.70)
Total Utilities	4,950.00	412.50	190.66	2,729.65	4,125.00	(1,395.35)
4410 Maintenance Salaries	39,437.00	3,286.42	3,428.76	30,638.14	32,864.17	(2,226.03)
4540 Maintenance Benefits	12,309.00	1,025.75	705.78	8,588.91	10,257.50	(1,668.59)
4420 Materials	6,000.00	500.00	93.10	1,372.53	5,000.00	(3,627.47)
4430 Contract Costs	9,500.00	791.67	116.67	7,086.00	7,916.67	(830.67)
Total Maintenance	67,246.00	5,603.83	4,344.31	47,685.58	56,038.33	(8,352.75)
General:						
4510 Insurance	10,500.00	875.00	535.08	5,208.02	8,750.00	(3,541.98)
4570 Collection Loss/Bad Debt Expens	0.00	0.00	0.00	0.00	0.00	0.00
4000 Bport Expenses	58,000.00	4,833.33	8,736.86	47,021.32	48,333.33	(1,312.01)
4000 Lineweaver Apartments Expenses	360,579.00	30,048.25	21,757.64	268,934.21	300,482.50	(31,548.29)
Total General	429,079.00	35,756.58	31,029.58	321,163.55	357,565.83	(36,402.28)
TOTAL EXPENSES	895,253.00	74,604.42	90,975.78	735,173.57	746,044.17	(10,870.60)

TOTAL RECEIPTS TO DATE	655,210.07
TOTAL EXPENSES TO DATE	735,173.57
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	(79,963.50)

11/15/19

Michael G. Wong, Executive Director

Date

BRIDGEPORT COMPLEX
Statement of Revenues, Expenses, and Changes in Fund Equity
Attachment B
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3690 Rental Income	184,265.00	15,355.42	23,200.16	161,381.08	153,554.17	7,826.91
3690 Other Income	0.00	0.00	0.00	0.00	0.00	0.00
Total Receipts	184,265.00	15,355.42	23,200.16	161,381.08	153,554.17	7,826.91
Expenses:						
Operations						
4130 Legal Expenses	1,000.00	83.33	0.00	0.00	833.33	(833.33)
4190-Sundry-Phone	600.00	50.00	31.54	305.04	500.00	(194.96)
Total Op. Expenses	1,600.00	133.33	31.54	305.04	1,333.33	(1,028.29)
Utilities:						
4310 Water	1,100.00	91.67	0.00	129.00	916.67	(787.67)
4320 Electricity	0.00	0.00	0.00	0.00	0.00	0.00
4330 Gas	0.00	0.00	0.00	0.00	0.00	0.00
4310 Sewer	0.00	0.00	0.00	0.00	0.00	0.00
Total Utilities	1,100.00	91.67	0.00	129.00	916.67	(787.67)
Maintenance:						
4420 Materials	2,000.00	166.67	103.69	1,087.22	1,666.67	(579.45)
4430 Contract Costs	10,000.00	833.33	7,093.04	29,979.27	8,333.33	21,645.94
Total Maintenance	12,000.00	1,000.00	7,196.73	31,066.49	10,000.00	21,066.49
General Expenses:						
4510 Insurance Expenses	0.00	0.00	0.00	0.00	0.00	0.00
4580 Interst Expense	19,260.00	1,605.00	1,508.59	15,520.79	16,050.00	(529.21)
Total General Exp.	19,260.00	1,605.00	1,508.59	15,520.79	16,050.00	(529.21)
TOTAL EXPENSES	33,960.00	2,830.00	8,736.86	47,021.32	28,300.00	18,721.32

TOTAL RECEIPTS TO DATE	161,381.08
TOTAL EXPENSES TO DATE	47,021.32
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	114,359.76

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

Michael G. Wong
Executive Director

11/18/19
Date

Please note: A principal payment to Bank of the James was made in the amount of $2,099 55 for a total of $20,560 61 for this fiscal year.

LINEWEAVER ANNEX APARTMENTS
Statement of Revenues, Expenses, and Changes in Fund Equity
Attachment A
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Rental Income	229,200.00	19,100.00	16,943.00	179,564.50	191,000.00	(11,435.50)
3410 HAP Funding	120,000.00	10,000.00	11,294.00	113,251.00	100,000.00	13,251.00
3690 Other Income-Laundry	3,600.00	300.00	402.69	2,786.24	3,000.00	(213.76)
3690 Other Income-Late fees,workord	8,000.00	666.67	78.00	9,845.21	6,666.67	3,178.54
Total Receipts	360,800.00	30,066.67	28,717.69	305,446.95	300,666.67	4,780.28
Expenses:						
Administration:						
4110 Adm Salaries	60,863.00	5,071.92	4,712.80	50,697.10	50,719.17	(22.07)
4540 Adm Benefits	19,548.00	1,629.00	1,665.37	17,407.27	16,290.00	1,117.27
4130 Legal Fees	1,500.00	125.00	0.00	64.57	1,250.00	(1,185.43)
4140 Staff Training	1,000.00	83.33	0.00	217.50	833.33	(615.83)
4150 Travel	1,000.00	83.33	0.00	402.38	833.33	(430.95)
4171 Auditing	1,200.00	100.00	0.00	0.00	1,000.00	(1,000.00)
4190 Sundry	15,000.00	1,250.00	499.35	10,952.60	12,500.00	(1,547.40)
Total Adminstration	100,111.00	8,342.58	6,877.52	79,741.42	83,425.83	(3,684.41)
Tenant Services:						
4240 Tenant Services-Other	1,000.00	83.33	0.00	162.50	833.33	(670.83)
Total Tenant Serv.	1,000.00	83.33	0.00	162.50	833.33	(670.83)
Utilities:						
4310 Water	8,000.00	666.67	685.76	6,532.67	6,666.67	(134.00)
4320 Electricity	55,000.00	4,583.33	3,961.93	52,856.78	45,833.33	7,023.45
4390 Sewer	23,500.00	1,958.33	1,938.60	18,936.00	19,583.33	(647.33)
Total Utilities	86,500.00	7,208.33	6,586.29	78,325.45	72,083.33	6,242.12
Maintenance:						
4410 Maintenance Salaries	63,740.00	5,311.67	4,273.09	40,963.25	53,116.67	(12,153.42)
4540 Maintenance Benefits	20,346.00	1,695.50	796.99	9,569.11	16,955.00	(7,385.89)
4420 Materials	18,000.00	1,500.00	951.79	18,821.42	15,000.00	3,821.42
4430 Contract Costs	60,000.00	5,000.00	1,598.01	34,822.01	50,000.00	(15,177.99)
Total Maintenance	162,086.00	13,507.17	7,619.88	104,175.79	135,071.67	(30,895.88)
General Expenses:						
4510 Insurance Expenses	10,882.00	906.83	673.95	6,529.05	9,068.33	(2,539.28)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
Total General Exp.	10,882.00	906.83	673.95	6,529.05	9,068.33	(2,539.28)
TOTAL EXPENSES	360,579.00	30,048.25	21,757.64	268,934.21	300,482.50	(31,548.29)

TOTAL RECEIPTS TO DATE	305,446.95
TOTAL EXPENSES TO DATE	268,934.21
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	36,512.74

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

Lisa Benasher, Lineweaver Manager

11-25-2019
Date

Housing Choice Voucher Program (HCV)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts						
3300RC Adm-Fraud/Abuse/Set Off De	16,000.00	1,333.33	427.33	5,409.33	13,333.33	(7,924.00)
3300RC HAP-Fraud/Abuse/Set Off De	16,000.00	1,333.33	427.34	5,409.33	13,333.33	(7,924.00)
3300 FSS Fort.	0.00	0.00	584.00	4,288.00	0.00	4,288.00
3300 Portability Fee Income	0.00	0.00	0.00	0.00	0.00	0.00
3610 Interest-HAP	0.00	0.00	0.00	0.00	0.00	0.00
3610 Interest-Adm	0.00	0.00	0.00	0.00	0.00	0.00
3410 HCV FSS Grant Funds	28,444.00	2,370.33	5,688.88	22,754.96	23,703.33	(948.37)
3410 HCV HAP Payment-Adm Fees	**437,219.00**	**36,434.92**	**38,883.00**	**401,429.00**	364,349.17	**37,079.83**
3410 HCV HAP Payment-HAP Fees	**5,564,496.00**	**463,708.00**	**481,821.00**	**4,623,269.00**	4,637,080.00	**(13,811.00)**
Total Receipts	6,062,159.00	505,179.92	527,831.55	5,062,559.62	5,051,799.17	10,760.45
Expenses						
Administration						
4110 Adm Salaries	269,276.00	22,439.67	20,357.23	224,976.16	224,396.67	579.49
4110 FSS Salaries (grant portion)	28,444.00	2,370.33	2,172.46	24,099.08	23,703.33	395.75
4540 Adm/FSS Benefits	95,351.00	7,945.92	7,090.99	73,096.23	79,459.17	(6,362.94)
4130 Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
4140 Staff Training	2,000.00	166.67	899.00	2,004.00	1,666.67	337.33
4150 Travel	2,000.00	166.67	0.00	3,829.02	1,666.67	2,162.35
4171 Auditing Fees	6,940.00	578.33	0.00	0.00	5,783.33	(5,783.33)
4190 Sundry	44,000.00	3,666.67	4,291.29	30,996.99	36,666.67	(5,669.68)
4190.1 Portability Fees	5,500.00	458.33	336.53	2,408.61	4,583.33	(2,174.72)
Total Administration	453,511.00	37,792.58	35,147.50	361,410.09	377,925.83	(16,515.74)
Utilities						
4310 Water	0.00	0.00	0.00	0.00	0.00	0.00
4320 Electric	0.00	0.00	0.00	0.00	0.00	0.00
4330 Gas	0.00	0.00	0.00	0.00	0.00	0.00
4390 Sewer	0.00	0.00	0.00	0.00	0.00	0.00
Total Utilities	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance						
4420 Maintenance Salaries	0.00	0.00	0.00	0.00	0.00	0.00
4540 Maintenance Benefits	0.00	0.00	0.00	0.00	0.00	0.00
4420 Materials	0.00	0.00	0.00	0.00	0.00	0.00
4430 Contract Costs (Unit Inspections	0.00	0.00	0.00	0.00	0.00	0.00
Total Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
General						
4510 Insurance	11,470.00	856.33	565.41	5,524.93	8,563.30	(3,038.37)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4715 HAP Portability In	0.00	0.00	0.00	0.00	0.00	0.00
Total	11,470.00	856.33	565.41	5,524.93	8,563.30	(3,038.37)
Total Expenses (excluding HAP)	**464,981.00**	**38,648.91**	**35,712.91**	**366,935.02**	**386,489.13**	**(19,554.11)**
4715 HAP	5,580,496.00	465,041.33	454,558.00	4,571,032.14	4,185,372.00	385,660.14
4715 UAP	0.00	0.00	13,372.00	126,162.00	0.00	126,162.00
4718 FSS Escrow	0.00	0.00	5,984.00	52,807.00	0.00	52,807.00
HAP Total	**5,580,496.00**	**465,041.33**	**473,914.00**	**4,750,001.14**	**4,185,372.00**	**564,629.14**
Total Expenses	6,045,477.00	503,690.25	509,626.91	5,116,936.16	4,571,861.13	545,075.03

TOTAL RECEIPTS TO DATE	5,062,559.62
TOTAL EXPENSES TO DATE	5,116,936.16
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss	(54,376.54)
Adm Funds	62,658.27
HAP Funds	(117,034.81)

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

[signature] 11/20/19

Liz Webb, Housing Choice Voucher Mgr — Date

11/9/2018 HUD Forecasting Tool - ABA Funding $5,569,314 & HUD Held Reserve (HHR) - $446,157
6/30/2019 2019 HCV Renewal Funding $5,600,756 & HUD Held Reserve (HHR) - $469,227

J. R. "POLLY" LINEWEAVER (JRL)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Dwelling Rent	174,802.00	14,566.83	14,470.92	141,215.79	145,668.33	(4,452.54)
3410 HAP Funding	262,204.00	21,850.33	23,206.00	216,161.00	218,503.33	(2,342.33)
3410 Service Coord Grant-2018	66,107.00	5,508.92	0.00	18,580.60	55,089.17	(36,508.57)
3690 Other Income-Laundry	6,000.00	500.00	402.69	2,661.30	5,000.00	(2,338.70)
3690 Other Income-Late fees,w'orders	6,000.00	500.00	204.00	8,135.57	5,000.00	3,135.57
Total Receipts	515,113.00	42,926.08	38,283.61	386,754.26	429,260.83	(42,506.57)
Expenses:						
Administration						
4110 Adm Salaries	61,380.00	5,115.00	4,752.64	51,135.35	51,150.00	(14.65)
4540 Adm Benefits	19,629.00	1,635.75	1,668.53	16,595.70	16,357.50	238.20
4130 Legal Fees	1,000.00	83.33	0.00	2,649.10	833.33	1,815.77
4140 Staff Training	0.00	0.00	0.00	217.50	0.00	217.50
4150 Travel	0.00	0.00	0.00	402.38	0.00	402.38
4171 Auditing Fees	1,200.00	100.00	0.00	0.00	1,000.00	(1,000.00)
4190 Sundry	15,000.00	1,250.00	310.44	9,578.71	12,500.00	(2,921.29)
Total Administration	98,209.00	8,184.08	6,731.61	80,578.74	81,840.83	(1,262.09)
Tenant Services:						
4220-40 Service Coord Grant-2018	66,107.00	5,508.92	5,132.47	47,889.66	55,089.17	(7,199.51)
4230 Tenant Services-Other	1,000.00	83.33	0.00	162.50	833.33	(670.83)
Total Tenant Serv.	67,107.00	5,592.25	5,132.47	48,052.16	55,922.50	(7,870.34)
Utilities:						
4310 Water	7,500.00	625.00	705.17	6,655.16	6,250.00	405.16
4320 Electric	65,000.00	5,416.67	3,315.25	56,764.89	54,166.67	2,598.22
4390 Sewer	25,000.00	2,083.33	2,003.22	19,567.20	20,833.33	(1,266.13)
Total Utilities	97,500.00	8,125.00	6,023.64	82,987.25	81,250.00	1,737.25
Maintenance:						
4410 Maintenance Salaries	46,120.00	3,843.33	3,494.21	28,217.02	38,433.33	(10,216.31)
4540 Maintenance Benefits	14,808.00	1,234.00	531.25	6,554.58	12,340.00	(5,785.42)
4420 Materials	8,000.00	666.67	914.83	9,791.09	6,666.67	3,124.42
4430 Contract	55,000.00	4,583.33	4,705.34	38,442.95	45,833.33	(7,390.38)
Total Maintenance	123,928.00	10,327.33	9,645.63	83,005.64	103,273.33	(20,267.69)
General:						
4510 Insurance	12,000.00	1,000.00	795.46	7,575.14	10,000.00	(2,424.86)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4580 United Bank Bond Interest	37,323.00	3,110.25	3,056.09	31,706.19	31,102.50	603.69
Total General	49,323.00	4,110.25	3,851.55	39,281.33	41,102.50	(1,821.17)
TOTAL EXPENSES	436,067.00	36,338.92	31,384.90	333,905.12	363,389.17	(29,484.05)

TOTAL RECEIPTS TO DATE	**386,754.26**
TOTAL EXPENSES TO DATE	**333,905.12**
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	**52,849.14**

I CERTIFY THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

11-25-2019

Lisa Benasher, Lineweaver Manager — Date

Please note: A principal payment to United Bank was made in the amount of $6,610.19 a total of $64,956.61 for this fiscal year.

FRANKLIN HEIGHTS, LLC
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Dwelling Rent	380,005.00	31,667.08	25,540.56	295,576.55	316,670.83	(21,094.28)
3410 HAP Funding	993,000.00	82,750.00	97,242.00	916,897.00	827,500.00	89,397.00
3610 Interest Income	0.00	0.00	78.58	682.45	0.00	682.45
3690 Other Income-Late fees, etc.	25,000.00	2,083.33	3,282.30	25,298.35	20,833.33	4,465.02
3410 Other Receipts-CDBG Funds	140,000.00	11,666.67	70,000.00	144,000.00	116,666.67	27,333.33
Total Receipts	1,538,005.00	128,167.08	196,143.44	1,382,454.35	1,281,670.83	100,783.52
Expenses:						
Administration						
4110 Adm Salaries	222,262.00	18,521.83	17,783.17	180,673.48	185,218.33	(4,544.85)
4540 Adm Benefits	70,801.00	5,900.08	6,116.10	62,583.37	59,000.83	3,582.54
4130 Legal Fees	2,000.00	166.67	0.00	270.02	1,666.67	(1,396.65)
4140 Staff Training	1,000.00	83.33	244.00	823.00	833.33	(10.33)
4150 Travel	1,500.00	125.00	0.00	1,893.00	1,250.00	643.00
4171 Auditing Fees	1,800.00	150.00	0.00	0.00	1,500.00	(1,500.00)
4190 Sundry	25,000.00	2,083.33	746.92	22,343.48	20,833.33	1,510.15
4190 CDBG Down Payment Assistance Progran	0.00	0.00	2,211.47	8,330.76	0.00	8,330.76
Total Administration	324,363.00	27,030.25	27,101.66	276,917.11	270,302.50	6,614.61
Tenant Services						
4240 Tenant Services-Recreation	1,000.00	83.33	0.00	322.06	833.33	(511.27)
Total Tenant Services	1,000.00	83.33	0.00	322.06	833.33	(511.27)
Utilities						
4310 Water	0.00	0.00	7,643.20	(4,878.87)	0.00	(4,878.87)
4320 Electric	15,000.00	1,250.00	688.07	8,315.32	12,500.00	(4,184.68)
4330 Gas	3,400.00	283.33	17.50	811.96	2,833.33	(2,021.37)
4390 Sewer	0.00	0.00	(8,580.59)	(4,480.50)	0.00	(4,480.50)
Total Utilities	18,400.00	1,533.33	(231.82)	(232.09)	15,333.33	(15,565.42)
Maintenance						
4410 Maintenance Salaries	102,899.00	8,574.92	5,137.26	87,741.38	85,749.17	1,992.21
4540 Maintenance Benefits	33,318.00	2,776.50	1,419.55	21,449.46	27,765.00	(6,315.54)
4420 Materials	43,500.00	3,625.00	2,791.76	32,270.43	36,250.00	(3,979.57)
4430 Contract	100,000.00	8,333.33	2,314.71	52,695.82	83,333.33	(30,637.51)
Total Maintenance	279,717.00	23,309.75	11,663.28	194,157.09	233,097.50	(38,940.41)
General						
4510 Insurance	45,000.00	3,750.00	1,839.81	16,555.20	37,500.00	(20,944.80)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4590 Real Estate Taxes	24,000.00	2,000.00	0.00	11,855.06	20,000.00	(8,144.94)
4580 Interest Expense-HHR	97,100.00	8,091.67	0.00	97,100.00	80,916.67	16,183.33
4580 Interest Expense-FH	133,925.00	11,160.42	66,962.50	133,925.00	111,604.17	22,320.83
4580 Interest Expense-FORK(UB)	26,227.00	2,185.58	2,147.82	22,282.96	21,855.83	427.13
4580 Interest Expense-FORK(Seller Fin)	45,066.00	3,755.50	3,685.30	37,756.77	37,555.00	201.77
Total General	371,318.00	30,943.17	74,635.43	319,474.99	309,431.67	10,043.32
TOTAL EXPENSES	994,798.00	82,899.83	113,168.55	790,639.16	828,998.33	(38,359.17)

TOTAL RECEIPTS TO DATE	**1,382,454.35**
TOTAL EXPENSES TO DATE	**790,639.16**
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss	**591,815.19**

I CERTIFY THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

11/27/19

Nehemias Velez, FH Manager

Date

Please note P/I payments below:	Debt Pymts Due	Debt Pymts YTD	Debt Pymts Outstanding	
HHR 2006/14 Go Bond Payment	217,100	217,100	0	120000
FH 2009/11 Go Bond Payment	443,925	443,925	0	310000
United Bank-Forkovitch Units	81,512	77,930	3,582	55285
Seller Financed-Forkovitch Family	102,953	85,790	17,163	57887
Total	845,490	824,745	20,745	

COMMERCE VILLAGE LLC (CVO)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Rental Income	78,892.00	6,574.33	7,699.00	71,475.20	65,743.33	5,731.87
3410 HAP Funding	110,000.00	9,166.67	7,745.00	86,038.00	91,666.67	(5,628.67)
3610 Interest (Replacement&Operatir	360.00	30.00	107.72	1,065.54	300.00	765.54
3690 Other Income-Laundry&Donatio	2,500.00	208.33	164.25	1,074.82	2,083.33	(1,008.51)
3690 Other Inc-Late fees,workorders	2,500.00	208.33	0.00	4,158.83	2,083.33	2,075.50
Total Receipts	194,252.00	16,187.67	15,715.97	163,812.39	161,876.67	1,935.72
Expenses:						
Administration:						
4110 Adm Salaries	17,592.00	1,466.00	1,353.26	14,885.86	14,660.00	225.86
4540 Adm Benefits	5,676.00	473.00	240.58	2,478.14	4,730.00	(2,251.86)
4130 Legal Fees	0.00	0.00	0.00	100.00	0.00	100.00
4140 Staff Training	0.00	0.00	0.00	435.00	0.00	435.00
4150 Travel	0.00	0.00	44.08	176.32	0.00	176.32
4171 Auditing	0.00	0.00	0.00	0.00	0.00	0.00
4190 Sundry	2,900.00	241.67	290.27	7,100.89	2,416.67	4,684.22
4190 Sundry-Management fees	10,000.00	833.33	812.35	8,288.70	8,333.33	(44.63)
4190 Sundry-HCC fees	6,100.00	508.33	0.00	0.00	5,083.33	(5,083.33)
Total Adminstration	42,268.00	3,522.33	2,740.54	33,464.91	35,223.33	(1,758.42)
Tenant Services:						
4240-Case Mgt/Peer Counseling	16,500.00	1,375.00	2,201.48	16,624.98	13,750.00	2,874.98
4240 Tenant Services-Client	1,500.00	125.00	320.00	1,286.00	1,250.00	36.00
Total Tenant Serv.	18,000.00	1,500.00	2,521.48	17,910.98	15,000.00	2,910.98
Utilities:						
4310 Water	4,000.00	333.33	360.89	3,402.94	3,333.33	69.61
4320 Electricity	20,000.00	1,666.67	1,376.75	15,400.26	16,666.67	(1,266.41)
4330 Gas	2,100.00	175.00	132.28	1,582.38	1,750.00	(167.62)
4390 Sewer	11,000.00	916.67	969.30	9,468.00	9,166.67	301.33
Total Utilities	37,100.00	3,091.67	2,839.22	29,853.58	30,916.67	(1,063.09)
Maintenance:						
4410 Maintenance Salaries	9,669.00	805.75	714.50	9,991.68	8,057.50	1,934.18
4540 Maintenance Benefits	3,056.00	254.67	211.94	2,374.04	2,546.67	(172.63)
4420 Materials	2,500.00	208.33	817.57	3,327.33	2,083.33	1,244.00
4430 Contract Costs	16,500.00	1,375.00	812.70	13,607.12	13,750.00	(142.88)
Total Maintenance	31,725.00	2,643.75	2,556.71	29,300.17	26,437.50	2,862.67
General Expenses:						
4510 Insurance Expenses	5,200.00	433.33	227.71	(1,882.35)	4,333.33	(6,215.68)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4580 Interest Expense	16,380.00	1,365.00	1,365.00	13,650.00	13,650.00	0.00
4590 Real Estate Taxes	24.00	2.00	1.01	10.10	20.00	(9.90)
1162 Replacement Reserve Acct	9,000.00	750.00	750.00	7,500.00	7,500.00	0.00
Total General Exp.	30,604.00	2,550.33	2,343.72	19,277.75	25,503.33	(6,225.58)
TOTAL EXPENSES	159,697.00	13,308.08	13,001.67	129,807.39	133,080.83	(3,273.44)

TOTAL RECEIPTS TO DATE	163,812.39
TOTAL EXPENSES TO DATE	129,807.39
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	34,005.00

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

Sandra Lowther

Sandra Lowther, Commerce Village Manager

11/22/19

Date

LOCAL COMMUNITY DEVELOPMENT (LCD)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3410 HMIS COC Homelessness Grant-17	84,072.00	7,006.00	0.00	68,457.54	77,066.00	(8,608.46)
3410 HMIS COC Homelessness Grant-18	14,012.00	1,167.67	0.00	0.00	12,844.33	(12,844.33)
3410 VHSP-VA Hsg Solutions Prgm Grant	53,004.00	4,417.00	0.00	67,793.90	48,587.00	19,206.90
3610 Interest Income	0.00	0.00	0.00	0.23	0.00	0.23
3690 Other Income	0.00	0.00	0.00	22,672.91	0.00	22,672.91
3690 Developer's Fees	175,000.00	14,583.33	0.00	0.00	160,416.67	(160,416.67)
3690 Admin. Fees	10,000.00	833.33	2,343.75	12,012.51	9,166.67	2,845.84
3690 Application Fees	15,000.00	1,250.00	0.00	7,500.00	13,750.00	(6,250.00)
3690 Lease Income	4,800.00	400.00	400.00	4,400.00	4,400.00	0.00
3690 Management Fees-CV	10,000.00	833.33	811.57	9,100.27	9,166.67	(66.40)
3690 BPort Net Receipts	184,265.00	15,355.42	8,908.88	170,289.96	168,909.58	1,380.38
3690 Lineweaver Apts. Net Receipts	360,800.00	30,066.67	28,347.11	333,794.06	330,733.33	3,060.73
Total Receipts	910,953.00	75,912.75	40,811.31	696,021.38	835,040.25	(139,018.87)
Expenses:						
Administration						
4110 Adm Salaries	129,791.00	10,815.92	8,486.26	115,540.87	118,975.08	(3,434.21)
4540 Adm Benefits	40,011.00	3,334.25	3,241.78	36,459.81	36,676.75	(216.94)
4130 Legal Expense	10,000.00	833.33	0.00	8,934.81	9,166.67	(231.86)
4140 Staff Training	5,000.00	416.67	118.00	6,157.21	4,583.33	1,573.88
4150 Travel	15,000.00	1,250.00	4,035.01	30,408.90	13,750.00	16,658.90
4171 Auditing Fees	3,600.00	300.00	0.00	0.00	3,300.00	(3,300.00)
4190 Sundry-Admin. Exp.	28,500.00	2,375.00	1,274.06	25,906.92	26,125.00	(218.08)
4190 VHSP-VA Hsg Solutions Prgm Grant	53,004.00	4,417.00	6,144.56	75,312.59	48,587.00	26,725.59
4190 HMIS Match for Grant Funds	10,000.00	833.33	229.84	9,615.42	9,166.67	448.75
4190 Community Donations (OpDr/COC,etc)	15,000.00	1,250.00	0.00	10,330.23	13,750.00	(3,419.77)
4190 HMIS Homeless Assistance-17	84,072.00	7,006.00	(1,638.00)	66,819.54	77,066.00	(10,246.46)
4190 HMIS Homeless Assistance-18	14,012.00	1,167.67	4,246.24	4,246.24	12,844.33	(8,598.09)
Total Administration	407,990.00	33,999.17	26,137.75	389,732.54	373,990.83	15,741.71
Utilities						
4320 Electric	3,150.00	262.50	119.57	2,199.92	2,887.50	(687.58)
4330 Gas	1,800.00	150.00	47.04	696.34	1,650.00	(953.66)
Total Utilities	4,950.00	412.50	166.61	2,896.26	4,537.50	(1,641.24)
4410 Maintenance Salaries	39,437.00	3,286.42	4,770.76	35,408.90	36,150.58	(741.68)
4540 Maintenance Benefits	12,309.00	1,025.75	803.70	9,392.61	11,283.25	(1,890.64)
4420 Materials	6,000.00	500.00	77.89	1,450.42	5,500.00	(4,049.58)
4430 Contract Costs	9,500.00	791.67	1,399.29	8,485.29	8,708.33	(223.04)
Total Maintenance	67,246.00	5,603.83	7,051.64	54,737.22	61,642.17	(6,904.95)
General:						
4510 Insurance	10,500.00	875.00	517.84	5,725.86	9,625.00	(3,899.14)
4570 Collection Loss/Bad Debt Expens	0.00	0.00	0.00	0.00	0.00	0.00
4000 Bport Expenses	58,000.00	4,833.33	1,606.16	48,627.48	53,166.67	(4,539.19)
4000 Lineweaver Apartments Expenses	360,579.00	30,048.25	23,363.97	292,298.18	330,530.75	(38,232.57)
Total General	429,079.00	35,756.58	25,487.97	346,651.52	393,322.42	(46,670.90)
TOTAL EXPENSES	909,265.00	75,772.08	58,843.97	794,017.54	833,492.92	(39,475.38)

TOTAL RECEIPTS TO DATE	696,021.38
TOTAL EXPENSES TO DATE	794,017.54
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	(97,996.16)

Michael G. Wong, Executive Director

12/12/19
Date

LINEWEAVER ANNEX APARTMENTS

Statement of Revenues, Expenses, and Changes in Fund Equity

Attachment A

For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Rental Income	229,200.00	19,100.00	16,853.00	196,417.50	210,100.00	(13,682.50)
3410 HAP Funding	120,000.00	10,000.00	11,135.00	124,386.00	110,000.00	14,386.00
3690 Other Income-Laundry	3,600.00	300.00	0.00	2,786.24	3,300.00	(513.76)
3690 Other Income-Late fees,workord	8,000.00	666.67	359.11	10,204.32	7,333.33	2,870.99
Total Receipts	360,800.00	30,066.67	28,347.11	333,794.06	330,733.33	3,060.73
Expenses:						
Administration:						
4110 Adm Salaries	60,863.00	5,071.92	4,712.80	55,409.90	50,719.17	4,690.73
4540 Adm Benefits	19,548.00	1,629.00	1,638.84	19,046.11	16,290.00	2,756.11
4130 Legal Fees	1,500.00	125.00	0.00	64.57	1,250.00	(1,185.43)
4140 Staff Training	1,000.00	83.33	450.00	667.50	833.33	(165.83)
4150 Travel	1,000.00	83.33	1,010.78	1,413.16	833.33	579.83
4171 Auditing	1,200.00	100.00	0.00	0.00	1,000.00	(1,000.00)
4190 Sundry	15,000.00	1,250.00	304.72	11,257.32	12,500.00	(1,242.68)
Total Adminstration	100,111.00	8,342.58	8,117.14	87,858.56	83,425.83	4,432.73
Tenant Services:						
4240 Tenant Services-Other	1,000.00	83.33	0.00	162.50	833.33	(670.83)
Total Tenant Serv.	1,000.00	83.33	0.00	162.50	833.33	(670.83)
Utilities:						
4310 Water	8,000.00	666.67	682.77	7,215.44	6,666.67	548.77
4320 Electricity	55,000.00	4,583.33	3,797.73	56,654.51	45,833.33	10,821.18
4390 Sewer	23,500.00	1,958.33	1,938.60	20,874.60	19,583.33	1,291.27
Total Utilities	86,500.00	7,208.33	6,419.10	84,744.55	72,083.33	12,661.22
Maintenance:						
4410 Maintenance Salaries	63,740.00	5,311.67	5,799.10	46,762.35	53,116.67	(6,354.32)
4540 Maintenance Benefits	20,346.00	1,695.50	920.79	10,489.90	16,955.00	(6,465.10)
4420 Materials	18,000.00	1,500.00	28.56	18,849.98	15,000.00	3,849.98
4430 Contract Costs	60,000.00	5,000.00	1,426.62	36,248.63	50,000.00	(13,751.37)
Total Maintenance	162,086.00	13,507.17	8,175.07	112,350.86	135,071.67	(22,720.81)
General Expenses:						
4510 Insurance Expenses	10,882.00	906.83	652.66	7,181.71	9,068.33	(1,886.62)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
Total General Exp.	10,882.00	906.83	652.66	7,181.71	9,068.33	(1,886.62)
TOTAL EXPENSES	360,579.00	30,048.25	23,363.97	292,298.18	300,482.50	(8,184.32)

TOTAL RECEIPTS TO DATE	333,794.06
TOTAL EXPENSES TO DATE	292,298.18
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	41,495.88

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Lisa Benasher 12-16-2019

Lisa Benasher, Lineweaver Manager

Date

BRIDGEPORT COMPLEX
Statement of Revenues, Expenses, and Changes in Fund Equity
Attachment B
For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3690 Rental Income	184,265.00	15,355.42	8,908.88	170,289.96	168,909.58	1,380.38
3690 Other Income	0.00	0.00	0.00	0.00	0.00	0.00
Total Receipts	184,265.00	15,355.42	8,908.88	170,289.96	168,909.58	1,380.38
Expenses:						
Operations						
4130 Legal Expenses	1,000.00	83.33	0.00	0.00	916.67	(916.67)
4190-Sundry-Phone	600.00	50.00	0.00	305.04	550.00	(244.96)
Total Op. Expenses	1,600.00	133.33	0.00	305.04	1,466.67	(1,161.63)
Utilities:						
4310 Water	1,100.00	91.67	0.00	129.00	1,008.33	(879.33)
4320 Electricity	0.00	0.00	0.00	0.00	0.00	0.00
4330 Gas	0.00	0.00	0.00	0.00	0.00	0.00
4310 Sewer	0.00	0.00	0.00	0.00	0.00	0.00
Total Utilities	1,100.00	91.67	0.00	129.00	1,008.33	(879.33)
Maintenance:						
4420 Materials	2,000.00	166.67	0.00	1,087.22	1,833.33	(746.11)
4430 Contract Costs	10,000.00	833.33	53.25	30,032.52	9,166.67	20,865.85
Total Maintenance	12,000.00	1,000.00	53.25	31,119.74	11,000.00	20,119.74
General Expenses:						
4510 Insurance Expenses	0.00	0.00	0.00	0.00	0.00	0.00
4580 Interst Expense	19,260.00	1,605.00	1,552.91	17,073.70	17,655.00	(581.30)
Total General Exp.	19,260.00	1,605.00	1,552.91	17,073.70	17,655.00	(581.30)
TOTAL EXPENSES	33,960.00	2,830.00	1,606.16	48,627.48	31,130.00	17,497.48

TOTAL RECEIPTS TO DATE	170,289.96
TOTAL EXPENSES TO DATE	48,627.48
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	121,662.48

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

Michael G. Wong
Executive Director

12/12/19
Date

Please note: A principal payment to Bank of the James was made in the amount of $2,099.55 for a total of $20,560.61 for this fiscal year.

Housing Choice Voucher Program (HCV)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts						
3300RC Adm-Fraud/Abuse/Set Off De	16,000.00	1,333.33	1,891.40	7,300.73	14,666.67	(7,365.94)
3300RC HAP-Fraud/Abuse/Set Off De	16,000.00	1,333.33	1,891.40	7,300.73	14,666.67	(7,365.94)
3300 FSS Fort.	0.00	0.00	0.00	4,288.00	0.00	4,288.00
3300 Portability Fee Income	0.00	0.00	0.00	0.00	0.00	0.00
3610 Interest-HAP	0.00	0.00	0.00	0.00	0.00	0.00
3610 Interest-Adm	0.00	0.00	0.00	0.00	0.00	0.00
3410 HCV FSS Grant Funds	28,444.00	2,370.33	2,844.40	25,599.36	26,073.67	(474.31)
3410 HCV HAP Payment-Adm Fees	**437,219.00**	**36,434.92**	**39,061.00**	**440,490.00**	400,784.08	**39,705.92**
3410 HCV HAP Payment-HAP Fees	**5,564,496.00**	**463,708.00**	**415,536.00**	**5,038,805.00**	5,100,788.00	**(61,983.00)**
Total Receipts	6,062,159.00	505,179.92	461,224.20	5,523,783.82	5,556,979.08	(33,195.26)
Expenses						
Administration						
4110 Adm Salaries	269,276.00	22,439.67	20,291.78	245,267.94	246,836.33	(1,568.39)
4110 FSS Salaries (grant portion)	28,444.00	2,370.33	3,301.23	27,400.31	26,073.67	1,326.64
4540 Adm/FSS Benefits	95,351.00	7,945.92	7,556.09	80,652.32	87,405.08	(6,752.76)
4130 Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
4140 Staff Training	2,000.00	166.67	0.00	2,004.00	1,833.33	170.67
4150 Travel	2,000.00	166.67	627.00	4,456.02	1,833.33	2,622.69
4171 Auditing Fees	6,940.00	578.33	0.00	0.00	6,361.67	(6,361.67)
4190 Sundry	44,000.00	3,666.67	4,060.52	35,057.51	40,333.33	(5,275.82)
4190.1 Portability Fees	5,500.00	458.33	112.53	2,521.14	5,041.67	(2,520.53)
Total Administration	453,511.00	37,792.58	35,949.15	397,359.24	415,718.42	(18,359.18)
Utilities						
4310 Water	0.00	0.00	0.00	0.00	0.00	0.00
4320 Electric	0.00	0.00	0.00	0.00	0.00	0.00
4330 Gas	0.00	0.00	0.00	0.00	0.00	0.00
4390 Sewer	0.00	0.00	0.00	0.00	0.00	0.00
Total Utilities	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance						
4420 Maintenance Salaries	0.00	0.00	0.00	0.00	0.00	0.00
4540 Maintenance Benefits	0.00	0.00	0.00	0.00	0.00	0.00
4420 Materials	0.00	0.00	0.00	0.00	0.00	0.00
4430 Contract Costs (Unit Inspections	0.00	0.00	0.00	0.00	0.00	0.00
Total Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
General						
4510 Insurance	11,470.00	856.33	547.18	6,072.11	9,419.63	(3,347.52)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4715 HAP Portability In	0.00	0.00	0.00	0.00	0.00	0.00
Total	11,470.00	856.33	547.18	6,072.11	9,419.63	(3,347.52)
Total Expenses (excluding HAP)	**464,981.00**	**38,648.91**	**36,496.33**	**403,431.35**	**425,138.05**	**(21,706.70)**
4715 HAP	5,580,496.00	465,041.33	452,387.00	5,023,419.14	5,115,454.67	(92,035.53)
4715 UAP	0.00	0.00	12,352.00	138,514.00	0.00	138,514.00
4718 FSS Escrow	0.00	0.00	6,451.00	59,258.00	0.00	59,258.00
HAP Total	**5,580,496.00**	**465,041.33**	**471,190.00**	**5,221,191.14**	**5,115,454.67**	**105,736.47**
Total Expenses	6,045,477.00	503,690.25	507,686.33	5,624,622.49	5,540,592.71	84,029.78

TOTAL RECEIPTS TO DATE	5,523,783.82
TOTAL EXPENSES TO DATE	5,624,622.49
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss	(100,838.67)
Adm Funds	69,958.74
HAP Funds	(170,797.41)

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

Liz Webb, Housing Choice Voucher Mgr

12/17/19
Date

11/9/2018 HUD Forecasting Tool - ABA Funding $5,569,314 & HUD Held Reserve (HHR) - $446,157
6/30/2019 2019 HCV Renewal Funding $5,600,756 & HUD Held Reserve (HHR) - $469,227

J. R. "POLLY" LINEWEAVER (JRL)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Dwelling Rent	174,802.00	14,566.83	14,406.14	155,621.93	160,235.17	(4,613.24)
3410 HAP Funding	262,204.00	21,850.33	20,605.00	236,766.00	240,353.67	(3,587.67)
3410 Service Coord Grant-2018	66,107.00	5,508.92	0.00	18,580.60	60,598.08	(42,017.48)
3690 Other Income-Laundry	6,000.00	500.00	0.00	2,661.30	5,500.00	(2,838.70)
3690 Other Income-Late fees,w'orders	6,000.00	500.00	615.52	8,751.09	5,500.00	3,251.09
Total Receipts	515,113.00	42,926.08	35,626.66	422,380.92	472,186.92	(49,806.00)
Expenses:						
Administration						
4110 Adm Salaries	61,380.00	5,115.00	4,752.64	55,887.99	56,265.00	(377.01)
4540 Adm Benefits	19,629.00	1,635.75	1,642.00	18,237.70	17,993.25	244.45
4130 Legal Fees	1,000.00	83.33	0.00	2,649.10	916.67	1,732.43
4140 Staff Training	0.00	0.00	0.00	217.50	0.00	217.50
4150 Travel	0.00	0.00	559.98	962.36	0.00	962.36
4171 Auditing Fees	1,200.00	100.00	0.00	0.00	1,100.00	(1,100.00)
4190 Sundry	15,000.00	1,250.00	138.09	9,716.85	13,750.00	(4,033.15)
Total Administration	98,209.00	8,184.08	7,092.71	87,671.50	90,024.92	(2,353.42)
Tenant Services:						
4220-40 Service Coord Grant-2018	66,107.00	5,508.92	5,871.07	53,760.68	60,598.08	(6,837.40)
4230 Tenant Services-Other	1,000.00	83.33	0.00	162.50	916.67	(754.17)
Total Tenant Serv.	67,107.00	5,592.25	5,871.07	53,923.18	61,514.75	(7,591.57)
Utilities:						
4310 Water	7,500.00	625.00	702.69	7,357.85	6,875.00	482.85
4320 Electric	65,000.00	5,416.67	3,919.72	60,684.61	59,583.33	1,101.28
4390 Sewer	25,000.00	2,083.33	2,003.22	21,570.42	22,916.67	(1,346.25)
Total Utilities	97,500.00	8,125.00	6,625.63	89,612.88	89,375.00	237.88
Maintenance:						
4410 Maintenance Salaries	46,120.00	3,843.33	5,195.66	33,412.68	42,276.67	(8,863.99)
4540 Maintenance Benefits	14,808.00	1,234.00	667.93	7,222.51	13,574.00	(6,351.49)
4420 Materials	8,000.00	666.67	25.96	9,817.05	7,333.33	2,483.72
4430 Contract	55,000.00	4,583.33	1,426.63	39,869.58	50,416.67	(10,547.09)
Total Maintenance	123,928.00	10,327.33	7,316.18	90,321.82	113,600.67	(23,278.85)
General:						
4510 Insurance	12,000.00	1,000.00	774.97	8,350.11	11,000.00	(2,649.89)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4580 United Bank Bond Interest	37,323.00	3,110.25	0.00	31,706.19	34,212.75	(2,506.56)
Total General	49,323.00	4,110.25	774.97	40,056.30	45,212.75	(5,156.45)
TOTAL EXPENSES	436,067.00	36,338.92	27,680.56	361,585.68	399,728.08	(38,142.40)

TOTAL RECEIPTS TO DATE	**422,380.92**
TOTAL EXPENSES TO DATE	**361,585.68**
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	**60,795.24**

I CERTIFY THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Lisa Benasher, Lineweaver Manager — 12-16-2019
Date

Please note: A principal payment to United Bank was made in the amount of $0.00 a total of $64,956.61 for this fiscal year.

FRANKLIN HEIGHTS, LLC
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Dwelling Rent	380,005.00	31,667.08	30,361.00	325,937.55	348,337.92	(22,400.37)
3410 HAP Funding	993,000.00	82,750.00	92,675.00	1,009,572.00	910,250.00	99,322.00
3610 Interest Income	0.00	0.00	76.65	759.10	0.00	759.10
3690 Other Income-Late fees, etc.	25,000.00	2,083.33	695.80	25,994.15	22,916.67	3,077.48
3410 Other Receipts-CDBG Funds	140,000.00	11,666.67	70,000.00	144,000.00	128,333.33	15,666.67
Total Receipts	1,538,005.00	128,167.08	193,808.45	1,506,262.80	1,409,837.92	96,424.88
Expenses:						
Administration						
4110 Adm Salaries	222,262.00	18,521.83	20,490.22	201,163.70	203,740.17	(2,576.47)
4540 Adm Benefits	70,801.00	5,900.08	6,454.06	69,037.43	64,900.92	4,136.51
4130 Legal Fees	2,000.00	166.67	0.00	270.02	1,833.33	(1,563.31)
4140 Staff Training	1,000.00	83.33	0.00	823.00	916.67	(93.67)
4150 Travel	1,500.00	125.00	325.00	2,218.00	1,375.00	843.00
4171 Auditing Fees	1,800.00	150.00	0.00	0.00	1,650.00	(1,650.00)
4190 Sundry	25,000.00	2,083.33	806.27	23,149.75	22,916.67	233.08
4190 CDBG Down Payment Assistance Progran	0.00	0.00	0.00	8,330.76	0.00	8,330.76
Total Administration	324,363.00	27,030.25	28,075.55	304,992.66	297,332.75	7,659.91
Tenant Services						
4240 Tenant Services-Recreation	1,000.00	83.33	0.00	322.06	916.67	(594.61)
Total Tenant Services	1,000.00	83.33	0.00	322.06	916.67	(594.61)
Utilities						
4310 Water	0.00	0.00	(3,792.87)	(8,671.74)	0.00	(8,671.74)
4320 Electric	15,000.00	1,250.00	684.98	9,000.30	13,750.00	(4,749.70)
4330 Gas	3,400.00	283.33	47.04	859.00	3,116.67	(2,257.67)
4390 Sewer	0.00	0.00	2,930.68	(1,549.82)	0.00	(1,549.82)
Total Utilities	18,400.00	1,533.33	(130.17)	(362.26)	16,866.67	(17,228.93)
Maintenance						
4410 Maintenance Salaries	102,899.00	8,574.92	2,626.41	90,367.79	94,324.08	(3,956.29)
4540 Maintenance Benefits	33,318.00	2,776.50	1,258.25	22,707.71	30,541.50	(7,833.79)
4420 Materials	43,500.00	3,625.00	679.33	32,949.76	39,875.00	(6,925.24)
4430 Contract	100,000.00	8,333.33	1,573.25	54,269.07	91,666.67	(37,397.60)
Total Maintenance	279,717.00	23,309.75	6,137.24	200,294.33	256,407.25	(56,112.92)
General						
4510 Insurance	45,000.00	3,750.00	1,780.47	18,335.67	41,250.00	(22,914.33)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4590 Real Estate Taxes	24,000.00	2,000.00	0.00	11,855.06	22,000.00	(10,144.94)
4580 Interest Expense-HHR	97,100.00	8,091.67	0.00	97,100.00	89,008.33	8,091.67
4580 Interest Expense-FH	133,925.00	11,160.42	0.00	133,925.00	122,764.58	11,160.42
4580 Interest Expense-FORK(UB)	26,227.00	2,185.58	0.00	22,282.96	24,041.42	(1,758.46)
4580 Interest Expense-FORK(Seller Fin)	45,066.00	3,755.50	3,664.91	41,421.68	41,310.50	111.18
Total General	371,318.00	30,943.17	5,445.38	324,920.37	340,374.83	(15,454.46)
TOTAL EXPENSES	994,798.00	82,899.83	39,528.00	830,167.16	911,898.17	(81,731.01)

TOTAL RECEIPTS TO DATE	**1,506,262.80**
TOTAL EXPENSES TO DATE	**830,167.16**
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss	**676,095.64**

I CERTIFY THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

12/12/19

Nehemias Velez, FH Manager — Date

Please note P/I payments below:	Debt Pymts Due	Debt Pymts YTD	Debt Pymts Outstanding	
HHR 2006/14 Go Bond Payment	217,100	217,100	0	120000
FH 2009/11 Go Bond Payment	443,925	443,925	0	310000
United Bank-Forkovitch Units	81,512	77,930	3,582	55285
Seller Financed-Forkovitch Family	102,953	94,369	8,584	57887
Total	845,490	833,324	12,166	

COMMERCE VILLAGE LLC (CVO)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of November 2019

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Rental Income	78,892.00	6,574.33	7,363.00	78,838.20	72,317.67	6,520.53
3410 HAP Funding	110,000.00	9,166.67	8,066.00	94,104.00	100,833.33	(6,729.33)
3610 Interest (Replacement&Operatir	360.00	30.00	92.76	1,158.30	330.00	828.30
3690 Other Income-Laundry&Donatio	2,500.00	208.33	0.00	1,546.60	2,291.67	(745.07)
3690 Other Inc-Late fees,workorders	2,500.00	208.33	604.00	4,291.05	2,291.67	1,999.38
Total Receipts	194,252.00	16,187.67	16,125.76	179,938.15	178,064.33	1,873.82
Expenses:						
Administration:						
4110 Adm Salaries	17,592.00	1,466.00	1,353.26	16,239.12	16,126.00	113.12
4540 Adm Benefits	5,676.00	473.00	242.41	2,720.55	5,203.00	(2,482.45)
4130 Legal Fees	0.00	0.00	0.00	100.00	0.00	100.00
4140 Staff Training	0.00	0.00	0.00	435.00	0.00	435.00
4150 Travel	0.00	0.00	0.00	176.32	0.00	176.32
4171 Auditing	0.00	0.00	0.00	0.00	0.00	0.00
4190 Sundry	2,900.00	241.67	257.17	7,358.06	2,658.33	4,699.73
4190 Sundry-Management fees	10,000.00	833.33	811.57	9,100.27	9,166.67	(66.40)
4190 Sundry-HCC fees	6,100.00	508.33	0.00	0.00	5,591.67	(5,591.67)
Total Adminstration	42,268.00	3,522.33	2,664.41	36,129.32	38,745.67	(2,616.35)
Tenant Services:						
4240-Case Mgt/Peer Counseling	16,500.00	1,375.00	0.00	16,624.98	15,125.00	1,499.98
4240 Tenant Services-Client	1,500.00	125.00	0.00	1,286.00	1,375.00	(89.00)
Total Tenant Serv.	18,000.00	1,500.00	0.00	17,910.98	16,500.00	1,410.98
Utilities:						
4310 Water	4,000.00	333.33	359.77	3,762.71	3,666.67	96.04
4320 Electricity	20,000.00	1,666.67	1,361.05	16,761.31	18,333.33	(1,572.02)
4330 Gas	2,100.00	175.00	137.33	1,719.71	1,925.00	(205.29)
4390 Sewer	11,000.00	916.67	969.30	10,437.30	10,083.33	353.97
Total Utilities	37,100.00	3,091.67	2,827.45	32,681.03	34,008.33	(1,327.30)
Maintenance:						
4410 Maintenance Salaries	9,669.00	805.75	434.98	10,426.66	8,863.25	1,563.41
4540 Maintenance Benefits	3,056.00	254.67	197.85	2,571.89	2,801.33	(229.44)
4420 Materials	2,500.00	208.33	7.79	3,335.12	2,291.67	1,043.45
4430 Contract Costs	16,500.00	1,375.00	53.25	13,660.37	15,125.00	(1,464.63)
Total Maintenance	31,725.00	2,643.75	693.87	29,994.04	29,081.25	912.79
General Expenses:						
4510 Insurance Expenses	5,200.00	433.33	274.02	(1,608.33)	4,766.67	(6,375.00)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4580 Interest Expense	16,380.00	1,365.00	1,365.00	15,015.00	15,015.00	0.00
4590 Real Estate Taxes	24.00	2.00	1.01	11.11	22.00	(10.89)
1162 Replacement Reserve Acct	9,000.00	750.00	750.00	8,250.00	8,250.00	0.00
Total General Exp.	30,604.00	2,550.33	2,390.03	21,667.78	28,053.67	(6,385.89)
TOTAL EXPENSES	159,697.00	13,308.08	8,575.76	138,383.15	146,388.92	(8,005.77)

TOTAL RECEIPTS TO DATE	179,938.15
TOTAL EXPENSES TO DATE	138,383.15
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss	41,555.00

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF

Sandra Lowther — 12-16-19

Sandra Lowther, Commerce Village Manager — Date

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-5000

OFFICE OF PUBLIC AND INDIAN HOUSING

November 14 , 2019

VA014
HARRISONBURG REDEVELOPMENT & HOUSING AUTHORIT
P.O. BOX 1071
286 KELLEY STREET
HARRISONBURG, VA 22801

Dear Executive Director:

I am pleased to notify you that your public housing agency (PHA) will be awarded funds from the Mainstream Voucher Program Fiscal Year 2019 Notice of Funding Availability (NOFA) (FR-6300-N-43). This letter provides the specific details of the award and information concerning the disbursement of the funds.

The following table identifies the funding obligated for your agency's awards:

Term	Budget Authority	Number of Units
12	$276,774	50

Please contact your Financial Analyst at the Financial Management Center (FMC) by December 6, 2019 to select the effective date when your PHA may begin leasing these vouchers. The effective date may be as early as November 1, 2019 and no later than July 1, 2020. If you do not contact your Financial Analyst by December 6, 2019 your effective date will default to January 1, 2020.

It is very important that you select a realistic effective date when your PHA will be ready to lease the awarded vouchers. If this is your first Mainstream Voucher allocation, your agency may consider delaying the effective date to allow time to update your waiting list and finalize your partnerships. Utilizing all of your awarded funding or vouchers within one year of the effective date will help ensure your PHA is eligible for full renewal and prevent any potential recapture of funding. As stated in the NOFA, HUD may recapture funding if the PHA does not maintain at least an 80% utilization rate, however, the goal is always 100% utilization of awarded funds or units.

Please remember, as with the regular voucher program, the awarded budget authority and number of units both serve as a cap. Your agency may only lease until you have reached the lower of your budget authority or number of units allocated. This means some PHAs will lease all of their awarded units and still have money left over, or vice versa. If you have money left but you have leased all the awarded units, this extra funding will go into your agency's Mainstream HAP reserves. If you are on track to spend all of the awarded funding but still have units left, stop leasing before you run out of money and send an email to MainstreamVouchers@hud.gov for additional guidance.

The FMC will provide your agency with an amended Annual Contributions Contract that reflects the obligation of funds and monthly disbursements will be scheduled. Initially, the first three months of disbursements will be made. Each disbursement will equal 1/12th of your award amount. Thereafter, monthly disbursements will be scheduled based on monthly expenses reported in the Voucher Management System (VMS). If you have not leased any vouchers by month three, you will not receive additional disbursements until VMS data show you are paying HAP. If at any time such disbursements are not sufficient to cover your monthly expenses, your agency should contact your Financial Analyst at the Financial Management Center.

Your agency must follow all Housing Choice Voucher (HCV) program requirements when administering the Mainstream Voucher Program, including the regulations at 24 CFR part 982, and the requirements in the respective NOFA. This award is not an endorsement of your entire application and your PHA is required to follow relevant statutes, regulations, and HUD guidance even if you provided information in your application that conflicts with program policies

To ensure that Mainstream families are recorded properly, you must record MS5 on line 2n of the form HUD-50058 (Family Report). Remember to accurately record families who are homeless at admission on line 4c of the HUD-50058. Mainstream vouchers and corresponding Housing Assistance Payment (HAP) expenses must be accurately reported in the Voucher Management System (VMS). The Mainstream Voucher Program is reported separately in FASS-PH under the CFDA code 14.879.

Additional information regarding the Mainstream Voucher Program can be found at: https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/mainstream

Please contact MainstreamVouchers@hud.gov if you have any questions.

Sincerely

Danielle L Bastarache

Digital signed by Danielle L Bastarache
DN: CN = Danielle L Bastarache C = US
Reason: I am approving this document

Danielle Bastarache
Deputy Assistant Secretary for
Public Housing and Voucher Programs

RESOLUTION OF THE
HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY
AUTHORIZING THE ISSUANCE OF ITS $200,000 NOTE
(J.R. POLLY LINEWEAVER PROJECT)

The Harrisonburg Redevelopment and Housing Authority (the "Authority") is duly organized under the Virginia Housing Authorities Law, Chapter 1, Title 36, Code of Virginia of 1950, as amended (the "Act"). In furtherance of the Act's purposes, the Authority has determined to borrow $200,000 from Virginia Community Capital, Inc. ("VCC") for the purpose of providing a portion of the funds needed to renovate the elevator in and refinance the loan for the acquisition of solar panels for the building located at J.R. Polly Lineweaver, 265 N. Main Street, Harrisonburg, VA 22802, owned by the Authority (the "Project").

The foregoing arrangements will be reflected in loan documents which will be presented at later meetings:

i. Note to be issued by the Authority to VCC and dated the date of issuance thereof in accordance with the terms and conditions set forth in the Commitment Letter dated December 17, 2019 attached hereto and incorporated herein as Exhibit A.

NOW THEREFORE, BE IT RESOLVED BY THE HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY:

1. It is hereby reaffirmed, found and determined that the Project is an important project for Harrisonburg, Virginia, and, accordingly, such Project will be in the public interest and will promote the commerce, safety, health, welfare, convenience or prosperity of the Commonwealth of Virginia, and the City of Harrisonburg, Virginia, and their citizens.

2. The Note is approved in substantially the form submitted to this meeting, with such changes, insertions, or omissions (including without limitation changes of the dates thereof) as may be advised by the Authority's counsel and approved by the Chairman, Vice Chairman, or Secretary of the Authority, whose approval will be evidenced conclusively by the execution and delivery of the Note. The interest rate and payment terms shall be identical to the rate and terms on the Commitment Letter, which VCC intends to issue to provide funds for the Project by this loan to the Authority.

3. All costs and expenses in connection with the financing of the Project, including attorneys' fees and any other expenses, shall be paid by the Authority, or to the extent permitted by applicable law, from the proceeds of the Note.

4. The execution, delivery, and performance by the Authority of the Note (and other closing documents required by VCC) are authorized.

5. The Chairman, Vice Chairman and Secretary of the Authority are each authorized to execute on behalf of the Authority the Note (and other closing documents required by VCC), and, if required, the Secretary and any Assistant Secretary of the Authority are each authorized to affix the seal of the Authority to the Note and other closing documents and to attest such seal. The signatures of the Chairman, Vice Chairman, Secretary, and Assistant Secretary and the seal of the Authority are authorized to execute and deliver on behalf of the Authority such other instruments, documents, or certificates, or acts, as may be advised by the Authority's counsel and they deem necessary or appropriate to carry out the transactions authorized by this Resolution and all of the foregoing, previously done or performed by the officers of the Authority, are in all respects approved, ratified and confirmed.

6. The Authority determines that the issuance of the Note and all actions of the Authority will be in furtherance of the purposes of the Act.

7. The Authority will not knowingly take or approve any action, investment, or use of proceeds of the Note that would cause the Note to be "arbitrage bonds" within the meaning of Section 148 of the Code and the applicable regulations thereunder.

8. All officers of the Authority are hereby authorized and empowered to take such further actions as are necessary or convenient in furtherance of this Resolution in accordance therewith.

9. This Resolution shall take effect immediately.

Approved: December 18, 2019

CERTIFICATE of VOTES

Record of the roll-call vote by the Harrisonburg Redevelopment and Housing Authority, upon reading on a resolution titled "**RESOLUTION OF THE HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY AUTHORIZING THE ISSUANCE OF ITS $200,000 NOTE (J.R. POLLY LINEWEAVER PROJECT)**" taken at a regular meeting of the Authority held on December 18, 2019:

	AYE	NAY	ABSTAIN	ABSENT
Timothy Smith, Chairman				X
John Hall	X			
Scott Gallagher				X
Benjamin Fuller	X			
Costella Forney	X			

Dated: December 18, 2019

[SEAL)

J H Hall
Chairman, Harrisonburg Redevelopment
and Housing Authority

ATTEST: [signature]
Secretary

The undersigned Secretary of the Harrisonburg Redevelopment and Housing Authority hereby certifies that the foregoing is a true, correct, and complete copy of a Resolution adopted by the Authority's commissioners present and voting at a meeting duly called and held on December 18, 2019, in accordance with law, and that such Resolution has not been repealed, revoked, rescinded, or amended, but is in full force and effect as of the date hereof.

WITNESS my hand and the seal of the Authority this 18th day of December, 2019.

HARRISONBURG REDEVELOPMENT
AND HOUSING AUTHORITY

By: [signature]
Michael G. Wong, Secretary

Harrisonburg-Rockingham Living Wage Certification

HARRISONBURG ROCKINGHAM LIVING WAGE CERTIFICATION

December 9, 2019

Michael Wong
Harrisonburg Redevelopment and Housing Authority
P.O. Box 1071
Harrisonburg, VA 22803

Dear Michael,

Thank you for applying to be a Harrisonburg-Rockingham Area Living Wage Certified Employer.

On behalf of the Living Wage Certification Committee, I am pleased to inform you that Harrisonburg Redevelopment and Housing Authority has been confirmed as one of the program's Aspiring Level Certifications.

We greatly respect the commitment you've made to HRHA employees, by maintaining a wage scale that puts your business on the path of paying a living wage. We greatly value employers who recognize that paying workers living wages is good for families, businesses and the community.

You will receive an "Aspiring Level" window cling decal, certificate, and the Aspiring Level logo for your website. Your business logo and link to your website will be added to our webpage, www.hrlivingwage.org.

Thanks again for becoming a partner in this exciting initiative.

Sincerely,

Chris Hoover Seidel
Harrisonburg-Rockingham Living Wage Certification Committee Representative

Delinquent Rents and Charges for Write-Off in 2019
Resolution #_____

Franklin Heights, LLC

		Sub-total	$	-

JR "Polly" Lineweaver Apartments

		Sub-total	$	-

Lineweaver Annex Apartments

		Sub-total	$	-

Commerce Village, LLC

Westfall, Tamara	XXX-XX-9208		$	10.00
		Sub-total	$	10.00
		Total	$	10.00

Attachment A-2019

Request a motion to **stop** the **Collection Process**, on the following person(s) from Franklin Heights, LLC, Lineweaver Apartments, JR "Polly" Lineweaver Apartments, Commerce Village, LLC and Local Community Development for the reasons stated:

Bankruptcies:

Scott, Kia (Thomas)	XXX-XX-8179		$3,138.96 FH

Deceased:

Beach, Jack	XXX-XX-4586		$749.60 JRL
Sager, Hilda	XXX-XX-9779		$838.00 CVO
Wisman, Frederick	XXX-XX-3975		$816.00 JRL
		Total	$2,403.60

Below $5 Limit:

Balance below $25 after adm fee

Alvarez, Yosselin	XXX-XX-4373		$15.90 FH
Bascope, Mirian	XXX-XX-3544		$17.21 FH
Grogg, Jessica (Moneypenny)	XXX-XX-9745		$7.01 HCV
Goldsmith, Lincoln	XXX-XX-1076		$16.07 HCV
Goldsmith, Lincoln	XXX-XX-1076		$16.07 FH
Harper (Morris), Barbara	XXX-XX-0710		$11.64 HCV
Herring (Reever), Mary	XXX-XX-6278		$9.99 LW
Martin, Rosalyn	XXX-XX-2545		$23.55 HCV
Nuncio, Veronica	XXX-XX-5842		$23.60 FH
Powell, John	XXX-XX-0333		$6.48 JRL
Skiles, Wesley	XXX-XX-0064		$13.55 CVO
		Total	$161.07

Debts Over 20 Years

Airomont, Juanita	XXX-XX-6443		$669.69 Voucher
Argenbright, Mary	XXX-XX-2606		$39.02 PH
Batten, Mary	XXX-XX-5984		$82.67 Certificate
Brown, Gary	XXX-XX-2780		$853.40 Certificate
Carter, Barry	XXX-XX-4232		$219.00 HCV
Cottledge, Teena	XXX-XX-1359		$180.00 Certificate
Duncan, John	XXX-XX-9219		$150.00 Voucher
Durrette, Mary	XXX-XX-0346		$1,237.84Certificate
Glover, Arnell	XXX-XX-1430		$1,041.00 Voucher
Goodwin, Debra Miller	XXX-XX-9568		$812.73 Certificate

Grace, Wanda	XXX-XX-4471	$954.00 Certificate
Hooke, Beverley Starr	XXX-XX-1971	$695.88 Certificate
Howes, Diann	XXX-XX-3078	$856.00 Voucher
Lawrence James	XXX-XX-4526	$320.00 Certificate
Lee, Brenda	XXX-XX-8786	$202.40 PH
Mason, Barbara	XXX-XX-1197	$491.16 Certificate
Mason, Gayle	XXX-XX-2328	$542.00 Voucher
McCool, Juanda	XXX-XX-0050	$320.00 Voucher
Moore, Robert	XXX-XX-8638	$913.00 Certificate
Nixon, Carol	XXX-XX-1496	$487.00 Voucher
Phillips, Kathy	XXX-XX-3690	$924.00 Voucher
Quintanilla, Juan	XXX-XX-6779	$277.41 Certificate
Riggleman, Rosalyn	XXX-XX-9231	$736.96 Voucher
Ritchie, Michelle	XXX-XX-6712	$907.60 Certificate
Shenk, Anita	XXX-XX-0214	$165.34 Certificate
Stone, Shane	XXX-XX-0214	$225.00 Voucher
Tewolde Cynthia	XXX-XX-8516	$292.54 Certificate
Townsend, Donna	XXX-XX-0939	$331.00 Voucher
Weaver, Deborah	XXX-XX-0872	$1,420.00 Voucher
Whitelow, Constance	XXX-XX-2215	$132.87 Voucher
Williams, Louise	XXX-XX-2291	$1,474.64Certificate
	Total	$17,735.15
	Grand Total	$24,438.78

2019 INVENTORY/EQUIPMENT WRITE-OFFS

Program	Account Number	Inventory Number	Description	Location	Make	Model	Serial	Date Acquired	Cost	Check #	
LCD	500.1475.10.000	400	SCANNER	FAX AREA	EPSON	DS-510	SQWZ033785	8/15/2014	$ 304.00	13210	
LCD	500.1475.10.000	19	PANELS, OFC MODULAR/DIVIDER	CUBICLE				12/17/1993	$ 6,559.30	LCDCO70132	
LCD	500.1475.10.000	388	COMPUTER, DESKTOP	LW OFC	DELL	OPTIPLEX 310		5/15/2014	$ 925.13	13026	
LCD	500.1475.10.000	376	COMPUTER, DESKTOP	PROC SPEC	DELL	OPTIPLEX 310		5/15/2014	$ 925.13	13026	
LCD	500.1475.10.000	384	COMPUTER, DESKTOP	PROJ MGR	DELL	OPTIPLEX 310		5/15/2014	$ 925.13	13026	
LCD	500.1475.10.000	375	COMPUTER SOFTWARE, TENMAST UNIVER	FAX AREA	TENMAST			6/11/2014	$ 1,050.00	13103	
LCD	500.1475.10.000	326	SCANNER	FAX AREA	HP	SCANJET 4070		8/10/2005	$ 129.99	34104	
LCD	500.1475.10.000	415	COMPUTER SOFTWARE, BUDGET	FAX AREA	TENMAST			1/12/2017	$ 1,540.00	31754	
LCD	UNDER $5000-OFC	421	IPAD 97	ELROY MILLER	APPLE	MP2F2LL		11/30/2017	$ 283.00	32425	
LCD	UNDER $5000-OFC	420	IPAD 97	THOMAS DAWSON	APPLE	MP2F2LL		11/30/2017	$ 283.00	32425	
LCD	UNDER $5000-OFC	363	IPAD2 W/ CASE & SCREEN PROTECTOR	TIM SMITH	APPLE	A1395	DQVGT7UMDFHW	1/3/2012	$ 542.99	10844	
LCD	UNDER $5000-OFC	361	SERVER, INTEL XEON, 1TB DRIVE	FAX AREA	NEXLINK/DELL	POWER EDGE 1800	422702	4/21/2011	$ 5,629.90	10040	
LCD	UNDER $5000-OFC	260	TRASH CONTAINER	BPORT BLDG	BEIGE COLOR	RUBCOM RANGER		6/30/1997	$ 123.04	1273	
LCD	UNDER $5000-OFC	5043	COMPUTER, DESKTOP	143 Res/Empty Office	DELL	OPTIPLEX 380	F4TWLN1	10/26/2010	$ 774.74	9575	
LCD	UNDER $5000-OFC	25	PRINTER, LASER JET	143 Res/Empty Office	HP	3600N	CNRBB47534	10/1/2018	$ -		
LCD	UNDER $5000-OFC	75	PHONE, NORDSTAR 24 BUTTONS	Recept Office	NORTHERN TELE	NT8B40AB-35	NNTMO4001K6S/861A	5/15/1995	$ 290.00	20367	
LCD	UNDER $5000-OFC	22	CHAIR, HON EXE, SWIVEL ARM GREY	143 Res/Empty Office			ITEM 4002-GG16T	9/30/1991	$ 137.00	LCDC0720	
LCD	HMIS	5071	PRINTER, INKJET, ALL-IN-ONE	HRHA-INVENTORY	EPSON	WR3620	SEDYO54991	10/27/2014	$ 139.99	13506	
LCD	HMIS	5072	PRINTER, INKJET, ALL-IN-ONE	HRHA-INVENTORY	EPSON	WF3620	SEDY055928	10/27/2014	$ 139.99	13506	LCD/HMIS/LW
LCD	HMIS	5048	PRINTER, MULTI-FUNCTION	LAURA-HRHA	LEXMARK	PINNACLE PRO901	L977613N	10/29/2011	$ 199.99	10651	$ 20,902.32

Program	Account Number	Inventory Number	Description	Location	Make	Model	Serial	Date Acquired	Cost	Check #	
JRL	200.1465.10.000	299	RANGE	MAINT SHOP	GE	RA620FWH	HF109971H	6/18/2003	$311.42	30231	$311.42
JRL	200.1465.11.000	242	REFRIGERATOR	JRL # 11	HOTPOINT	CTX14CYZCRAD	LF769607	10/31/1997	$345.00	23177	$345.00
											JR Polly
											Lineweaver
											$656.42

Program	Account Number	Inventory Number	Description	Location	Make	Model	Serial	Date Acquired	Cost	Check #	
FH	FRK.1465.10.000	965	RANGE	MAINT DEPT	GE	RB536DP1WW	GT116918R	5/7/2010	$ 330.35	1506	
FH	FRK.1465.11.000	867	REFRIGERATOR	MAINT DEPT (424 HILL)	Frigidaire	FRT17L3FW2	BA83730705	11/17/2008	$ 465.40	1029	
FH	FRK.1475.20.000	691	VCR		ITEM #WDV-960H		ST07A20015	11/15/2000	$ 795.00	27121	
FH	UNDER $5000-OFC	265	TELEVISION, JVC 26" W/ REMOTE	CONF ROOM	JVC	AV-2658S	7425258	6/30/1989	$ 649.00	PHC011135	
FH	UNDER $5000-OFC	264	TELEVISION, VCR CABINET	CONF ROOM	BROWN			1/24/1994	$ 126.00	PHC01112	
FH	UNDER $5000-OFC	266	VCR	CONF ROOM	JVC	HR-D620U	074U0789	1/24/1994	$ 399.00	PHC011136	
FH	UNDER $5000-OFC	1067	SHREDDER	FSS COORD-AP				11/29/2012	$ 99.99	11669	
FH	UNDER $5000-OFC	183	TYPEWRITER, REMINTGON L-26 TAN	GRANT COORD			EL150808	9/2/1971	$ 378.40	PHC0911	
FH	UNDER $5000-OFC	1006	PRINTER, OFFICEJET	HQS INSPECTOR	HP	6000	CN12C1F269	6/13/2011	$ 49.99	10177	
FH	UNDER $5000-OFC	187	DESK, EXECUTIVE	MAINT SHOP				12/17/1993	$ 100.00	PHC0914	
FH	UNDER $5000-OFC	477	CHAIR, CONF W/ ARMS W/ LOW BACK	EX DIR OFC	W/ WHEELS	W/ BLUE FABRIC	14 OF 14	10/31/1993	$ 243.93	MOD906	Franklin Heights
FH	UNDER $5000-OFC	403	CHAIR, EXEC W/ ARMS W/ HIGH BACK	EX DIR OFC	W/ WHEELS	W/ BLUE FABRIC		10/31/1993	$ 256.00	MOD906	$ 3,893.06

Program	Account Number	Inventory Number	Description	Location	Make	Model	Serial	Date Acquired	Cost	Check #	
HCV	400.1475.10.000	49	PROJECTOR	EX DIR OFC	DELL	MP 2200	CN-0WF136-72671-682-0374	3/29/2004	$1,029.00	44800	
HCV	400.1475.10.000	54	MONITOR, 17" BLACK	143/PORCH	GATEWAY	EV370	MU17108G0158110	3/29/2004	$96.85	44800	
HCV	UNDER $5000-OFC	85	PHONE, NEC	HCV SPEC-KF	NEC	DTR-8D-2BK	25203697A	7/22/2005	$135.00	49190	
HCV	UNDER $5000-OFC	97	CHAIR-EXEC FABRIC W/ ALUM ARMS	143 RESERVOIR		SITUATIONS SLEL		5/9/2006	$94.94	34738	Housing Choice
HCV	UNDER $5000-OFC	99	DESK, COMPUTER	143 RESERVOIR	O'SULLIVAN			5/9/2006	$149.99	34738	$1,505.78

TOTAL $26,957.58

Harrisonburg

Clean Energy For All
A Call to Action

50 x 25

Clean Energy for All

The climate crisis is the defining issue of our time. It affects all of us, and it affects the poor first and worst. The United Nations General Secretary Antonio Guterres states, "If we do not change course by 2020 we risk missing the point where we can avoid runaway climate change, with disastrous consequences for people and all the natural systems that sustain us." We cannot afford to miss this opportunity in Harrisonburg.

The 50 x 25 campaign is a call for the city to take action on climate change, increase renewable energy, and make home energy costs affordable through energy efficiency programs. The 50 x 25 campaign has three goals: (1) Empower city council to adopt a solar and wind energy requirement of 50% by 2025, and 100% by 2030; (2) Improve energy efficiency by 25% in municipal and school operations by 2025; and (3) Incentivize weatherization and other efficiency programs to reduce energy poverty among city residents. By making homes more energy efficient, we make housing more affordable.

In addition, the 50 x 25 campaign is designed to promote a cultural shift that encourages individual creative actions to reduce greenhouse gas emissions and overall consumption, and increase community participation and empowerment. These actions may include reducing meat consumption, bicycle commuting, growing a home garden, flying less, buying locally, reducing purchase and use of plastic packaging, etc.

We seek your input and support on this campaign to take quick and bold action on climate change in Harrisonburg, with the potential to effect change at the state level. To be successful, the campaign needs support and actions by all community members, including individuals and business owners, civic organizations, non-profits, and faith groups. By working together we can make Harrisonburg a more healthy, and prosperous Friendly City -- (1) increase solar and wind energy in our electric grid, (2) support energy efficiency, (3) increase affordable housing and (4) create green jobs.

Harrisonburg
Clean Energy Call to Action

Harrisonburg 50 x 25 Clean Energy for All

We are in a climate emergency.
We are all affected, but the poor are hurt first and worst.
We need to reduce energy poverty in Harrisonburg, without raising electric bills.
We all need clean energy, clean air, and clean water.
We must act now.

If You Agree, Sign the Petition Below

I ask the Harrisonburg City Council to:

1. Adopt a solar and wind energy requirement of 50% by 2025 and 100% by 2030.
2. Improve energy efficiency by 25% in municipal and school operations by 2025.
3. Incentivize energy efficiency programs to reduce energy poverty and make housing more affordable for city residents.

____

Name/Title

____

____

____

Address/Zip, Phone, Email

Harrisonburg

Clean Energy For All
A Call to Action

A Path Forward to Clean Energy and Energy-Efficient Buildings for All

We are in the midst of a climate crisis. Scientists throughout the world agree that we must move from fossil-fuels to clean energy sources within 11 years (2030), to avoid catastrophic effects on our communities, our food security and our economy. 25% of Americans now live in cities and states committed to achieving 100% clean, renewable energy (RE). A few cities have already reached this goal. We too can join this movement, and as outlined below, there are numerous benefits. The time to act is now.

The 50 X 25 Campaign is Harrisonburg's Clean Energy for All call to action. The central goal is to phase out our dependency on fossil-fuel energy, with the following scientifically-established guidelines:

- 50% renewable energy (RE) from wind and solar sources by 2025.
- 100% RE by 2030.
- 25% improvement in energy efficiency by 2025.

How can we get to 50% RE by 2025? It's not as hard as it sounds. We have a public electric utility. Harrisonburg Electric Commission (HEC) is owned by the City and operates pursuant to Harrisonburg City Code, which our City Council has the authority to modify. HEC has long provided affordable and reliable electricity. Dominion has already agreed to provide RE if requested to do so (HEC contract, section 3.6). We therefore ask our City Council to do the following:

1. Collaborate with HEC to update our City Code governing HEC.
2. Establish an HEC mandate to include reliable, affordable *and* renewable electricity from wind and solar sources.
3. Establish minimum RE requirements in keeping with the current scientific consensus (see the 50 X 25 goals above).

How can we improve energy efficiency by 25%? Lower-income residents pay a much higher portion of their income for energy, and improving energy efficiency in our community is the right thing to do for many reasons. Here are some things we can do:

1. Redirect a portion of HEC's surcharge to support weatherization and energy efficiency programs for LMI and ALICE residents.

2. We have an "Energy Share" option on our HEC bill to help others pay for unaffordable energy bills. Add or change this to a "Weatherization share" box, to help people avoid unaffordable bills in the first place.
3. Create a city ordinance for CPACE to provide financial capital for energy-saving improvements for commercial and rental properties. CPACE is a federal program that local governments can access, but requiring City Council authorization.
4. Explore "Green leasing" programs for win-win incentives for both renters and property owners that increase weatherization and energy efficiency and reduce costs.
5. Create a one-stop hub for local energy assistance.
6. Vigorous City support for state-wide solar initiatives such as community solar and the Solar Freedom Act.

How will 50 X 25 goals benefit local businesses, churches and nonprofits?
A partial list includes:

Helping vulnerable populations.
Weatherizing lowers energy bills, making housing more affordable.
Lower risk of eviction and homelessness.
Cost savings frees money up for other uses and needs.
Enhanced dignity and self-sufficiency.
Reduced dependency on federal assistance programs.

Better health and productivity.
Lower pollution means better air quality.
Healthy homes, better comfort and well-being
Healthy workplaces, less absenteeism.

Local employment opportunities:
Solar energy sector
Energy efficiency sector
Community weatherization - Youth Conservation Corps?

Psychological health:
Creation care, stewardship of the Earth
Community action protects against climate anxiety/depression.

The window of opportunity for limiting our climate crisis is closing fast. The benefits of action are many. Effective local action requires the involvement of our City Council and our municipal utility, HEC. The City Code around HEC has not been modified since 1956. Times have changed, and time is very short. We need to show our leaders some workable solutions, and show them our support. Will you join us?

Harrisonburg

Clean Energy For All
A Call to Action

A Path Forward:

Action Steps to reach 50% solar and wind energy, and 25% increased energy efficiency for Harrisonburg by 2025

We are in the midst of a climate crisis. Scientists throughout the world agree that we must move from fossil-fuels to clean energy sources within 11 years (2030), to avoid catastrophic effects on our communities, our food security and our economy. The electric grid accounts for 30% of the total US greenhouse gas emissions (GHG). Success to reduce GHGs will depend on dramatically expanding renewable energy and energy efficiency. 25% of Americans now live in cities and states committed to achieving 100% clean, renewable energy (RE). A few cities have already reached this goal. We too can join this movement, and as outlined below, there are numerous benefits. The time to act is now.

Action Steps to 50% Renewable Energy by 2025

It's not as hard as it sounds. Our public electric utility, Harrisonburg Electric Commission (HEC) is owned by the City and operates pursuant to Harrisonburg City Code. Our City Council has the authority to modify this Code. Dominion Energy who provides electricity to HEC has already agreed to provide renewable energy to our grid if requested to do so (through the HEC contract, section 3.6). We therefore can make this change by supporting our City Council to do the following:

1. Collaborate with HEC to update our City Code to establish a mandate to include renewable electricity from wind and solar sources.
2. Establish a minimum renewable energy requirement of 50% solar and wind by 2025 and 100% by 2030.
3. Create a low interest On-Bill Recovery Loan program for low-income households to install solar panels.
4. Support City endorsement for state-wide solar initiatives including Shared Solar and the Solar Freedom Act that benefits renters and low-income.
5. Eliminate the current 2% cap on distributed solar.

Action Steps to Increase Energy Efficiency 25% by 2025

Lower-income residents pay 2 to 5 times more from their income for energy than average income residents. Improving energy efficiency can make housing more affordable with reduced operational costs. Here are some things our city can do:

1. Add a Weatherization Share option with HEC. We currently have an "Energy Share" option on our HEC bill to help others pay for unaffordable energy bills. We can add or change this to a "Weatherization Share" option, for low-income household weatherization and energy efficiency upgrades that save energy and reduce energy costs by as much as 50%.
2. Support City Council to create and authorize a City Ordinance for C-PACE, a federal program that provides financial capital for energy-saving improvements for commercial and rental properties.
3. Create a low interest On-Bill Recovery Loan program for low-income households to fund weatherization and energy efficiency upgrades.
4. Redirect a portion of HEC's surcharge to support weatherization and energy efficiency programs for Low to Middle Income, and ALICE residents.
5. Explore "Green leasing" programs for win-win incentives for both renters and property owners that increase weatherization and energy efficiency and reduce costs.
6. Create a Harrisonburg one-stop hub and website for local energy assistance.
7. Actively promote and provide free energy audits through HEC for all residents.

Benefits to Residents, Local Businesses, Churches and Nonprofits

Helping residents, and especially vulnerable populations.
- Weatherizing lowers energy bills, making housing more affordable.
- Lower risk of eviction and homelessness.
- Cost savings frees money up for other uses and needs.
- Enhanced dignity and self-sufficiency.
- Reduced dependency on federal assistance programs.

Better health and productivity.
- Lower pollution means better air quality.
- Healthy homes, better comfort and well-being
- Healthy workplaces, less absenteeism.

Local employment opportunities:
- Solar energy sector
- Energy efficiency sector
- Community weatherization - Youth Conservation Corps

Psychological health:
- Creation care, stewardship of the Earth
- Community action protects against climate anxiety/depression.

The window of opportunity for limiting our climate crisis is closing fast. The benefits of action are many. Effective local action requires the involvement of our City Council and our municipal utility, HEC. The City Code around HEC has not been modified since 1956. Times have changed, and time is very short. We need to show our leaders some workable solutions, and show them our support. Will you join us?

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

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

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

C Name of organization SHENANDOAH HOUSING CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 1071 — Room/suite

City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG , VA 22803

D Employer identification number 54-1583954

E Telephone number (540)434-7386

G Gross receipts $ 92.

F Name and address of principal officer: Michael G. Wong, 286 KELLY STREET, HARRISONBURG , VA 22803

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: ▶ N/A

H(c) Group exemption number ▶

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

L Year of formation: 2001 **M** State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To provide housing for low income families.

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	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2018 (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, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)	582.	92.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582.	92.
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)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,336.	1,247.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,336.	1,247.
	19	Revenue less expenses. Subtract line 18 from line 12	-754.	-1,155.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	865,225.	865,551.
	21	Total liabilities (Part X, line 26)	701.	2,182.
	22	Net assets or fund balances. Subtract line 21 from line 20	864,524.	863,369.

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

MICHAEL WONG, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael H. Vicars	Michael H. Vicars	10/18/2019		P01470822

Firm's name ▶ DOOLEY & VICARS — Firm's EIN ▶ 54-1950231

Firm's address ▶ 21 S SHEPPARD ST, RICHMOND, VA 23221 — Phone no. (804)355-2808

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

To provide housing for low income families.

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 $ 1,247. including grants of $ 0.) (Revenue $ 92.)

The organization invests in LIHTC multifamily development to provide housing for lower income families.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,247.

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	×	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		×
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		×
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		×
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		×
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		×
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		×
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		×
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	×	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		×
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	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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		×
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		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		×
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		×

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		×
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		×
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		×
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		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		×
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		×
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		×
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		×
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	×	

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	0			
b	Enter the number of Forms W-2G included in 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
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 in 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?		15		
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		
	If "Yes," complete Form 4720, Schedule O.				

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 in Schedule O. See instructions.*

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

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** 6 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . **1b** 6			
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, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 in 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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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 ▶

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 in Schedule O)*

19 Describe in 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 ▶

Christine Halterman, 286 Kelly Street, , Harrisonburg,, VA 23802 (540)434-7386

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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Michael G. Wong Vice President	1.00	X						121,486.	0.	17,664.
(2) Thomas Dawson Director	1.00	X						0.	0.	0.
(3) Scott Gallagher Director	1.00	X						0.	0.	0.
(4) Elroy J. Miller President	1.00	X						0.	0.	0.
(5) Stephen T. Heitz Secretary/Treasurer	1.00	X						0.	0.	0.
(6) Timothy Smith Director	1.00	X						0.	0.	0.
(7) John Hall Director	1.00	X						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶								121,486.	0.	17,664.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								121,486.	0.	17,664.

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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4		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*	5		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 ▶

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				
f	All other contributions, gifts, grants, and similar amounts not included above	1f				
g	Noncash contributions included in lines 1a-1f: $					
h	**Total.** Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
2a	Miscellaneous	531190	92.	92.	0.	0.
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		92.			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ▶					
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
		(i) Real / (ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory					
b	Less: cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss) ▶					
8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events ▶					
9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d ▶					
12	**Total revenue.** See instructions ▶		92.	92.	0.	0.

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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE	1,247.	1,247.	0.	0.
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,247.	1,247.	0.	0.
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	663.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	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	865,225.	15	864,888.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	865,225.	16	865,551.
Liabilities	17	Accounts payable and accrued expenses	701.	17	2,182.
	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		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25	
	26	**Total liabilities.** Add lines 17 through 25	701.	26	2,182.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	864,524.	27	863,369.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	864,524.	33	863,369.
	34	Total liabilities and net assets/fund balances	865,225.	34	865,551.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	864,524.
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	863,369.

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 in 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 in 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 Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

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
2018
Open to Public Inspection

Name of the organization
SHENANDOAH HOUSING CORPORATION

Employer identification number
54-1583954

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 or 990-EZ).)
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 in 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	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	0.	92.	92.
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	0.	0.	0.	0.	92.	92.
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						92.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	0.	0.	0.	0.	92.	92.
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.)	0.		3,032.	582.		3,614.
11 **Total support.** Add lines 7 through 10						3,706.

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

13 **First five 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 2018 (line 6, column (f) divided by line 11, column (f)) . . . 14 2.48 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . 15 0 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the 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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **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 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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 (b) and (c) 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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **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 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 in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI**.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI**.*	**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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)		(i) **Excess Distributions**	(ii) **Underdistributions Pre-2018**	(iii) **Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 . . .			
b	Excess from 2015 . . .			
c	Excess from 2016 . . .			
d	Excess from 2017 . . .			
e	Excess from 2018 . . .			

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.)

Pt II Ln 10: Other Income Part II, Line 10 Description: OTHER INCOME 2014: 0.

2016: 3032. 2017: 582.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: SHENANDOAH HOUSING CORPORATION
Employer identification number: 54-1583954

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 (e.g., 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 conservation 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
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 on 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 Temporarily restricted 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

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, col. (B) line 12.)* ▶		

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

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

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) Investment in DP Apartments LLP Low Income Tax Credit Apts	864,888.
(2) Receivable From HRHA	0.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	864,888.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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 FIN 48 (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	
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	
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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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	
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	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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 XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
SHENANDOAH HOUSING CORPORATION	54-1583954

Pt VI, Line 11b: The Board approves the 990 before it is submitted.

Pt VI, Line 12c: The organization's parent has a conflict of interest policy,

Each

Pt VI, Line 12c: Board member and employee must sign the policy each year.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: SHENANDOAH HOUSING CORPORATION

Employer identification number: 54-1583954

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) HARRISONBURG RHA 54-0625939 286 KELLEY STREET HARRISONBURG VA 22803	GOVERNMENT LOW INCOME HOUSING				N/A		×
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determining amount involved
(1) HARRISONBURG RHA	d		ACTUAL
(2) HARRISONBURG RHA	n, o		AMOUNT NOT TRACKED
(3) HARRISONBURG RHA	p		ACTUAL
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 – 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

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

C Name of organization: Lineweaver Annex Corporation

Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 1071 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Harrisonburg, VA 22803

D Employer identification number: 54-1583973

E Telephone number: (540)434-7386

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O) . . . See Line 16 Stmt			16	439.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	439.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-439.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	-36,196.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	-36,635.

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . ☒

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		22	
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	663.
25	**Total assets**		25	663.
26	**Total liabilities** (describe in Schedule O)	36,196.	26	37,298.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-36,196.	27	-36,635.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? Development of Low Income Housing

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Assisted the parent organization, Harrisonburg Redevelopment and Housing Authority with future development of low income housing. (Grants $ 0.) If this amount includes foreign grants, check here . . . ▶ ☐	28a	439.
29	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	439.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Elroy J. Miller President	1.00	0.	0.	0.
Michael G. Wong Vice President	1.00	0.	0.	0.
Stephen T. Heitz Secretary/Treasurer	1.00	0.	0.	0.
Thomas J. Dawson Director	1.00	0.	0.	0.
Timothy Smith Director	1.00	0.	0.	0.
Scott Gallagher Director	1.00	0.	0.	0.
John Hall Director	1.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ Christine Halterman Telephone no. ▶ (540)434-7386

Located at ▶ 286 Kelly St, Harrisonburg VA ZIP + 4 ▶ 22803

			Yes	No
b	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)?	42b		×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		×

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Michael G Wong, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael H. Vicars	Michael H. Vicars	10/30/2019		P01470822

Firm's name ▶ DOOLEY & VICARS — Firm's EIN ▶ 54-1950231

Firm's address ▶ 21 S SHEPPARD ST, RICHMOND, VA 23221 — Phone no. (804)355-2808

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses

Continuation Statement

Description	Amount
Administrative	439.
Total	439.

SCHEDULE A
(Form 990 or 990-EZ)

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
2018
Open to Public Inspection

Name of the organization: Lineweaver Annex Corporation
Employer identification number: 54-1583973

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 or 990-EZ).)
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 in 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	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	0.		0.
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	0.	0.	0.	0.		0.
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						0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	0.	0.	0.	0.		0.
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						0.

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

13 **First five 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 2018 (line 6, column (f) divided by line 11, column (f)) . . . 14 — 0 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . 15 — 0 %

16a **$33\frac{1}{3}$% support test—2018.** If the organization did not check the box on line 13, and line 14 is $33\frac{1}{3}$% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **$33\frac{1}{3}$% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is $33\frac{1}{3}$% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the 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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***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 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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 (b) and (c) 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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***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 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 in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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 O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Lineweaver Annex Corporation	54-1583973

Pt I, Line 16:

Description: Administrative $439

Pt II, Line 24:

Description: Investment In LLP Beginning of Year: 0 End of Year: 0

Pt II, Line 26:

Description: Accounts Payable To HRHA Beginning of Year: $36,196 End of Year: 0

JR "Polly" Lineweaver Program Management Report
Month of October 2019

Applications

	Efficiency	One bedroom
Currently On Waiting List	**2**	**75**
New Applications Taken	**0**	**19**

Marketing

	Efficiency	One bedroom	Total
# of units vacant	2	0	2
# of Tenants who moved in	3	0	3
# of Tenants who moved out	2	0	2
# of Tenants who transferred	0	0	0
# of Legal Notices	1	0	1
# of Unlawful Detainers	1	0	1

Occupancy

11	# of minorities	**18%**
36	# of disabled tenants	**59%**
56	# of elderly tenants	**44%**
Total Number of Units Leased: 59		

Tenant Accounts Receivable

Accounts Receivable at end of Month	**$22,962.39**		
Delinquent Accounts By Age	**30** 4	**60** 3	**>60**6
Security Deposits Held	**$13,299.07**		
Pet Deposits Held	**$1,750.00**		
Rent Billed	**$14,289.00**		
Rent Collected	**$14,349.45**		

Number of Inspections	0

Management
Comments on any problems experienced during the month:

I certify that the forgoing information is true and correct to the best of my knowledge and belief.

11-1-2019

Lisa Benasher, Lineweaver Property Manager **Date**

Lineweaver Annex Program Management Report…
Month of OCTOBER 2019

Applications

Currently On Waiting List	**100**
New Applications Taken	**0**

Marketing

# of units vacant	5
# of Tenants who moved in	1
# of Tenants who moved out	2
# of Tenants who transferred	0
# of Legal Notices	1
# of Unlawful Detainers	1

Occupancy

3	# of minorities	**9%**
45	# of disabled tenants	**43%**
24	# of elderly tenants	**55%**
Total Number of Units Leased 55		

Tenant Accounts Receivable

Accounts Receivable at end of Month	**$31,495.83**		
Delinquent Accounts By Age	**30** 7	**60** 7	**>60** 8
Security Deposits Held	**$27,347.11**		
Pet Deposits Held	**$1,200.00**		
Rent Billed	**$16,903.00**		
Rent Collected	**$16,991.88**		

Number of Inspections	0

Management
Comments on any problems experienced during the month:

I certify that the forgoing information is true and correct to the best of my knowledge and belief.

11-1-2019

Lisa Benasher, Lineweaver Manager **Date**

FRANKLIN HEIGHTS PROGRAM MANAGEMENT REPORT
FOR THE MONTH OF OCTOBER 2019

1.) **Marketing:**

	1 BDR	2 BDR	3 BDR	4 BDR	5 BDR	Total
# of Units Vacant	0	1	4	0	0	5
# of Tenants who moved in	0	1	0	0	0	1
# of Tenants who moved out	0	0	3	0	0	3
# of Tenants evicted	0	0	0	0	0	0
# of Tenants who transferred	0	0	0	0	0	0
# of Legal Notices	3	7	12	4	1	27
# of Unlawful Detainers	0	0	0	0	0	0
Tenants who are over-housed	0	0	0	0	0	0
Tenants who are under-housed	0	0	0	0	0	0
Units with handicap access	9	0	2	4	1	16
Tenants who need handicap access	5	0	0	0	0	05
Tenants who have handicap access	5	0	0	0	0	05

2.) **Occupancy:**

TOTAL NUMBER OF UNITS LEASED: **124**

3.) **Tenant Accounts Receivable:**

Security and Pet Deposits Held:	$116,318.00
Rent Billed	$132,471.10
Rent Collected	$133,275.30

4.) **Applications:**

	1 BR	2 BR	3 BR	4 BR	5BR
Currently on the Waiting List there are a total of **909** applicants.	299	325	276	009	0

5.) **Inspections:**

Number Completed	Excellent	Good	Needs work	Issues
6	0	4	2	0

6.) **Management:**

Comments on any problems experienced during the month:

Franklin Heights, LLC (FH) had one move-in and three move-outs for the month of October 2019. FH started taking applications effective November 01, 2018.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Nehemias Velez, FH Property Manager

11/27/19

Date

COMMERCE VILLAGE PROGRAM MANAGEMENT REPORT
FOR THE MONTH OF OCTOBER 2019

1.) **Marketing:**

	1 BDR VASH	1 BDR HCV
# of Units Vacant	0	1
# of Tenants who moved in	1	0
# of Tenants who moved out	1	0
# of Tenants evicted	0	0
# of Tenants who transferred	0	0
# of Legal Notices	0	0
# of Unlawful Detainers	0	0

2) TOTAL NUMBER OF UNITS LEASED: **29**

3.) **Tenant Accounts Receivable:**

Outstanding Balance	$9,817.08
Number of Delinquent Accounts by Age:	30: 0 60: 0 90+: 0
Security and Pet Deposits Held:	$16,126.00
Rent Billed	$15,441.00
Rent Collected	$15,133.00

4.) **Applications:**

Currently on the Waiting List 492

5.) **Management:**

Comments on any problems experienced during the month:

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

11/01/2019

FAMILY SELF – SUFFICIENCY PROGRAM REPORT

October 2019 Monthly Report

1	**HCV Participants**	29
	Employed	26
	Job searching/Pre-employment	4
	Established Escrow account	16
	Waiting list	7
	Enrolled in school	2
	Medical Leave	2
	ESL Class	3
2	**FRANKLIN HEIGHTS PARTICIPANTS**	44
	Employed	38
	Job searching/pre-employment	5
	Established Escrow account	23
	Enrolled in school	4
	Graduate	1 (Escrow account)
	ESL Class	4
3	**HARRISON HEIGHTS PARTICIPANTS**	12
	Employed	10
	Job Searching/Pre-employment	4
	Establish Escrow account	8
	Enrolled in school	2
	ESL Class	2
	Accomplishments:	12 – Kids enrolled at Boys Girls Club
	New FSS Coordinator for the FSS Program. FSS staff attended Roundtable meeting at public library, met with Boy and Girls club. Took Christmas application for 94 children. Met with Good Will and Mercy House Thrift Stores to check on services they offer.	Assisted several participants with job search, resumes, applications, several participants earned job promotions, pay raises, will have more furniture from Schewels Furniture Store arriving to give out to residents.
	11/01/2019 FSS Coordinator Zoe Parakuo	**FSS Coordinator: Everett Burbaker**

Harrisonburg Redevelopment & Housing Authority Report
Financial Report as of October 31, 2019

LOCAL COMMUNITY DEVELOPMENT

Cash:	First Bank & Trust-Operating Funds		$29,451.30
		Total	**$29,451.30**
	AR Due from:		
	JR Polly Lineweaver Apartments	$106,962.19	
	Housing Choice Voucher Program	$16,756.85	
	Commerce Village, LLC	$12,775.87	
	Franklin Heights, LLC-Operating Expenses	$60,975.97	
	Franklin Heights, LLC-Debt Servicing	$403,962.50	
		$601,433.38	

HOUSING CHOICE VOUCHER PROGRAM

Cash:	SunTrust-Checking Account		$342,514.75
	United Bank-FSS Escrow for participants		$79,555.00
		Total	**$422,069.75**

J.R. POLLY LINEWEAVER APARTMENTS

Cash:	United Bank-Checking Account		$2,466.98
		Total	**$2,466.98**

ALL PROGRAMS-FH, LW, JRL

Cash:	United Bank-Security Deposit Account		**$185,899.51**

COMPONENT UNITS

Franklin Heights, LLC

Cash:	United Bank-Checking Account		**$7,166.94**

Commerce Village, LLC

Cash:	First Bank & Trust		**$118,794.62**
	BB&T-Operating Reseve Account		**$130,529.61**
		Grand Total	**$896,378.71**

Harrisonburg Redevelopment & Housing Authority Report
YTD Financial Report as of October 31, 2019

		Cash Balance as of 1/31	Cash Balance as of 2/28	Cash Balance as of 3/31	Cash Balance as of 4/30	Cash Balance as of 5/31	Cash Balance as of 6/30	Cash Balance as of 7/31	Cash Balance as of 8/31	Cash Balance as of 9/30	Cash Balance as of 10/31
LOCAL COMMUNITY DEVELOPMENT											
Cash:	1st Bank & Trust	$56,770.72	$125,988.41	$202,668.72	$206,689.60	$229,043.32	$275,998.71	$199,672.36	$173,170.45	$241,822.89	$29,451.30
	Union Market Bank-FSS	$486.90	$486.90	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Investments:	SunTrust-MMkt	$5,852.59	$5,258.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
HOUSING CHOICE VOUCHER PROGRAM											
Cash:	SunTrust-Checking	$434,571.28	$473,669.82	$496,846.73	$521,648.31	$534,152.74	$299,983.84	$318,033.08	$338,932.35	$331,303.25	$342,514.75
	United Bank-FSS Escrow	$95,802.00	$94,108.00	$98,636.00	$99,428.00	$96,067.00	$94,688.00	$94,894.00	$92,475.00	$97,965.00	$79,555.00
J.R. POLLY LINEWEAVER APARTMENTS											
Cash:	United Bank-Checking	$16,689.00	$12,115.30	$7,378.17	$3,775.10	$1,855.03	$2,456.52	$3,883.66	$1,866.05	$4,756.99	$2,466.98
ALL PROGRAMS-FH, LW, JRL, CVO											
Cash:	United Bank-Security Dep.	$172,919.61	$176,457.12	$178,457.32	$181,717.26	$172,393.31	$172,707.78	$175,889.96	$178,360.38	$182,631.23	$185,899.51
COMPONENT UNITS											
Franklin Heights, LLC											
Cash:	United Bank-Checking	$11,509.10	$7,708.57	$14,095.03	$13,896.16	$21,251.03	$10,667.39	$10,718.28	$10,157.94	$8,341.67	$7,166.94
Commerce Village LLC											
Cash:	1st Bank & Trust	$96,043.52	$98,934.61	$102,029.29	$105,279.93	$105,007.35	$105,017.37	$112,991.73	$118,375.87	$115,980.57	$118,794.62
	BB&T (Operating Reserve)	$0.00	$0.00	$0.00	$0.00	$130,024.93	$130,242.41	$130,346.82	$130,346.82	$130,474.55	$130,529.61
	Total	**$890,644.72**	**$994,727.41**	**$1,100,111.26**	**$1,132,434.36**	**$1,289,794.71**	**$1,091,762.02**	**$1,046,429.89**	**$1,043,684.86**	**$1,113,276.15**	**$896,378.71**

Harrisonburg Redevelopment & Housing Authority Report
Financial Report as of October 31, 2019

Franklin Heights, LLC

Income		$	1,382,454.35
Expenses		$	(790,639.15)
Less: Principal Payments		$	(523,680.77)
	Total	$	68,134.43

J.R. POLLY LINEWEAVER APARTMENTS

Income		$	368,173.66
Expenses		$	(286,015.46)
Total		$	82,158.20
Add: Service Coordinator Grant Funds		$	18,580.60
Less: Service Coordinator Grant Expenses		$	(47,889.66)
		$	(29,309.06)
Profit (Loss)/Gain		$	111,467.26
Less: Principal Payments		$	(64,956.61)
	Total	$	46,510.65

Harrisonburg Redevelopment &
Housing Authority

FAMILY SELF – SUFFICIENCY PROGRAM REPORT
November 2019 Monthly Report

HCV PARTICIPANTS

Employment	Education/Training	Escrow
In Program: 29	Enrolled in ESL: 3	Positive Escrow Balances: 18
Employed: 22	Started this month: 0	Earning Monthly Escrow: 10
Job searching/Pre-employment: 3		Newly Earning Escrow: 0
Medical Leave: 2		Escrow Increases: 4
Maternity Leave: N/A		Interim Escrow Withdrawals: 3

FRANKLIN HEIGHTS PARTICIPANTS

Employment	Education/Training	Escrow
In Program: 44	Enrolled in ESL: 5	Positive Escrow Balances: 17
Employed: 33	Started this month: 0	Earning Monthly Escrow: 12
Job searching/Pre-employment: 8		Newly Earning Escrow: 6
Medical Leave: 3		Escrow Increases: 6
Maternity Leave: N/A		Interim Escrow Withdrawals: 5

HARRISON HEIGHTS

Employment	Education/Training	Escrow
In Program: 16	Enrolled in ESL: 1	Positive Escrow Balances: 10
Employed: 11	Started this month: 0	Earning Monthly Escrow: 5
Job searching/Pre-employment: 3		Newly Earning Escrow: 0
Medical Leave: 1		Escrow Increases: 1
Maternity Leave: 1		Interim Escrow Withdrawals: 1
New job this month: 2		

Accomplishments

FSS staff met with People helping People, Attended Way to go monthly Meeting. Set up Angel Tree at the Valley Mall and JcPenny. Received Furniture from Schewels. 8 Pieces of furniture distributed to 4 working participants. 5 children enrolled at Boys Girls Club

Date: 12/01/2019 FSS Coordinator: Zoe Parakuo FSS Coordinator: Everett Brubaker

Harrisonburg Redevelopment & Housing Authority Report
Financial Report as of November 30, 2019

LOCAL COMMUNITY DEVELOPMENT

Cash:	First Bank & Trust-Operating Funds		$40,097.97
		Total	**$40,097.97**
	AR Due from:		
	JR Polly Lineweaver Apartments	$98,867.78	
	Housing Choice Voucher Program	$32,761.99	
	Commerce Village, LLC	$9,280.25	
	Franklin Heights, LLC-Operating Expenses	$48,420.06	
	Franklin Heights, LLC-Debt Servicing	$340,000.00	
		$529,330.08	

HOUSING CHOICE VOUCHER PROGRAM

Cash:	SunTrust-Checking Account		$308,816.37
	United Bank-FSS Escrow for participants		$85,501.34
		Total	**$394,317.71**

J.R. POLLY LINEWEAVER APARTMENTS

Cash:	United Bank-Checking Account		$3,102.50
		Total	**$3,102.50**

ALL PROGRAMS-FH, LW, JRL

Cash:	United Bank-Security Deposit Account		**$187,234.02**

COMPONENT UNITS

Franklin Heights, LLC

Cash:	United Bank-Checking Account		**$12,795.88**

Commerce Village, LLC

Cash:	First Bank & Trust		**$121,991.10**
	BB&T-Operating Reseve Account		**$130,529.61**
		Grand Total	**$890,068.79**

Harrisonburg Redevelopment & Housing Authority Report
YTD Financial Report as of November 30, 2019

		Cash Balance as of 1/31	Cash Balance as of 2/28	Cash Balance as of 3/31	Cash Balance as of 4/30	Cash Balance as of 5/31	Cash Balance as of 6/30	Cash Balance as of 7/31	Cash Balance as of 8/31	Cash Balance as of 9/30	Cash Balance as of 10/31	Cash Balance as of 11/30
LOCAL COMMUNITY DEVELOPMENT												
Cash:	1st Bank & Trust	$56,770.72	$125,988.41	$202,668.72	$206,689.60	$229,043.32	$275,998.71	$199,672.36	$173,170.45	$241,822.89	$29,451.30	$40,097.97
	Union Market Bank-FSS	$486.90	$486.90	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Investments:	SunTrust-MMkt	$5,852.59	$5,258.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
HOUSING CHOICE VOUCHER PROGRAM												
Cash:	SunTrust-Checking	$434,571.28	$473,669.82	$496,846.73	$521,648.31	$534,152.74	$299,983.84	$318,033.08	$338,932.35	$331,303.25	$342,514.75	$308,816.37
	United Bank-FSS Escrow	$95,802.00	$94,108.00	$98,636.00	$99,428.00	$96,067.00	$94,688.00	$94,894.00	$92,475.00	$97,965.00	$79,555.00	$85,501.34
J.R. POLLY LINEWEAVER APARTMENTS												
Cash:	United Bank-Checking	$16,689.00	$12,115.30	$7,378.17	$3,775.10	$1,855.03	$2,456.52	$3,883.66	$1,866.05	$4,756.99	$2,466.98	$3,102.50
ALL PROGRAMS-FH, LW, JRL, CVO												
Cash:	United Bank-Security Dep.	$172,919.61	$176,457.12	$178,457.32	$181,717.26	$172,393.31	$172,707.78	$175,889.96	$178,360.38	$182,631.23	$185,899.51	$187,234.02
COMPONENT UNITS												
Franklin Heights, LLC												
Cash:	United Bank-Checking	$11,509.10	$7,708.57	$14,095.03	$13,896.16	$21,251.03	$10,667.39	$10,718.28	$10,157.94	$8,341.67	$7,166.94	$12,795.88
Commerce Village LLC												
Cash:	1st Bank & Trust	$96,043.52	$98,934.61	$102,029.29	$105,279.93	$105,007.35	$105,017.37	$112,991.73	$118,375.87	$115,980.57	$118,794.62	$121,991.10
	BB&T (Operating Reserve)	$0.00	$0.00	$0.00	$0.00	$130,024.93	$130,242.41	$130,346.82	$130,346.82	$130,474.55	$130,529.61	$130,529.61
	Total	**$890,644.72**	**$994,727.41**	**$1,100,111.26**	**$1,132,434.36**	**$1,289,794.71**	**$1,091,762.02**	**$1,046,429.89**	**$1,043,684.86**	**$1,113,276.15**	**$896,378.71**	**$890,068.79**

Harrisonburg Redevelopment & Housing Authority Report
Financial Report as of November 30, 2019

Franklin Heights, LLC

Income		$	1,382,454.35
Expenses		$	(790,639.15)
Less: Principal Payments		$	(523,680.77)
	Total	$	68,134.43

J.R. POLLY LINEWEAVER APARTMENTS

Income		$	403,800.32
Expenses		$	(307,825.00)
Total		$	95,975.32
Add: Service Coordinator Grant Funds		$	18,580.60
Less: Service Coordinator Grant Expenses		$	55,887.99
		$	74,468.59
Profit (Loss)/Gain		$	21,506.73
Less: Principal Payments		$	(64,956.61)
	Total	$	(43,449.88)

HOUSING CHOICE VOUCHER PROGRAM
MANAGEMENT REPORT FOR 12/18/19 BOARD MEETING
SUMMARY OF NOVEMBER 2019

1. HCV Program Applications ***(as of 11/30/19)***

	1 BR	2 BR	3 BR	4BR	5+ BR	Total
HCV Waiting List	380	648	533	187	42	1,790
New Applicants	56	69	48	20	3	196

2. Voucher Utilization ***(as of 11/30/19) ****

	FUP	NED	TP	VASH	MS5	HCV	Total	Percent
MANDATED TOTAL	50	170	9	15	25	614	883	
Leased (incl. port billing)	28	140	9	15	24	597	814	92.2
Searching	6	9	0	0	2	27	29	3.3
Available	14	21	0	0	-1	-10	40	4.5

3. Vouchers & Leasing (November)

Vouchers Issued	7
Vouchers Extended	2
Vouchers Expired	3

Rent Increases	19
Unit Changes	0
New Admissions	10
Port In	3

4. Household Certifications (November)

Interims	63	Plus 123 to project-base *
Annuals	73	Including some to project-base *
Terminations	7	Three port-outs; two gave up voucher; one expired; one deceased

5. PIC Submission: 99.23%

6. HAP Expenditures (September): $454,604

7. Liz Webb and Kim Ferley attended fair housing training on 11/12/2019

8. We welcomed new HCV Specialist, Kristin Derflinger, on 11/25/2019

* Following guidance from HUD Richmond, HRHA recreated all leased Commerce Village and Franklin Heights vouchers to establish their data as project-based vouchers. Previous set-up had miscoded them, which caused a mismatch in some fields within the transmitted data. This was a massive undertaking and some existing reports are still being adjusted within the software. For tenant purposes, the impact is minimal, but will require closer scrutiny of any units that are over-housed or under-housed. The other major change is that no project-based vouchers can be coded as special voucher types, which caused a drop in utilization of NED and FUP vouchers and an increase in HCV vouchers. This is being addressed with an aggressive push to issue NED vouchers, and work more closely with DSS to obtain FUP referrals.

I certify that the forgoing information is true and correct to the best of my knowledge and belief.

Elizabeth Webb
Elizabeth Webb, HCV Manager

December 18, 2019
Date

JR "Polly" Lineweaver Program Management Report
Month of November 2019

Applications

	Efficiency	One bedroom
Currently On Waiting List	**2**	**98**
New Applications Taken	**0**	**17**

Marketing

	Efficiency	One bedroom	Total
# of units vacant	2	0	2
# of Tenants who moved in	2	0	2
# of Tenants who moved out	1	0	1
# of Tenants who transferred	0	0	0
# of Legal Notices	0	0	0
# of Unlawful Detainers	0	0	0

Occupancy

11	# of minorities	**18%**
36	# of disabled tenants	**59%**
56	# of elderly tenants	**44%**
Total Number of Units Leased: 59		

Tenant Accounts Receivable

Accounts Receivable at end of Month	**$22,962.39**		
Delinquent Accounts By Age	**30** 4	**60** 3	**>60**6
Security Deposits Held	**$13,151.40**		
Pet Deposits Held	**$1,750.00**		
Rent Billed	**$14,396.14**		
Rent Collected	**$15,030.52**		

Number of Inspections	0

Management
Comments on any problems experienced during the month:

I certify that the forgoing information is true and correct to the best of my knowledge and belief.

Lisa Benasher 12-4-19

Lisa Benasher, Lineweaver Property Manager **Date**

Lineweaver Annex Program Management Report…
Month of NOVEMBER 2019

Applications

Currently On Waiting List	**100**
New Applications Taken	**1**

Marketing

# of units vacant	4
# of Tenants who moved in	1
# of Tenants who moved out	0
# of Tenants who transferred	0
# of Legal Notices	0
# of Unlawful Detainers	0

Occupancy

3	# of minorities	**9%**
45	# of disabled tenants	**43%**
24	# of elderly tenants	**55%**
Total Number of Units Leased 56		

Tenant Accounts Receivable

Accounts Receivable at end of Month	**$31,495.83**		
Delinquent Accounts By Age	**30** 7	**60** 7	**>60** 8
Security Deposits Held	**$27,347.11**		
Pet Deposits Held	**$1,200.00**		
Rent Billed	**$16,793.00**		
Rent Collected	**$16,840.10**		

Number of Inspections	0

Management
Comments on any problems experienced during the month:

I certify that the forgoing information is true and correct to the best of my knowledge and belief.

[signature] 12-4-2019

Lisa Benasher, Lineweaver Manager **Date**

FRANKLIN HEIGHTS PROGRAM MANAGEMENT REPORT
FOR THE MONTH OF NOVEMBER 2019

1.) **Marketing:**

	1 BDR	2 BDR	3 BDR	4 BDR	5 BDR	Total
# of Units Vacant	0	0	4	0	0	4
# of Tenants who moved in	0	1	0	0	0	1
# of Tenants who moved out	0	0	0	0	0	0
# of Tenants evicted	0	0	0	0	0	0
# of Tenants who transferred	0	0	0	0	0	0
# of Legal Notices	0	9	14	3	0	26
# of Unlawful Detainers	0	0	0	0	0	0
Tenants who are over-housed	0	0	0	0	0	0
Tenants who are under-housed	0	0	0	0	0	0
Units with handicap access	9	0	2	4	1	16
Tenants who need handicap access	5	0	0	0	0	05
Tenants who have handicap access	5	0	0	0	0	05

2.) **Occupancy:**

TOTAL NUMBER OF UNITS LEASED: **125**

3.) **Tenant Accounts Receivable:**

Security and Pet Deposits Held:	$117,868.00
Rent Billed	$128,014.82
Rent Collected	$129,692.41

4.) **Applications:**

	1 BR	2 BR	3 BR	4 BR	5BR
Currently on the Waiting List there are a total of **1,151** applicants.	345	373	301	104	028

5.) **Inspections:**

Number Completed	Excellent	Good	Needs work	Issues
12	1	9	2	0

6.) **Management:**

Comments on any problems experienced during the month:

Franklin Heights, LLC (FH) had one move-in for the month of November 2019. FH started taking applications effective November 01, 2018.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Nehemias Velez, FH Property Manager

12/12/19

Date

COMMERCE VILLAGE PROGRAM MANAGEMENT REPORT
FOR THE MONTH OF NOVEMBER 2019

1.) **Marketing:**

	1 BDR VASH	1 BDR HCV
# of Units Vacant	0	1
# of Tenants who moved in	0	0
# of Tenants who moved out	0	0
# of Tenants evicted	0	0
# of Tenants who transferred	0	0
# of Legal Notices	0	0
# of Unlawful Detainers	0	0

2) TOTAL NUMBER OF UNITS LEASED: **29**

3.) **Tenant Accounts Receivable:**

Outstanding Balance	$9,366.80
Number of Delinquent Accounts by Age:	30: 0 60: 0 90+: 0
Security and Pet Deposits Held:	$14,729.00
Rent Billed	$15,432.00
Rent Collected	$15,166.00

4.) **Applications:**

Currently on the Waiting List 555

5.) **Management:**

Comments on any problems experienced during the month:

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Sandra [signature] 12/3/2019

HOUSING CHOICE VOUCHER PROGRAM
MANAGEMENT REPORT FOR 12/18/19 BOARD MEETING
SUMMARY OF NOVEMBER 2019

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HCV Waiting List	380	648	533	187	42	1,790
New Applicants	56	69	48	20	3	196

2. Voucher Utilization ***(as of 11/30/19) ****

	FUP	NED	TP	VASH	MS5	HCV	Total	Percent
MANDATED TOTAL	50	170	9	15	25	614	883	
Leased (incl. port billing)	28	140	9	15	24	597	814	92.2
Searching	6	9	0	0	2	27	29	3.3
Available	14	21	0	0	-1	-10	40	4.5

3. Vouchers & Leasing (November)

Vouchers Issued	7
Vouchers Extended	2
Vouchers Expired	3

Rent Increases	19
Unit Changes	0
New Admissions	10
Port In	3

4. Household Certifications (November)

Interims	63	Plus 123 to project-base *
Annuals	73	Including some to project-base *
Terminations	7	Three port-outs; two gave up voucher; one expired; one deceased

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Elizabeth Webb

Elizabeth Webb, HCV Manager

December 18, 2019

Date

HOUSING CHOICE VOUCHER PROGRAM
MANAGEMENT REPORT FOR 12/18/19 BOARD MEETING
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