



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

Phone/VTDD 540-434-7386  
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October <sup>16</sup>~~13~~, 2020

The Regular Meeting of the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners will be held on Wednesday, October 21, 2020 at 4:00 p.m., at the office of the Authority located at 286 Kelley Street, Harrisonburg, Virginia.

A handwritten signature in black ink that reads "Michael G. Wong" with a stylized flourish at the end.

Michael G. Wong  
Executive Director

Enclosures

AGENDA  
Regular Meeting  
October 21, 2020

- I. Call to order and determination of quorum
- II. Review and Approval of Minutes
  - September 2020
- III. Review and Approval Financial Statements
  - September 2020
- IV. Reports
  - A. Executive Director
    1. Public Comment
    2. 990 for Shenandoah Housing Corporation and Lineweaver Annex Corporation
    3. Public Comment on Moving to Work(MtW) Plan
    4. Status of Reported Tenant Complaints
    5. 2019 Audit
  - B. Any New Business/ Old Business
    1. Strategic Initiatives Updates
      - Homeownership and Neighborhood Revitalization
      - Addressing Homelessness and Affordable Housing
      - Improving Organizational Efficiency and Effectiveness
    2. Commissioners Training
  - 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  
September 16, 2020

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

Those present were:

John Hall, Chair  
Dany Fleming, Commissioner  
Scott Gallagher, Commissioner

Also present were:

Michael G. Wong, Executive Director  
Melisa Michelsen, Attorney

The Regular Meeting was called to order and quorum declared present by John Hall Chair. Mr. Wong then presented the August minutes for consideration of approval. After a period of discussion, Commissioner Gallagher seconded by Commissioner Fleming made the motion for approval. The motion was unanimously approved. Mr. Wong then presented the August financials for consideration of approval. After a period of discussion, Commissioner Gallagher seconded by Commissioner Fleming made the motion approving the August financials. The motion was unanimously approved.

Chairperson Hall then opened the floor for general public comment. Karen Thomas, Northeast Neighborhood Association provided two pictures of a walnut tree off Johnson Street and asked about the status of tree removal. Mr. Wong related that the Authority has went out on bid and the tree in question is scheduled to be trimmed. Ms. Thomas then asked about tree removal/trimming on Broad Street. Mr. Wong related that those trees are not scheduled for trimming or removal. Ms. Thomas then questioned why those trees are not scheduled to be removed. Mr. Wong related that he has heard concerns with leaf pickup but has not heard of any concerns with removal of the trees. Ms. Thomas related of having sent several emails concerning the trees. Stephanie Stotts, Lineweaver Apartments, provided a list of additional building complaints and of the City inspection of the building being an "outright lie". She stated of not sharing the concerns with the property manager or staff. No other public comment was received.

Mr. Hall then open the floor for a resident information meeting concerning the Authority's intention to participate in HUD's Moving to Work cohort#1. Mr. Wong then presented a brief overview of the Moving to Work program, time table for implementation, proposed resident engagement plan and initial discussions on activities that will improve cost effectiveness, self-sufficiency, and housing choice. Mr. Wong related of the opportunity for the Authority to implement innovative polies to address local needs. Two work sessions were scheduled with the commissioners to gather additional input on the plan. No resident comments were received.

Mr. Hall then open the floor for public comment on the Authority's annual plan/5-year plan. Hearing none he closed the comment period and after a period of discussion, Commissioner Gallagher seconded by Commissioner Fleming made the motion authorizing Mr. Wong to submit the proposed plan upon ending of the comment period. The motion was unanimously approved.

Mr. Wong then presented the Cold Harbor Termination Agreement, Release of Regulatory Agreement and Declaration of Restrictive Covenants and Authorization for the Executive Director or Chairman to sign. Mr. Wong provided a brief background concerning the project and stated of no monies owed to the Authority. Ms. Michelsen relate of seeing no issues with signing the agreements. Commissioner Gallagher seconded by Commissioner Fleming made the motion approving the agreement and authorization for Mr. Wong to sign. The motion was unanimously approved.

Chairperson Hall then brought up commissioner's training as a discussion item. After a period of discussion, Commissioner Fleming agreed to take the lead on developing a training format. No action was taken on this agenda item.

Mr. Wong then provided a brief update on the Authority's initiatives and overview of the program reports. Commissioner Gallagher seconded by Commissioner Fleming then made the motion to approve the management reports. This motion was unanimously approved. Commissioner Fleming, seconded by Commissioner Gallagher made the motion to adjourn. The motion was unanimously approved.

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Michael G. Wong  
Executive Director

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John Hall  
Chair

**LOCAL COMMUNITY DEVELOPMENT (LCD)**  
**Statement of Revenues, Expenses, and Changes in Fund Equity**  
**For the Month of September 2020**

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts:</b>						
3410 HMIS COC Homelessness Grant-18	84,072.00	7,006.00	0.00	56,662.11	63,054.00	(6,391.89)
3410 VHSP-VA Hsg Solutions Prgm Grant	80,265.00	6,688.75	0.00	52,203.50	60,198.75	(7,995.25)
3410 COC Planning Grant Funds	20,619.00	1,718.25	4,110.71	20,199.30	15,464.25	4,735.05
3410 VHSP-COVID-19 ESO Grant	166,684.00	13,890.33	0.00	100,000.00	125,013.00	(25,013.00)
3610 Interest Income	0.00	0.00	10.68	103.44	0.00	103.44
3690 Developer's Fees/Other Income	130,000.00	10,833.33	0.00	131,124.44	97,500.00	33,624.44
3690 Admin. Fees	9,500.00	791.67	0.00	35,000.00	7,125.00	27,875.00
3690 Application Fees	15,000.00	1,250.00	0.00	7,500.00	11,250.00	(3,750.00)
3690 Lease Income	4,800.00	400.00	400.00	3,600.00	3,600.00	0.00
3690 Management Fees-CV	10,000.00	833.33	909.82	7,836.76	7,500.00	336.76
3690 BPort Net Receipts	185,689.00	15,474.08	18,827.52	139,320.31	139,266.75	53.56
3690 Lineweaver Apts. Net Receipts	379,168.00	31,597.33	30,988.68	275,009.49	284,376.00	(9,366.51)
<b>Total Receipts</b>	<b>1,085,797.00</b>	<b>90,483.08</b>	<b>55,247.41</b>	<b>828,559.35</b>	<b>814,347.75</b>	<b>14,211.60</b>
<b>Expenses:</b>						
<b>Administration</b>						
4110 Adm Salaries	134,085.00	11,173.75	10,607.84	106,619.98	100,563.75	6,056.23
4540 Adm Benefits	37,895.00	3,157.92	3,046.50	30,711.39	28,421.25	2,290.14
4130 Legal Expense	10,000.00	833.33	2,760.00	8,406.54	7,500.00	906.54
4140 Staff Training	5,000.00	416.67	1,150.00	2,145.00	3,750.00	(1,605.00)
4150 Travel	15,000.00	1,250.00	400.00	4,040.35	11,250.00	(7,209.65)
4171 Auditing Fees	3,600.00	300.00	0.00	0.00	2,700.00	(2,700.00)
4190 Sundry-Admin. Exp.	30,000.00	2,500.00	2,407.72	18,822.53	22,500.00	(3,677.47)
4190 VHSP-COVID-19 ESO Grant	166,684.00	13,890.33	6,664.54	106,664.54	125,013.00	(18,348.46)
4190 VHSP-VA Hsg Solutions Prgm Grant	80,265.00	6,688.75	1,377.89	45,912.13	60,198.75	(14,286.62)
4190 VHDA COC COVID-19 Grant	0.00	0.00	0.00	71,250.00	0.00	71,250.00
4190 COC Planning Grant Funds	20,619.00	1,718.25	4,110.71	20,199.30	15,464.25	4,735.05
4190 HMIS Match for Grant Funds	10,000.00	833.33	1,586.31	6,434.22	7,500.00	(1,065.78)
4190 Community Donations (OpDr/COC,etc)	15,000.00	1,250.00	0.00	10,000.00	11,250.00	(1,250.00)
4190 HMIS Homeless Assistance-18	84,072.00	7,006.00	23,809.57	71,633.75	63,054.00	8,579.75
<b>Total Administration</b>	<b>612,220.00</b>	<b>51,018.33</b>	<b>57,921.08</b>	<b>502,839.73</b>	<b>459,165.00</b>	<b>43,674.73</b>
<b>Utilities</b>						
4320 Electric	3,200.00	266.67	203.71	1,264.59	2,400.00	(1,135.41)
4330 Gas	1,800.00	150.00	1.98	645.73	1,350.00	(704.27)
<b>Total Utilities</b>	<b>5,000.00</b>	<b>416.67</b>	<b>205.69</b>	<b>1,910.32</b>	<b>3,750.00</b>	<b>(1,839.68)</b>
<b>Maintenance</b>						
4410 Maintenance Salaries	34,289.00	2,857.42	2,408.83	26,326.11	25,716.75	609.36
4540 Maintenance Benefits	9,474.00	789.50	653.99	6,456.03	7,105.50	(649.47)
4420 Materials	6,000.00	500.00	461.93	2,095.20	4,500.00	(2,404.80)
4430 Contract Costs	9,500.00	791.67	218.57	2,934.88	7,125.00	(4,190.12)
<b>Total Maintenance</b>	<b>59,263.00</b>	<b>4,938.58</b>	<b>3,743.32</b>	<b>37,812.22</b>	<b>44,447.25</b>	<b>(6,635.03)</b>
<b>General</b>						
4510 Insurance	7,000.00	583.33	1,363.10	3,708.11	5,250.00	(1,541.89)
4570 Collection Loss/Bad Debt Expens	0.00	0.00	0.00	0.00	0.00	0.00
4580 Real Estate Taxes (CST)	0.00	0.00	0.00	2,895.99	0.00	2,895.99
4000 Bport Expenses	35,274.00	2,939.50	4,281.53	21,014.27	26,455.50	(5,441.23)
4000 Lineweaver Apartments Expenses	366,686.00	30,557.17	30,069.05	233,126.63	275,014.50	(41,887.87)
<b>Total General</b>	<b>408,960.00</b>	<b>34,080.00</b>	<b>35,713.68</b>	<b>260,745.00</b>	<b>306,720.00</b>	<b>(45,975.00)</b>
<b>TOTAL EXPENSES</b>	<b>1,085,443.00</b>	<b>90,453.58</b>	<b>97,583.77</b>	<b>803,307.27</b>	<b>814,082.25</b>	<b>(10,774.98)</b>
<b>TOTAL RECEIPTS TO DATE</b>						<b>828,559.35</b>
<b>TOTAL EXPENSES TO DATE</b>						<b>803,307.27</b>
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss</b>						<b>25,252.08</b>

Michael G. Wong, Executive Director

Date

10/13/2020

**LINEWEAVER ANNEX APARTMENTS**  
Statement of Revenues, Expenses, and Changes in Fund Equity  
Attachment A  
For the Month of September 2020

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts:</b>						
3110 Rental Income	243,168.00	20,264.00	17,097.00	149,699.81	182,376.00	(32,676.19)
3410 HAP Funding	120,000.00	10,000.00	13,454.00	119,800.00	90,000.00	29,800.00
3690 Other Income-Laundry	3,800.00	316.67	372.68	2,599.48	2,850.00	(250.52)
3690 Other Income-Late fees,workordr	12,200.00	1,016.67	63.00	2,910.20	9,150.00	(6,239.80)
<b>Total Receipts</b>	<b>379,168.00</b>	<b>31,597.33</b>	<b>30,986.68</b>	<b>275,009.49</b>	<b>284,376.00</b>	<b>(9,366.51)</b>
<b>Expenses:</b>						
<b>Administration:</b>						
4110 Adm Salaries	64,789.00	5,399.08	4,406.40	47,866.26	48,591.75	(725.49)
4540 Adm Benefits	20,769.00	1,730.75	1,069.08	16,222.43	15,576.75	645.68
4130 Legal Fees	1,000.00	83.33	0.00	127.65	750.00	(622.35)
4140 Staff Training	1,000.00	83.33	0.00	0.00	750.00	(750.00)
4150 Travel	1,000.00	83.33	0.00	90.49	750.00	(659.51)
4171 Auditing	1,200.00	100.00	0.00	0.00	900.00	(900.00)
4190 Sundry	15,000.00	1,250.00	860.91	10,207.89	11,250.00	(1,042.11)
<b>Total Administration</b>	<b>104,758.00</b>	<b>8,729.83</b>	<b>6,336.39</b>	<b>74,514.72</b>	<b>78,568.50</b>	<b>(4,053.78)</b>
<b>Tenant Services:</b>						
4240 Tenant Services-Other	1,000.00	83.33	0.00	561.88	750.00	(188.12)
<b>Total Tenant Serv.</b>	<b>1,000.00</b>	<b>83.33</b>	<b>0.00</b>	<b>561.88</b>	<b>750.00</b>	<b>(188.12)</b>
<b>Utilities:</b>						
4310 Water	8,000.00	666.67	1,376.58	6,160.14	6,000.00	160.14
4320 Electricity	68,000.00	5,666.67	8,557.74	43,205.16	51,000.00	(7,794.84)
4390 Sewer	23,500.00	1,958.33	3,877.20	17,447.40	17,625.00	(177.60)
<b>Total Utilities</b>	<b>99,500.00</b>	<b>8,291.67</b>	<b>13,811.52</b>	<b>66,812.70</b>	<b>74,625.00</b>	<b>(7,812.30)</b>
<b>Maintenance:</b>						
4410 Maintenance Salaries	49,160.00	4,096.67	4,913.48	43,554.61	36,870.00	6,684.61
4540 Maintenance Benefits	15,668.00	1,305.67	875.19	8,069.72	11,751.00	(3,681.28)
4420 Materials	18,000.00	1,500.00	1,459.58	13,116.68	13,500.00	(383.32)
4430 Contract Costs	60,000.00	5,000.00	1,980.37	22,426.60	45,000.00	(22,573.40)
<b>Total Maintenance</b>	<b>142,828.00</b>	<b>11,902.33</b>	<b>9,228.62</b>	<b>87,167.61</b>	<b>107,121.00</b>	<b>(19,953.39)</b>
<b>General Expenses:</b>						
4510 Insurance Expenses	8,600.00	716.67	692.52	4,069.72	6,450.00	(2,380.28)
4570 Collection Loss	10,000.00	833.33	0.00	0.00	7,500.00	(7,500.00)
<b>Total General Exp.</b>	<b>18,600.00</b>	<b>1,550.00</b>	<b>692.52</b>	<b>4,069.72</b>	<b>13,950.00</b>	<b>(9,880.28)</b>
<b>TOTAL EXPENSES</b>	<b>366,686.00</b>	<b>30,557.17</b>	<b>30,069.05</b>	<b>233,126.63</b>	<b>275,014.50</b>	<b>(41,887.87)</b>
<b>TOTAL RECEIPTS TO DATE</b>				<b>275,009.49</b>		
<b>TOTAL EXPENSES TO DATE</b>					<b>233,126.63</b>	
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss</b>						<b>41,882.86</b>

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

\_\_\_\_\_  
Lisa Benasher, Lineweaver Manager

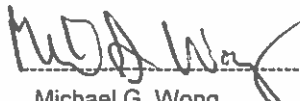
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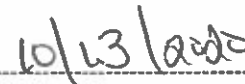
10-13-2020

**BRIDGEPORT COMPLEX**  
Statement of Revenues, Expenses, and Changes in Fund Equity  
Attachment B  
For the Month of September 2020

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts:</b>						
3690 Rental Income	185,689.00	15,474.08	18,827.52	139,320.31	139,266.75	53.56
3690 Other Income	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Receipts</b>	<b>185,689.00</b>	<b>15,474.08</b>	<b>18,827.52</b>	<b>139,320.31</b>	<b>139,266.75</b>	<b>53.56</b>
<b>Expenses:</b>						
<b>Operations</b>						
4130 Legal Expenses	1,000.00	83.33	0.00	0.00	750.00	(750.00)
4190-Sundry-Phone	600.00	50.00	42.27	374.78	450.00	(75.22)
<b>Total Op. Expenses</b>	<b>1,600.00</b>	<b>133.33</b>	<b>42.27</b>	<b>374.78</b>	<b>1,200.00</b>	<b>(825.22)</b>
<b>Utilities:</b>						
4310 Water	1,100.00	91.67	0.00	318.00	825.00	(507.00)
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
<b>Total Utilities</b>	<b>1,100.00</b>	<b>91.67</b>	<b>0.00</b>	<b>318.00</b>	<b>825.00</b>	<b>(507.00)</b>
<b>Maintenance:</b>						
4420 Materials	3,000.00	250.00	0.00	1.34	2,250.00	(2,248.66)
4430 Contract Costs	12,000.00	1,000.00	2,740.37	6,832.87	9,000.00	(2,167.13)
<b>Total Maintenance</b>	<b>15,000.00</b>	<b>1,250.00</b>	<b>2,740.37</b>	<b>6,834.21</b>	<b>11,250.00</b>	<b>(4,415.79)</b>
<b>General Expenses:</b>						
4510 Insurance Expenses	0.00	0.00	0.00	0.00	0.00	0.00
4580 Interst Expense	17,574.00	1,464.50	1,498.89	13,487.28	13,180.50	306.78
<b>Total General Exp.</b>	<b>17,574.00</b>	<b>1,464.50</b>	<b>1,498.89</b>	<b>13,487.28</b>	<b>13,180.50</b>	<b>306.78</b>
<b>TOTAL EXPENSES</b>	<b>35,274.00</b>	<b>2,939.50</b>	<b>4,281.53</b>	<b>21,014.27</b>	<b>26,455.50</b>	<b>(5,441.23)</b>
<b>TOTAL RECEIPTS TO DATE</b>						<b>139,320.31</b>
<b>TOTAL EXPENSES TO DATE</b>						<b>21,014.27</b>
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss</b>						<b>118,306.04</b>

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

  
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Michael G. Wong  
Executive Director

  
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Date

Please note: A principal payment to Bank of the James was made in the amount of \$2,109.25 for a total of \$19,029.29 for this fiscal year.

**Housing Choice Voucher Program (HCV)**  
**Statement of Revenues, Expenses, and Changes in Fund Equity**  
**For the Month of September 2020**

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts</b>						
3300RC Adm-Fraud/Abuse/Set Off Del	8,000.00	666.67	105.00	7,244.73	6,000.00	1,244.73
3300RC HAP-Fraud/Abuse/Set Off Del	8,000.00	666.67	105.00	7,244.74	6,000.00	1,244.74
3300 FSS Fort.	2,000.00	166.67	0.00	0.00	1,500.00	(1,500.00)
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	35,103.00	2,925.25	2,925.25	29,171.89	26,327.25	2,844.64
3410 HCV HAP Payment-Adm Fees	468,331.00	39,027.58	49,428.00	608,247.00	351,248.25	256,998.75
3410 HCV HAP Payment-HAP Fees	5,585,682.00	465,473.50	520,868.00	4,403,147.00	4,189,261.50	213,885.50
<b>Total Receipts</b>	<b>6,107,116.00</b>	<b>508,926.33</b>	<b>573,431.25</b>	<b>5,055,055.36</b>	<b>4,580,337.00</b>	<b>474,718.36</b>
<b>Expenses</b>						
<b>Administration</b>						
4110 Adm Salaries	301,462.00	25,121.83	27,860.62	247,162.80	226,096.50	21,066.30
4110 FSS Salaries (grant portion)	35,103.00	2,925.25	2,925.25	26,327.25	26,327.25	0.00
4540 Adm/FSS Benefits	102,024.00	8,502.00	13,798.41	81,275.97	76,518.00	4,757.97
4130 Legal Fees	0.00	0.00	0.00	4,050.30	0.00	4,050.30
4140 Staff Training	2,000.00	166.67	0.00	3,535.50	1,500.00	2,035.50
4150 Travel	2,000.00	166.67	0.00	4,560.64	1,500.00	3,060.64
4171 Auditing Fees	6,940.00	578.33	0.00	0.00	5,205.00	(5,205.00)
4190 Sundry/Rent & Utility Adj	44,000.00	3,666.67	6,515.48	69,575.93	33,000.00	36,575.93
4190.2 Portability Fees	3,200.00	266.67	255.50	1,239.67	2,400.00	(1,160.33)
4190.4 LL Incentives-CARES Act	0.00	0.00	2,000.00	7,500.00	0.00	7,500.00
<b>Total Administration</b>	<b>496,729.00</b>	<b>41,394.08</b>	<b>53,355.26</b>	<b>445,228.06</b>	<b>372,546.75</b>	<b>72,681.31</b>
<b>Utilities</b>						
4310 Water	0.00	0.00	0.00	0.00	0.00	0.00
4320 Electric	3,200.00	266.67	680.14	1,516.31	2,400.00	(883.69)
4330 Gas	1,800.00	150.00	35.65	581.16	1,350.00	(768.84)
4390 Sewer	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Utilities</b>	<b>5,000.00</b>	<b>416.67</b>	<b>715.79</b>	<b>2,097.47</b>	<b>3,750.00</b>	<b>(1,652.53)</b>
<b>Maintenance</b>						
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
<b>Total Maintenance</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>General</b>						
4510 Insurance	7,400.00	856.33	599.17	5,138.73	7,706.97	(2,568.24)
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
<b>Total</b>	<b>7,400.00</b>	<b>856.33</b>	<b>599.17</b>	<b>5,138.73</b>	<b>7,706.97</b>	<b>(2,568.24)</b>
<b>Total Expenses (excluding HAP)</b>	<b>509,129.00</b>	<b>42,667.08</b>	<b>54,670.22</b>	<b>452,464.26</b>	<b>384,003.72</b>	<b>68,460.54</b>
4715 HAP	5,595,682.00	466,306.83	475,007.00	4,270,157.49	4,196,761.50	73,395.99
4715 UAP	0.00	0.00	14,547.00	128,488.00	0.00	128,488.00
4718 FSS Escrow	0.00	0.00	5,119.00	61,315.00	0.00	61,315.00
<b>HAP Total</b>	<b>5,595,682.00</b>	<b>466,306.83</b>	<b>494,673.00</b>	<b>4,459,960.49</b>	<b>4,196,761.50</b>	<b>263,198.99</b>
<b>Total Expenses</b>	<b>6,104,811.00</b>	<b>508,973.91</b>	<b>549,343.22</b>	<b>4,912,424.75</b>	<b>4,580,765.22</b>	<b>331,659.53</b>
<b>TOTAL RECEIPTS TO DATE</b>						<b>5,055,055.36</b>
<b>TOTAL EXPENSES TO DATE</b>						<b>4,912,424.75</b>
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss</b>						<b>142,630.61</b>
					Adm Funds	192,199.36
					HAP Funds	(49,568.75)

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

\_\_\_\_\_  
Liz Webb, Housing Choice Voucher Mgr

10/15/20  
\_\_\_\_\_  
Date



**J. R. "POLLY" LINEWEAVER (JRL)**  
**Statement of Revenues, Expenses, and Changes in Fund Equity**  
**For the Month of September 2020**

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts:</b>						
3110 Dwelling Rent	174,758.00	14,563.17	14,798.00	131,268.79	131,068.50	200.29
3410 HAP Funding	262,137.00	21,844.75	21,657.00	193,350.00	196,602.75	(3,252.75)
3410 PBRA-Cares Act Funds	0.00	0.00	6,660.00	6,660.00	0.00	6,660.00
3410 Service Coord Grant-2019	66,107.00	5,508.92	0.00	7,333.00	49,580.25	(42,247.25)
3690 Other Income-Laundry	3,800.00	316.67	372.70	2,724.00	2,850.00	(126.00)
3690 Other Income-Late fees,w/orders	12,000.00	1,000.00	630.00	3,565.00	9,000.00	(5,435.00)
<b>Total Receipts</b>	<b>518,802.00</b>	<b>43,233.50</b>	<b>44,117.70</b>	<b>344,900.79</b>	<b>389,101.50</b>	<b>(44,200.71)</b>
<b>Expenses:</b>						
<b>Administration</b>						
4110 Adm Salaries	64,789.00	5,399.08	4,406.40	47,866.24	48,591.75	(725.51)
4540 Adm Benefits	20,988.00	1,749.00	1,076.77	16,286.36	15,741.00	545.36
4130 Legal Fees	2,400.00	200.00	0.00	8,473.53	1,800.00	6,673.53
4140 Staff Training	250.00	20.83	250.00	250.00	187.50	62.50
4150 Travel	250.00	20.83	0.00	90.49	187.50	(97.01)
4171 Auditing Fees	1,200.00	100.00	0.00	0.00	900.00	(900.00)
4190 Sundry	15,000.00	1,250.00	848.12	12,557.32	11,250.00	1,307.32
<b>Total Administration</b>	<b>104,877.00</b>	<b>8,739.75</b>	<b>6,581.29</b>	<b>85,523.94</b>	<b>78,657.75</b>	<b>6,866.19</b>
<b>Tenant Services:</b>						
4220-40 Service Coord Grant-2019	66,107.00	5,508.92	315.88	35,122.61	49,580.25	(14,457.64)
4230 Tenant Services-Other	1,000.00	83.33	0.00	561.87	750.00	(188.13)
<b>Total Tenant Serv.</b>	<b>67,107.00</b>	<b>5,592.25</b>	<b>315.88</b>	<b>35,684.48</b>	<b>50,330.25</b>	<b>(14,645.77)</b>
<b>Utilities:</b>						
4310 Water	8,000.00	666.67	1,419.64	6,290.63	6,000.00	290.63
4320 Electric	70,000.00	5,833.33	7,597.60	45,265.35	52,500.00	(7,234.65)
4390 Sewer	25,000.00	2,083.33	4,006.44	18,028.98	18,750.00	(721.02)
<b>Total Utilities</b>	<b>103,000.00</b>	<b>8,583.33</b>	<b>13,023.68</b>	<b>69,584.96</b>	<b>77,250.00</b>	<b>(7,665.04)</b>
<b>Maintenance:</b>						
4410 Maintenance Salaries	36,711.00	3,059.25	3,953.18	33,967.49	27,533.25	6,434.24
4540 Maintenance Benefits	11,806.00	983.83	592.92	5,376.58	8,854.50	(3,477.92)
4420 Materials	12,000.00	1,000.00	1,318.49	5,102.46	9,000.00	(3,897.54)
4410 PBRA-Cares Act Expenses	0.00	0.00	0.00	6,660.00	0.00	6,660.00
4430 Contract	55,000.00	4,583.33	579.03	23,195.70	41,250.00	(18,054.30)
<b>Total Maintenance</b>	<b>115,517.00</b>	<b>9,626.42</b>	<b>6,443.62</b>	<b>74,302.23</b>	<b>86,637.75</b>	<b>(12,335.52)</b>
<b>General:</b>						
4510 Insurance	10,000.00	833.33	831.94	7,242.98	7,500.00	(257.02)
4570 Collection Loss	2,000.00	166.67	0.00	0.00	1,500.00	(1,500.00)
4580 United Bank/VCC Interest	35,889.00	2,990.75	4,124.15	32,698.39	26,916.75	5,781.64
<b>Total General</b>	<b>47,889.00</b>	<b>3,990.75</b>	<b>4,956.09</b>	<b>39,941.37</b>	<b>35,916.75</b>	<b>4,024.62</b>
<b>TOTAL EXPENSES</b>	<b>438,390.00</b>	<b>36,532.50</b>	<b>31,320.56</b>	<b>305,036.98</b>	<b>328,792.50</b>	<b>(23,755.52)</b>
<b>TOTAL RECEIPTS TO DATE</b>						<b>344,900.79</b>
<b>TOTAL EXPENSES TO DATE</b>						<b>305,036.98</b>
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss</b>						<b>39,863.81</b>

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

\_\_\_\_\_  
 Lisa Benasher, Lineweaver Manager

\_\_\_\_\_  
 Date

Please note: A principal payment to United Bank was made in the amount of \$6,704.84 a total of \$60,106.08 for this fiscal year and a principal payment to Virginia Community Capital in the amount of \$10,702.19 for a total of \$42,267.62 for this fiscal year.

**FRANKLIN HEIGHTS, LLC**  
**Statement of Revenues, Expenses, and Changes in Fund Equity**  
**For the Month of September 2020**

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts:</b>						
3110 Dwelling Rent	372,890.00	31,074.17	22,852.00	222,032.70	279,667.50	(57,634.80)
3410 HAP Funding	1,088,670.00	90,722.50	101,678.00	892,474.00	816,502.50	75,971.50
3610 Interest Income	800.00	66.67	77.41	682.25	600.00	82.25
3690 Other Income-Late fees, etc.	25,000.00	2,083.33	1,489.00	13,536.60	18,750.00	(5,213.40)
3410 Other Receipts-CDBG Funds	140,000.00	11,666.67	74,000.00	146,211.47	105,000.00	41,211.47
Total Receipts	1,627,360.00	135,613.33	200,096.41	1,274,937.02	1,220,520.00	54,417.02
<b>Expenses:</b>						
<b>Administration</b>						
4110 Adm Salaries	224,279.00	18,689.92	11,569.15	136,653.72	168,209.25	(31,555.53)
4540 Adm Benefits	68,684.00	5,723.67	1,661.42	49,979.06	51,513.00	(1,533.94)
4130 Legal Fees	2,500.00	208.33	0.00	382.95	1,875.00	(1,492.05)
4140 Staff Training	1,500.00	125.00	0.00	892.50	1,125.00	(232.50)
4150 Travel	2,500.00	208.33	0.00	1,926.86	1,875.00	51.86
4171 Auditing Fees	1,800.00	150.00	0.00	0.00	1,350.00	(1,350.00)
4190 Sundry	25,000.00	2,083.33	1,813.95	24,254.28	18,750.00	5,504.28
4190 CDBG Dwnp Payment Assistance Program	24,000.00	2,000.00	0.00	4,000.00	18,000.00	(14,000.00)
Total Administration	350,263.00	29,188.58	15,044.52	218,089.37	262,697.25	(44,607.88)
<b>Tenant Services</b>						
4240 Tenant Services-Recreation	1,000.00	83.33	0.00	117.21	750.00	(632.79)
Total Tenant Services	1,000.00	83.33	0.00	117.21	750.00	(632.79)
<b>Utilities</b>						
4310 Water	0.00	0.00	1,076.38	(1,126.16)	0.00	(1,126.16)
4320 Electric	15,000.00	1,250.00	871.07	5,829.71	11,250.00	(5,420.29)
4330 Gas	2,500.00	208.33	24.16	868.83	1,875.00	(1,006.17)
4390 Sewer	0.00	0.00	3,738.90	(3,216.06)	0.00	(3,216.06)
Total Utilities	17,500.00	1,458.33	5,710.51	2,356.32	13,125.00	(10,768.68)
<b>Maintenance</b>						
4410 Maintenance Salaries	118,222.00	9,851.83	8,303.69	92,597.71	88,666.50	3,931.21
4540 Maintenance Benefits	39,684.00	3,307.00	1,699.67	16,681.61	29,763.00	(13,081.39)
4420 Materials	43,000.00	3,583.33	2,623.13	21,682.16	32,250.00	(10,567.84)
4430 Contract	85,000.00	7,083.33	4,594.39	22,876.72	63,750.00	(40,873.28)
Total Maintenance	285,906.00	23,825.50	17,220.88	153,838.20	214,429.50	(60,591.30)
<b>General</b>						
4510 Insurance	22,000.00	1,833.33	1,971.85	14,782.14	16,500.00	(1,717.86)
4570 Collection Loss	10,000.00	833.33	0.00	0.00	7,500.00	(7,500.00)
4590 Real Estate Taxes	25,000.00	2,083.33	0.00	12,142.78	18,750.00	(6,607.22)
4580 Interest Expense-HHR	91,100.00	7,591.67	0.00	91,100.00	68,325.00	22,775.00
4580 Interest Expense-FH	124,625.00	10,385.42	0.00	124,625.00	93,468.75	31,156.25
4580 Interest Expense-FORK(UB)	24,341.00	2,028.42	2,081.32	18,898.69	18,255.75	642.94
4580 Interest Expense-FORK(Seller Fin)	42,104.00	3,508.67	3,456.26	32,168.20	31,578.00	590.20
Total General	339,170.00	28,264.17	7,509.43	293,716.81	254,377.50	39,339.31
<b>TOTAL EXPENSES</b>	<b>993,839.00</b>	<b>82,819.92</b>	<b>45,485.34</b>	<b>668,117.91</b>	<b>745,379.25</b>	<b>(77,261.34)</b>
<b>TOTAL RECEIPTS TO DATE</b>						<b>1,274,937.02</b>
<b>TOTAL EXPENSES TO DATE</b>						<b>668,117.91</b>
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss</b>						<b>606,819.11</b>

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

  
 \_\_\_\_\_  
 Nehemias Velez, FH Manager

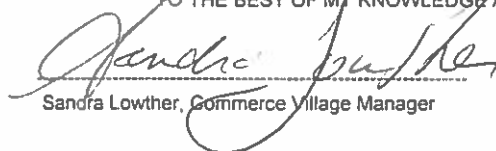
10/13/20  
 \_\_\_\_\_  
 Date

Please note P/I payments below:	Debt Pymts Due	Debt Pymts YTD	Debt Pymts Outstanding	
HHR 2006/14 Go Bond Payment	221,100	221,100	0	130000
FH 2009/11 Go Bond Payment	449,625	449,625	0	325000
United Bank-Forkovitch Units	81,511	61,138	20,373	57170
Seller Financed-Forkovitch Family	102,953	<u>77,211</u>	<u>25,742</u>	60849
<b>Total</b>	<b>855,189</b>	<b>809,074</b>	<b>46,115</b>	

**COMMERCE VILLAGE LLC (CVO)**  
**Statement of Revenues, Expenses, and Changes in Fund Equity**  
**For the Month of September 2020**

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
<b>Receipts:</b>						
3110 Rental Income	78,892 00	6,574 33	7,980 00	72,180 00	59,169 00	13,011 00
3410 HAP Funding	110,000 00	9,166 67	9,317 00	76,258 00	82,500 00	(6,242 00)
3610 Interest (Replacement&Operatir	360 00	30 00	4 81	293 35	270 00	23 35
3690 Other Income-Laundry&Donatio	2,500 00	208 33	171 39	1,298 55	1,875 00	(576 45)
3690 Other Inc-Late fees,workorders	2,500 00	208 33	112 00	2,075 00	1,875 00	200 00
<b>Total Receipts</b>	<b>194,252 00</b>	<b>16,187 67</b>	<b>17,585 20</b>	<b>152,104 90</b>	<b>145,689 00</b>	<b>6,415 90</b>
<b>Expenses:</b>						
<b>Administration:</b>						
4110 Adm Salaries	17,592 00	1,466 00	1,482 42	15,408 90	13,194 00	2,214 90
4540 Adm Benefits	5,676 00	473 00	517 41	4,855 30	4,257 00	598 30
4130 Legal Fees	0 00	0 00	0 00	0 00	0 00	0 00
4140 Staff Training	0 00	0 00	0 00	0 00	0 00	0 00
4150 Travel	0 00	0 00	0 00	0 00	0 00	0 00
4171 Auditing	0 00	0 00	0 00	0 00	0 00	0 00
4190 Sundry	2,900 00	241 67	524 51	6,340 25	2,175 00	4,165 25
4190 Sundry-Management fees	10,000 00	833 33	909 82	7,836 76	7,500 00	336 76
4190 Sundry-HCC fees	6,100 00	508 33	0 00	6,375 70	4,575 00	1,800 70
<b>Total Administration</b>	<b>42,268 00</b>	<b>3,522 33</b>	<b>3,434 16</b>	<b>40,816 91</b>	<b>31,701 00</b>	<b>9,115 91</b>
<b>Tenant Services:</b>						
4240-Case Mgt/Peer Counseling	16,500 00	1,375 00	0 00	12,861 47	12,375 00	486 47
4240 Tenant Services-Client	1,500 00	125 00	350 00	350 00	1,125 00	(775 00)
<b>Total Tenant Serv.</b>	<b>18,000 00</b>	<b>1,500 00</b>	<b>350 00</b>	<b>13,211 47</b>	<b>13,500 00</b>	<b>(288 53)</b>
<b>Utilities:</b>						
4310 Water	4,000 00	333 33	729 34	3,223 97	3,000 00	223 97
4320 Electricity	20,000 00	1,666 67	2,669 28	12,810 79	15,000 00	(2,189 21)
4330 Gas	2,100 00	175 00	139 52	1,328 31	1,575 00	(246 69)
4390 Sewer	11,000 00	916 67	1,938 60	8,723 70	8,250 00	473 70
<b>Total Utilities</b>	<b>37,100 00</b>	<b>3,091 67</b>	<b>5,476 74</b>	<b>26,086 77</b>	<b>27,825 00</b>	<b>(1,738 23)</b>
<b>Maintenance:</b>						
4410 Maintenance Salaries	9,669 00	805 75	666 85	7,786 79	7,251 75	535 04
4540 Maintenance Benefits	3,056 00	254 67	163 05	1,613 60	2,292 00	(678 40)
4420 Materials	2,500 00	208 33	171 46	1,283 77	1,875 00	(591 23)
4430 Contract Costs	16,500 00	1,375 00	496 57	7,179 67	12,375 00	(5,195 33)
<b>Total Maintenance</b>	<b>31,725 00</b>	<b>2,643 75</b>	<b>1,497 93</b>	<b>17,863 83</b>	<b>23,793 75</b>	<b>(5,929 92)</b>
<b>General Expenses:</b>						
4510 Insurance Expenses	5,200 00	433 33	180 22	2,009 46	3,900 00	(1,890 54)
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	12,285 00	12,285 00	0 00
4590 Real Estate Taxes	24 00	2 00	1 01	9 09	18 00	(8 91)
1162 Replacement Reserve Acct	9,000 00	750 00	750 00	6,750 00	6,750 00	0 00
<b>Total General Exp</b>	<b>30,604 00</b>	<b>2,550 33</b>	<b>2,296 23</b>	<b>21,053 55</b>	<b>22,953 00</b>	<b>(1,899 45)</b>
<b>TOTAL EXPENSES</b>	<b>159,697 00</b>	<b>13,308 08</b>	<b>13,055 06</b>	<b>119,032 53</b>	<b>119,772 75</b>	<b>(740 22)</b>
<b>TOTAL RECEIPTS TO DATE</b>						<b>152,104 90</b>
<b>TOTAL EXPENSES TO DATE</b>						<b>119,032 53</b>
<b>TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss</b>						<b>33,072 37</b>

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

  
Sandra Lowther, Commerce Village Manager

10-13-20  
Date

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 2020

**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) Room/suite  
P.O. Box 1071  
 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

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

**G** Gross receipts \$ 0.

**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

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2001

**M** State of legal domicile: VA

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>To provide housing for low income families.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	92.	0.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92.	0.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,247.	1,325.
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,247.	1,325.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,155.	-1,325.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	865,551.	865,810.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,182.	3,766.
		863,369.	862,044.	

**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: MICHAEL WONG, EXECUTIVE DIRECTOR  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Michael H. Vicars Preparer's signature: Michael H. Vicars Date: 09/18/2020 Check  if self-employed PTIN: 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 \$ 1,325. including grants of \$ 0.) (Revenue \$ 0.)  
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 on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,325.

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.



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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		X
<b>15b</b>	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</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? . . . . .		

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael G. Wong Vice President	1.00	X					124,045.	0.	17,893.	
(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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							124,045.	0.	17,893.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							124,045.	0.	17,893.	

**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
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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 . . . . .	1g	\$		
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶				
Program Service Revenue	2a	Miscellaneous . . . . .	Business Code			
	b	.....	531190	0.	0.	0.
	c	.....				
	d	.....				
	e	.....				
	f	All other program service revenue . . . . .				
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties . . . . . ▶				
	6a	Gross rents . . . . .	(i) Real			
			(ii) Personal			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss) . . . . . ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses . . . . .	7b			
	c	Gain or (loss) . . . . .	7c			
	d	Net gain or (loss) . . . . . ▶				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
b	Less: direct expenses . . . . .	8b				
c	Net income or (loss) from fundraising events . . . . . ▶					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
b	Less: direct expenses . . . . .	9b				
c	Net income or (loss) from gaming activities . . . . . ▶					
10a	Gross sales of inventory, less returns and allowances . . . . .	10a				
b	Less: cost of goods sold . . . . .	10b				
c	Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue	11a	.....	Business Code			
	b	.....				
	c	.....				
	d	All other revenue . . . . .				
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶				
12	<b>Total revenue.</b> See instructions . . . . . ▶		0.	0.	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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a	1,323.	1,323.	0.	0.
b	2.	2.	0.	0.
c				
d				
e				
25	1,325.	1,325.	0.	0.
26				

**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	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	663.	<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>		
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		864,888.	<b>15</b>	865,810.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		865,551.	<b>16</b>	865,810.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,182.	<b>17</b>	3,766.	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> 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 . . . . .		<b>25</b>		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .		2,182.	<b>26</b>	3,766.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .		863,369.	<b>27</b>	862,044.
	<b>28</b> Net assets with donor restrictions . . . . .			<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .			<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances . . . . .</b>		863,369.	<b>32</b>	862,044.
<b>33</b> <b>Total liabilities and net assets/fund balances . . . . .</b>		865,551.	<b>33</b>	865,810.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	0.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,325.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,325.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	863,369.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	862,044.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0.	0.	0.	92.		92.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0.	0.	0.	92.		92.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						92.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0.	0.	0.	92.		92.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .		3,032.	582.			3,614.
<b>11 Total support.</b> Add lines 7 through 10						3,706.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	2.48 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	2.48 %
<b>16a 33 1/3% support test—2019.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input checked="" type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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 <b>Part VI</b> .		
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).		
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).		
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 <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
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.		
10b	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.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>11a</b>			
<b>b</b>	A family member of a person described in (a) above?		
<b>11b</b>			
<b>c</b>	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.		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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.		
<b>1</b>			
<b>2</b>	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.		
<b>2</b>			

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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).		
<b>1</b>			

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>1</b>			
<b>2</b>	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).		
<b>2</b>			
<b>3</b>	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.		
<b>3</b>			

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>			
<b>b</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.		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>			
<b>b</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.		
<b>3b</b>			

**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.

<b>Section A—Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B—Minimum Asset Amount</b>		(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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C—Distributable Amount</b>			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 <b>Distributable Amount.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . . .			
b Excess from 2016 . . . . .			
c Excess from 2017 . . . . .			
d Excess from 2018 . . . . .			
e Excess from 2019 . . . . .			

**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 2016: 3032.

2017: 582.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Yes/No. Rows include purpose of easements, conservation contribution details (2a-2d), monitoring policy, staff hours, expenses, and reporting requirements.

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.

Table with 3 columns: Question number, Description, and Amount. Rows include reporting requirements for art collections and revenue/asset reporting for financial gain.



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....%
  - b** Permanent endowment ▶ .....%
  - c** Term endowment ▶ .....%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	864,886.
(2) Receivable From HRHA	924.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	865,810.

**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)		
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-labels (2a-2d, 4a-4b), and a numbered column (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-labels (2a-2d, 4a-4b), and a numbered column (1, 2e, 3, 4c, 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.

Series of horizontal dashed lines for entering supplemental information.

**Part XIII** Supplemental Information *(continued)*

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Area for supplemental information with horizontal dashed lines.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**SHENANDOAH HOUSING CORPORATION**

Employer identification number

**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

Name of the organization

SHENANDOAH HOUSING CORPORATION

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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 312(b)(13) controlled entity?	
						Yes	No
(1) HARRISONBURG RHA 54-0625939 286 KELLEY STREET HARRISONBURG VA 22803	GOVERNMENT LOW INCOME HOUSING				N/A		X
(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?		(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	
(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	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																
		1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s
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																			
b	Gift, grant, or capital contribution to related organization(s)																			
c	Gift, grant, or capital contribution from related organization(s)																			
d	Loans or loan guarantees to or for related organization(s)																			
e	Loans or loan guarantees by related organization(s)																			
f	Dividends from related organization(s)																			
g	Sale of assets to related organization(s)																			
h	Purchase of assets from related organization(s)																			
i	Exchange of assets with related organization(s)																			
j	Lease of facilities, equipment, or other assets to related organization(s)																			
k	Lease of facilities, equipment, or other assets from related organization(s)																			
l	Performance of services or membership or fundraising solicitations for related organization(s)																			
m	Performance of services or membership or fundraising solicitations by related organization(s)																			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																			
o	Sharing of paid employees with related organization(s)																			
p	Reimbursement paid to related organization(s) for expenses																			
q	Reimbursement paid by related organization(s) for expenses																			
r	Other transfer of cash or property to related organization(s)																			
s	Other transfer of cash or property from related organization(s)																			

	(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.

Area with horizontal dashed lines for supplemental information.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

Name of exempt organization <b>SHENANDOAH HOUSING CORPORATION</b>	Employer identification number <b>54-1583954</b>
Name and title of officer <b>MICHAEL WONG, EXECUTIVE DIRECTOR</b>	

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</b> . . . . .	<b>1b</b> _____	<b>0.</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue, if any (Form 990-EZ, line 9)</b> . . . . .	<b>2b</b> _____	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax (Form 1120-POL, line 22)</b> . . . . .	<b>3b</b> _____	
4a Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income (Form 990-PF, Part VI, line 5)</b> . . . . .	<b>4b</b> _____	
5a Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due (Form 8868, line 3c)</b> . . . . .	<b>5b</b> _____	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DOOLEY & VICARS to enter my PIN 

1	1	1	1	1
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	4	1	0	3	9	2	1	4	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ 09/18/2020

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

**2019**

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

Name and title of officer  
**MICHAEL WONG, EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	0.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DOOLEY & VICARS to enter my PIN 

1	1	1	1	1
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 

5	4	4	1	0	3	9	2	1	4	9
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 09/18/2020

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**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)

**2019**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning , 2019, 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) Room/suite  
 P.O. Box 1071  
 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) ▶

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

**I** Website: ▶ N/A

**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 . . . . . ▶ s

**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	
	5b	Less: cost or other basis and sales expenses . . . . .	5b	
	5c	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		
7b	Less: cost of goods sold . . . . .	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> 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	1,573.
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	1,573.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	-1,573.
	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	-36,635.
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	-38,208.

**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)	663.	24 924.
25 Total assets	663.	25 924.
26 Total liabilities (describe in Schedule O)	37,298.	26 39,132.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-36,635.	27 -38,208.

**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 <input type="checkbox"/>	28a	1,573.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	1,573.

**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	124,045.	0.	17,893.
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 . . . . .		X
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 . . . . .		X
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)? . . . . .		X
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 . . . . .		
35c	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 . . . . .		X
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 . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
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? . . . . .		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
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 . . . . .		X
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 . . . . .		X
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>Christine Halterman</u> Telephone no. ▶ <u>(540) 434-7386</u> Located at ▶ <u>286 Kelly St, Harrisonburg VA</u> ZIP + 4 ▶ <u>22803</u>		
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)? 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).		X
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 ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
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 . . . . .		X
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
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 . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
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 . . . . .		X

	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.

<b>Sign Here</b>	Signature of officer Michael G Wong, EXECUTIVE DIRECTOR	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/type preparer's name Michael H. Vicars	Preparer's signature Michael H. Vicars	Date 09/18/2020	Check <input type="checkbox"/> if self-employed	PTIN 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	1,573.
<b>Total</b>	1,573.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>Lineweaver Annex Corporation</b>	Employer identification number <b>54-1583973</b>
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**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	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 <b>Total.</b> Add lines 1 through 3 . . . . .	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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						0.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 . . . . .	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 <b>Total support.</b> Add lines 7 through 10 . . . . .						0.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0 %
15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	15	0 %
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
16b <b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input checked="" type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2019.</b> 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 <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> 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 <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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 <b>Part VI</b> .		
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).		
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).		
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 <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
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 <b>Part VI</b> .		
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.		
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.)		

**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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 <input type="checkbox"/> 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	<b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014 . . . . .			
b	From 2015 . . . . .			
c	From 2016 . . . . .			
d	From 2017 . . . . .			
e	From 2018 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . . . .			
b	Excess from 2016 . . . . .			
c	Excess from 2017 . . . . .			
d	Excess from 2018 . . . . .			
e	Excess from 2019 . . . . .			





SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

2019

Open to Public  
Inspection

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Lineweaver Annex Corporation

Employer identification number

54-1583973

Pt I, Line 16:

Description: Administrative \$1,573

Pt II, Line 24:

Description: Investment In LLP Beginning of Year: 0 End of Year: \$924

Pt II, Line 26:

Description: Accounts Payable To HRHA Beginning of Year: 0 End of Year: \$39,132

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Name of exempt organization Lineweaver Annex Corporation Employer identification number 54-1583973  
Name and title of officer \_\_\_\_\_

Michael G Wong, EXECUTIVE DIRECTOR

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here ▶  **b Total revenue, if any (Form 990, Part VIII, column (A), line 12)** . . . . . **1b** \_\_\_\_\_
- 2a Form 990-EZ check here ▶  **b Total revenue, if any (Form 990-EZ, line 9)** . . . . . **2b** \_\_\_\_\_
- 3a Form 1120-POL check here ▶  **b Total tax (Form 1120-POL, line 22)** . . . . . **3b** \_\_\_\_\_
- 4a Form 990-PF check here ▶  **b Tax based on investment income (Form 990-PF, Part VI, line 5)** . . . . . **4b** \_\_\_\_\_
- 5a Form 8868 check here ▶  **b Balance Due (Form 8868, line 3c)** . . . . . **5b** \_\_\_\_\_

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DOOLEY & VICARS to enter my PIN 

1	1	1	1	1
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	4	1	0	3	9	2	1	4	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_

Date ▶ 09/18/2020

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2019

Name of exempt organization <b>Lineweaver Annex Corporation</b>	Employer identification number <b>54-1583973</b>
--	---

Name and title of officer  
**Michael G Wong, EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize DOOLEY & VICARS to enter my PIN 

1	1	1	1	1
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	4	1	0	3	9	2	1	4	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 09/18/2020

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**MTW Expansion Cohort #1 Application**

Harrisonburg Redevelopment and Housing Authority

December 4, 2020

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## **Part 1: MTW Plan (max 10 pages)**

### **Vision for PHA's Local MTW Program**

The Harrisonburg Redevelopment and Housing Authority (HRHA) is a progressive agency that has expertise in providing housing for individuals with extremely low income, affordable housing development, community/coalition building, and neighborhood revitalization. As the largest public housing authority in the northern Shenandoah Valley, HRHA serves as a leader in addressing affordable housing, as well as self-sufficiency for residents, with our emphasized positive resident outcomes with self-sufficiency, service coordination and/or peer support services provided at all residential properties HRHA owns and manages. As Cohort #1 participants in the Move to Work (MTW) demonstration, HRHA defines our MTW program vision, “to be a proactive innovative agency that identifies, develops and implements evidence-based housing policies that addresses local needs, increases resident/program participant’s self-sufficiency outcomes, provides greater mobility and access to housing options including supportive services, and promotes efficiency and efficacy in the delivery and operations of all services.”

HRHA works closely with local government to ensure fair housing standards are understood and upheld in Harrisonburg. In 2017, HRHA, in partnership with the City of Harrisonburg, was one of the initial 26 localities nationwide to participate in the new Affirmative Furthering Fair Housing process with HUD’s acceptance of our new plan. Additionally, the HRHA Executive Director provides a Fair Housing presentation to the City Council and HRHA Board of Commissioners on an annual basis, has held fair housing trainings for local landlords, and HRHA staff members attend third-party fair housing trainings regularly. HRHA also upholds the

tenets of the Civil Rights Certification that is signed and submitted annually to HUD as part of the PHA Annual Plan packet.

### **Plan for Future Community/Resident Engagement**

Over the past several years, HRHA has prioritized engaging residents and extending communication outlets to better serve our tenants, clients, and community members. In the MTW planning process, HRHA utilized informational flyers, our website and social media outlets, bi-monthly newsletter, Survey Monkey, Zoom/conference call technology, and direct communication to announce meeting and MTW process information, provide various outlets for feedback throughout the application process, and support engagement.

Each month, clients and community members are invited to attend the Board of Commissioners meetings. In addition to an in-person option for attendance, HRHA also now provides access to these meetings through Zoom conferencing. HRHA further utilized this platform, as well as HD Conference Call services, for the Resident/Participant meetings and the Public Hearing on the MTW program. These digital platforms enable those with disabilities easier access to attend and participate. All offerings include access to a language line for those who require translation services to participate in the meetings. Residents and members of the community were notified about the Resident Meetings and Public Hearing through mailed informational flyers to all HRHA clients, public postings on the website and local newspaper. Additionally, the Family Self-Sufficiency (FSS) Coordinators provided door to door, social distant outreach to tenants of HRHA's Franklin Heights properties.

To provide the most immediate and current information, HRHA maintains an active website and Facebook presence. Along with our website, HRHA created a bi-monthly newsletter, to expand our communication connections, as well as increase our ability to highlight



important news, updates, and activities. Our digital presence has continued to support our outreach efforts to our community during the MTW process and has enhanced our ability to engage more frequently. Beyond the designated Zoom/conference call meetings sessions, HRHA also created two online surveys aimed at current clients to provide direct feedback. The survey was publicly shared on the website, emailed to clients, and administered through phone calls with staff.

HRHA is continuously striving to find and implement new modes of engagement. To better support residents and participants, in 2021 HRHA will be providing a digital Resident Portal. This Resident Portal will allow for easier access in obtaining rent statements, submitting work orders, and reviewing other information for individuals of all backgrounds. Additionally, HRHA continues to examine new ways to ensure full inclusion and access for our quickly diversifying client base. Last year, HRHA included racial equity as one of our goals within the 5-Year PHA Plan submitted to HUD. This goal outlines plans for ongoing staff training, and annual reviews of policies/procedures through an equity lens. HRHA also plans to form a Resident and Community Stakeholder (RCS) Advisory Committee that will meet on a quarterly basis to advise HRHA on the development of goals and objectives, and implementation of MTW activities, as well as help HRHA ensure an equitable approach to these activities.

### **PHA Operating and Inventory Information**

The HRHA currently administers 956 vouchers, a portion of which are utilized for project-based housing at two properties HRHA manages: Franklin Heights properties and Commerce Village Apartments. HRHA also owns and manages J.R. Polly Lineweaver (JRPL) Apartments, a Section 8/New Contracts for elderly/disabled; and Lineweaver Annex, a LIHTC elderly/disabled housing complex. The Franklin Heights properties are comprised of 129 one to

five bedroom units. The units serve a diverse group of individuals and families, with incomes below 50% of the area median income. The Commerce Village apartments provide 30 permanent supportive housing units to chronically homeless and medically vulnerable individuals, and chronically homeless veterans. Lastly, the JRPL Apartments & Lineweaver Annex offer 121 unit's affordable efficiencies and one-bedroom apartments to individuals and couples who are elderly or disabled. The JRPL Apartments require tenants to only pay 30% of their monthly income towards rent and the Lineweaver Annex rents area fixed affordable amount, which includes utilities. The remaining vouchers provide housing choice to clients to obtain rental housing with the City of Harrisonburg and Rockingham County, Virginia. The Housing Choice Voucher (HCV) program serves low-income individuals and families and also provides specific vouchers to homeless veterans, disabled persons, and family unification program participants. Currently, 42% of all vouchers are single, and are elderly, disabled, or both.

HRHA is seeing a trend in increased voucher awards for individuals versus family units. This increase correlates to the increase in Mainstream Vouchers HRHA received in the past two years, which are specifically targeted to this demographic.

HRHA plans no changes to housing stock and classification, but is exploring Permanent Supportive Housing development to provide additional housing opportunities for chronically homeless individuals. This is based on the increased need identified through data trends from the Homeless Management Information System, with 93-111 individuals being identified over the past five years.

Currently, the challenge facing HRHA clients, both residents and participants, relates to family units seeking one- and three-bedroom units. The three-bedroom unit size is difficult to

fill within the HRHA properties, due to eligibility issues, and both unit sizes prove difficult for HCV holders trying to obtain through private landlords. Even with increased landlord outreach efforts by HRHA, the overall lack of available affordable housing in the City Harrisonburg remains an issue. This is due to low inventory of affordable housing stock, with the emphasis landlords place on James Madison University student housing and the low development of affordable housing, as developers also focus on student housing.

### **Plan for Local MTW Program**

As stated in the letter of interest, HRHA's drive to participate in the MTW Demonstration is due to our interest in improving resident outcomes and program cost effectiveness through development of a rent reform and incentive program. The proposed program would encourage and support program participants' self-sufficiency and increased landlord involvement through use of community-based services and incentives with a focus on serving highly vulnerable individuals and families encountering significant housing instability. Improved program cost effectiveness would be achieved by higher voucher utilization and retention, increased landlord participation and retention, and decreased administrative burden. Above all else, participation in MTW would enable HRHA to be better equipped for adaptive change, by providing more flexibility and agility in addressing challenges in affordable housing and self-sufficiency and cultivating solutions through locally driven, individualized innovation.

In addressing cost effectiveness, HRHA is looking to accept partner inspections, reduce the frequency of certifications and changes, and simplify rent calculations. The Harrisonburg-Rockingham Community Services Board (HRCBSB) recently had staff become a certified HQS Inspector and HRHA is looking to them for partner inspections. Reducing the frequency of

certifications and changes is another cost saving measure, as HRHA HCV staff noted that the majority of time is spent on monthly interims. This puts an additional burden not only on staff, but also voucher holders to ensure they submit any changes to their income and employment on a monthly basis. HRHA plans to adopt a triennial certification schedule and limit the number of interim certifications to one annually. To simplify the rent calculations, HRHA plans to increase the elderly/disabled allowance and eliminate medical expense deductions. This would lower the tenant payment for the vast majority of elderly/disabled participants and save both the clients and HRHA time and resources, while allowing hardship exceptions for the few participants whose medical expenses would create a rent burden even with the increased allowance. Additionally, data reviewed by HRHA revealed that the childcare expense allowance has not necessarily benefited the majority of clients; it could potentially be eliminated, and partially offset by an increase in the dependent allowance. HRHA also may eliminate earned income disallowance, exclude school grants from income, and only require additional bank statements and documentation of assets if combined assets exceed \$50,000. Further streamlining of rent calculations could be accomplished with the simplification of the utility allowance schedule.

As one of the first agencies in Virginia to implement a FSS program, self-sufficiency has long been an area of focus for HRHA and MTW participation will only enable us to be more flexible and local focused in enhancing this for our clients. To best address support and encourage all participants entering the program, HRHA plans to transition from an escrow program to an incentive based program, expanding incentives beyond an increase in salary to a more holistic approach. Regardless of income level at the start of FSS enrollment, FSS participants will be able to earn escrow and receive short-term awards based on individual achievements in health, education, employment, and housing that are critical to self-sufficiency,

with the immediate rewards providing tactical feedback. FSS staff also plan to increase emphasis on a coaching model, to more effectively hone in on and support the goals of participants, whether that is true self-sufficiency or in the case of those with fixed incomes, ensuring the maintenance of permanent supportive housing. To help ensure a more smooth transition once participants graduate, the FSS staff will continue to provide coaching support up to six months after graduation. Lastly, FSS staff plans to further enhance the linkages to community based partnerships to help improve access to programs that best support participants in achieving self-sufficiency, which include education and job training, as well as health and supportive services.

To continue advancing housing choice for clients, HRHA will invest in landlord recruitment, client rental supports, and project-based housing flexibility. This spring HRHA initiated a Landlord Recruitment & Retention program to increase landlord participation. HRHA aims to further this initiative under MTW with incentives such as reimbursement payments for vacancy loss, damage claims, extra month rent and signing bonus to continue incentivizing affordable housing rentals. On the client side, HRHA is considering funding flexibility to support clients with paying for rental application fees and creating dedicated staff to serve as a housing locator, assisting with housing search and rental options specific to the client's needs. Lastly, HRHA will increase flexibility to project-based rental assistance by removing limits to the number of project-based units in property buildings, increase the number of vouchers available to project-base, and eliminate the procurement process for PHA owned units.

#### **Proposed Use of MTW Funds**

HRHA is a Section 8 only public housing agency and therefore requests to use our Housing Choice Voucher funds (Housing Assistance Payment and Administrative fees)

flexibly. HRHA plans to use these funds for the landlord incentive and retention program, FSS incentive program, and housing search and stabilization services. No other non-traditional uses are currently planned at this time.

### **Evidence of Significant Partnerships**

The HRHA maintains strong ties, connections, and partnership with various agencies within the City of Harrisonburg, as well as across the Shenandoah Valley region. Through various grant programs, HRHA cultivates strong, consistent collaborations with supportive service agencies to provide and/or coordinate wrap around services. As the administrator of the Mainstream Voucher program, HRHA maintains active MOAs with the HRCSB, local Department of Social Services (DSS), and Valley Associates for Independent Living (VAIL) with ensuring supportive services are obtained and maintained for individuals awarded Mainstream Vouchers. Additionally, HRHA partners with HRCSB on staffing a Peer Support Specialist at Commerce Village and VAIL in staffing two Service Coordinators to support the needs of residents of the JRPL Apartments. Furthermore, these agencies all work with residents and voucher holders of HRHA and have pledged to continue providing the necessary supports to ensure those they work with through our program are assisted in housing choice mobility and connect with programs they need to improve their self-sufficiency.

Outside of local organization connections, HRHA serves as the Lead Agency for the Western Virginia Continuum of Care (CoC) and works closely with CoC partner agencies throughout the northern Shenandoah Valley in identifying and addressing housing issues for those experiencing homelessness. HRHA will continue to coordinate with the CoC's case conferencing initiative to receive client referrals and also partner directly with Our Community Place and Strength in Peers (both in Harrisonburg) for housing locator support and housing

stabilizers services for homeless clients, supporting our self-sufficiency initiative. Moreover, HRHA's Executive Director stays in direct contact with the Virginia Community Development Corporations and plans for HRHA to participate in Elevate, an initiative through the Virginia Board of Workforce Development, to enhance HRHA's self-sufficiency initiative and enable us to adjust to various adaptive change factors that will play into our MTW program.

HRHA plans to leverage funding options with our grant funding programs, such as CDBG grant funds through the City of Harrisonburg, as well as new funding avenues, such as the Virginia Housing Trust Funds program. HRHA also plans to partner with the City of Harrisonburg for cost sharing of Franklin Heights initiatives and continue collaboration with members of the FSS Program Coordinating Committee to leverage resources of these agencies specifically to support our self-sufficiency efforts. Currently, the FSS staff work closely with the Blue Ridge Community College with Adult Education and Workforce Assistance Program to help connect clients with workforce training opportunities, as well as Massanutten Technical Center and Skyline Literacy for ESL and GED classes. FSS staff also plans to cultivate more formalized agreements with these agencies to ensure access to these trainings for FSS participants. Moreover, HRHA continually collaborates with various housing initiative programs in the City of Harrisonburg, whether through the local government, Harrisonburg Realtor Association, and the advocacy group, Faith in Action, to not only leverage resources for programs at HRHA, but also to highlight community needs, issues, and challenges relating to housing and self-sufficiency in our local community.

#### **Significant Dates and Milestones for the PHA's Local MTW Program**

HRHA anticipates receiving notice of approval for the program in January. Upon approval, HRHA will update the FY2021 Annual Plan, Leases, Administrative and Continued

Operations Policies (ACOP) for HRHA's properties, and HRHA Administrative Plan and would commence the public, 45-day comment period in March. With the start of the public comment period, HRHA would also provide a public hearing section during Board of Commissioners meeting and plan to hold a couple additional resident meetings to discuss the changes to these plans. Once the public comment period concludes, the Annual Plan would be resubmitted to HUD in early May for final approval. Moreover, from January to July 2021, HRHA would be conducting necessary trainings with staff, software and database updates through Tenmast, and meetings with stakeholders to finalize MOAs related to the MTW demonstration. HRHA plans to begin implementation of the MTW plan on July 1, 2021, with landlord recruitment/retention, recertification, income exemptions and standard deductions, and escrow changes taking effect, as well as enhanced data collection and evaluation activities and new processes. This will also begin the new triennial certification process, although we anticipate a one-year process for full implementation to commence. In August 2021, HRHA will present the Annual Plan to the Board of Commissioners, as well as begin the 45-day comment period, that will further highlight the goals and objectives for our MTW program in 2022. The first quarterly meeting of the RCS Advisory Committee will take place in fall of 2021, to establish the input and evaluation process for this group. Beginning in January 2022, any additional new MTW activities will be implemented and the RCS Advisory Committee will continue their quarterly meetings. Summer of 2022 will see the completion of the full implementation of the triennial certification process and the initial one-year evaluation process and data analysis to will inform not only the Annual Plan and adjustment the administrative plans, but will also be shared with the RCS Advisory Committee and Board of Commissioners to help inform their input on the process as it continues.



HARRISONBURG REDEVELOPMENT  
AND HOUSING AUTHORITY

AUDITED  
FINANCIAL STATEMENTS

FOR THE PERIOD ENDED  
DECEMBER 31, 2019

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

AUDITED  
FINANCIAL STATEMENTS

FOR THE PERIOD ENDED DECEMBER 31, 2019

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

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**Dooley & Vicars**  
Certified Public Accountants, L.L.P.

Daniel J. Dooley, C.P.A.

Michael H. Vicars, C.P.A.

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**INDEPENDENT AUDITORS' REPORT**

The Board of Commissioners  
Harrisonburg Redevelopment  
and Housing Authority  
Harrisonburg, Virginia

We have audited the accompanying financial statements of the business-type activities which comprise the major fund of the Harrisonburg Redevelopment and Housing Authority as of and for the year ended December 31, 2019, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, as listed in the Table of Contents.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

**INDEPENDENT AUDITORS' REPORT  
(CONTINUED)**

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities which comprise the major fund of the Harrisonburg Redevelopment and Housing Authority at December 31, 2019, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matters**

*Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and budgetary comparison information on pages 4 through 8 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

*Other Information*

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Authority's basic financial statements.

The accompanying Schedule of Expenditures of Federal Awards, Financial Data Schedule, and other supplementary information as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and the U.S. Department of Housing and Urban Development, are presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

**INDEPENDENT AUDITORS' REPORT  
(CONTINUED)**

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated September 9, 2019, on our consideration of the Harrisonburg Redevelopment and Housing Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grants agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Harrisonburg Redevelopment and Housing Authority's internal control over financial reporting and compliance.

Dooley & Vicars  
Certified Public Accountants, L.L.P.

Richmond, Virginia  
September 9, 2019

## Harrisonburg Redevelopment and Housing Authority

### Statement of Net Position December 31, 2019

<b>ASSETS</b>	Enterprise Fund	Component Units
<b>Current Assets</b>		
Cash and Cash Equivalents	\$ 256,560	\$ 109,112
Restricted Cash, Cash Equivalents	375,943	15,200
Investments	-	166,206
Receivables, Net	334,283	882
Inventories - Net of Allowance	8,072	-
Prepaid Charges and Other Assets	87,116	3,991
Interprogram Due From	88,183	-
<b>Total Current Assets</b>	<b>1,150,157</b>	<b>295,391</b>
<b>Non-current Assets</b>		
<b>Capital Assets</b>		
Land	1,644,886	376,000
Buildings	17,614,510	3,583,015
Furniture Equipment & Machinery- Dwellings	205,553	53,339
Furniture Equipment & Machinery- Admin	384,681	42,518
Leasehold Improvements	8,287,789	711,216
Less: Accumulated Depreciation	(14,355,585)	(831,814)
Fixed Assets - Net	<b>13,781,834</b>	<b>3,934,274</b>
Notes, Loans, & Mortgages Receivable	453,657	-
Other Assets	146,600	865,317
<b>Total Non-current Assets</b>	<b>14,382,091</b>	<b>4,799,591</b>
<b>Total Assets and Deferred Outflow of Resources</b>	<b>\$ 15,532,248</b>	<b>\$ 5,094,982</b>

The accompanying notes are an integral part of these financial statements.

## Harrisonburg Redevelopment and Housing Authority

### Statement of Net Position December 31, 2019

LIABILITIES	Enterprise Fund	Component Units
<b>Current Liabilities</b>		
Accounts Payable	\$ 61,495	\$ 5,179
Accrued Liabilities	162,124	48,962
Tenant Security Deposits	157,923	15,200
Current Portion Long-term Debt	679,892	33,064
Unearned Revenue and Other Liabilities	1,432	810
Interprogram Due To	1	88,182
<b>Total Current Liabilities</b>	<b>1,062,867</b>	<b>191,397</b>
<b>Noncurrent Liabilities</b>		
Long-term Debt	8,908,320	1,150,000
Accrued Absences - Long-term	56,924	2,200
Non-current Other	200,999	380,533
<b>Total Non-current Liabilities</b>	<b>9,166,243</b>	<b>1,532,733</b>
<b>Total Liabilities</b>	<b>10,229,110</b>	<b>1,724,130</b>
<b>Net Position</b>		
Invested in Capital Assets, Net of Related Debt	4,193,623	2,751,211
Restricted Net Position	126,103	-
Unrestricted Net Position	983,412	619,641
<b>Total Net Position</b>	<b>5,303,138</b>	<b>3,370,852</b>
<b>Total Liabilities, Deferred Inflow of Resources, and Net Position</b>	<b>\$ 15,532,248</b>	<b>\$ 5,094,982</b>

The accompanying notes are an integral part of these financial statements.



## Harrisonburg Redevelopment and Housing Authority

### Statement of Revenues, Expenses, and Changes in Fund Net Position For The Year Ended December 31, 2019

	Enterprise Fund	Component Units
<b>Revenues</b>		
Tenant Revenue	\$ 2,213,161	\$ 194,011
Program Grants/Subsidies	6,433,015	-
Other Governmental Grants	81,554	-
Other Income	98,728	198,139
<b>Total Revenues</b>	<u>8,826,458</u>	<u>392,150</u>
<b>Expenses</b>		
Administrative	1,419,317	50,266
Tenant Services	65,090	20,112
Utilities	195,820	36,355
Maintenance	552,971	34,194
General	91,050	11,509
Housing Assistance Payments	5,694,131	-
Depreciation	1,063,886	152,009
<b>Total Expenses</b>	<u>9,082,265</u>	<u>304,445</u>
<b>Net Income (Loss)</b>	<u>(255,807)</u>	<u>87,705</u>
<b>Non-Operating Revenues (Expenses)</b>		
Capital Grant	144,000	-
Interest Expense	(351,812)	(29,818)
Interest and Investment Revenue	852	1,251
<b>Total Nonoperating Revenues (Expenses)</b>	<u>(206,960)</u>	<u>(28,567)</u>
<b>Income (Loss) before Contributions and Transfers</b>	<u>(462,767)</u>	<u>59,138</u>
Change in Net Position	(462,767)	59,138
Beginning of Year Net Position	<u>5,765,905</u>	<u>3,311,714</u>
<b>Total Ending Net Position</b>	<u>\$ 5,303,138</u>	<u>\$ 3,370,852</u>

The accompanying notes are an integral part of these financial statements.

## Harrisonburg Redevelopment and Housing Authority

### Statement of Cash Flows For The Year Ended December 31, 2019

	Enterprise Fund	Component Units
<b>Cash Flows from Operating Activities:</b>		
Cash Received from Tenants	\$ 1,981,940	\$ 195,620
Cash Received from Operating Grants	6,486,125	-
Cash Received from Other Sources	170,607	202,064
Cash Paid for Goods and Services	(754,877)	(53,266)
Cash Paid for Employees and Administrative	(1,455,963)	(70,378)
Housing Assistance Payments	(5,694,131)	-
Cash Paid for Other	(184,786)	(11,406)
Net Cash Provided (Used) By Operating Activities	<u>548,915</u>	<u>262,634</u>
<b>Cash Flows from Noncapital Financing Activities:</b>		
Operating Transfers	-	-
Total Cash Flows from Noncapital Financing Activities	<u>-</u>	<u>-</u>
<b>Cash Flows from Capital and Related Financing Activities:</b>		
Capital Grants received	144,000	-
Purchases, Sales, and Construction of Capital Assets	(84,546)	-
Principal Paid on Capital Debt	(445,637)	(65,197)
Interest Paid on Capital Debt	(351,812)	(29,818)
Net Cash Provided (Used) for Capital and Related Financing Activities	<u>(737,995)</u>	<u>(95,015)</u>
<b>Cash Flows from Investing Activities:</b>		
Interest and Dividends	852	1,251
Purchase/Sale of investments	-	(140,251)
Net Cash Provided (Used) By Investing Activities	<u>852</u>	<u>(139,000)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(188,228)	28,619
Cash and Cash Equivalents at Beginning of Year	820,731	95,693
Cash and Cash Equivalents at End of Year	<u>\$ 632,503</u>	<u>\$ 124,312</u>
<b>Cash and Cash Equivalents:</b>		
Unrestricted	\$ 256,560	\$ 109,112
Restricted	375,943	15,200
Total Cash and Cash Equivalents	<u>\$ 632,503</u>	<u>\$ 124,312</u>

The accompanying notes are an integral part of these financial statements.

## Harrisonburg Redevelopment and Housing Authority

### Statement of Cash Flows For The Year Ended December 31, 2019

	Enterprise Fund	Component Units
Reconciliation of Operating Income (Loss) to Net Cash Provided (Used) By Operating Activities:		
Operating Income (Loss)	\$ (255,807)	\$ 87,705
Adjustments to Reconcile Operating Income to Net Cash Provided (Used) By Operating Activities:		
Depreciation Expense	1,063,886	152,009
Changes in Assets and Liabilities:		
(Increase) Decrease in Receivables	(231,221)	1,609
(Increase) Decrease in Inventories	(4,864)	-
(Increase) Decrease in Prepaid Expenses	(688)	3,925
(Increase) Decrease in Interprogram Due From	92,991	-
(Increase) Decrease in Notes Receivable	(20,424)	-
Increase (Decrease) in Accounts Payable	(108)	704
Increase (Decrease) in Accrued Expenses	(636)	9,769
Increase (Decrease) in Tenant Security Deposits	7,890	103
Increase (Decrease) in Unearned Revenue	(478)	(92)
Increase (Decrease) in Interprogram Due To	(99,003)	6,012
Increase (Decrease) in Non-current Liabilities	(2,623)	890
Net Cash Provided (Used) By Operating Activities	<u>\$ 548,915</u>	<u>\$ 262,634</u>

The accompanying notes are an integral part of these financial statements.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- a. Reporting Entity - The Harrisonburg Redevelopment and Housing Authority (HRHA) was established by the Council of the City of Harrisonburg (City) as a political subdivision of the Commonwealth of Virginia. HRHA is responsible for operating a low rent housing program which provides housing for eligible families, for operating redevelopment and conservation programs, and for the delivery of services to citizens of low rent housing and urban renewal areas through the encouragement and development of social and economic opportunities. The Commissioners of HRHA are appointed by City Council. As required by GAAP, these statements present the programs, activities and functions of HRHA (the primary government) and its component units. The component units discussed below are included in HRHA's reporting entity because of the significance of its operational and financial relationship with HRHA.
- b. Component Units - The Component Units purpose is to provide housing, social, and economic opportunities for the benefit of low to moderate income people. They are component units of HRHA because of the significance of their operational and financial relationships with HRHA. The disclosure requirements of GASB 61 are met by the combined financial statement presentation of the sole Component Unit. Footnotes regarding the policies of HRHA apply to the Component Unit unless otherwise noted. The Component Units consist of
  1. Lineweaver Annex Corporation is a nonstock nonprofit Virginia corporation organized in 1991. The corporation is controlled by one member, the Shenandoah Housing Corporation. The Directors of the Lineweaver Annex Corporation and the Shenandoah Housing Corporation are the same as the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners. Complete financial statements of the Lineweaver Annex Corporation are included in this report.
  2. Shenandoah Housing Corporation is a non-stock, non-membership Virginia corporation organized in 1991. The principal activity of the corporation is being the controlling member of the Lineweaver Annex Corporation. The Directors of the Shenandoah Housing Corporation are the same as the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners. Complete financial statements of the Shenandoah Housing Corporation are included in this report.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

## b. Component Units - continued

3. One Fifty South Main, L.L.C. is a limited liability company organized on April 7, 2005. The company is controlled by the Harrisonburg Redevelopment and Housing Authority. The principal activity of the company is to purchase and renovate property in Harrisonburg, Virginia for the purpose of establishing the Harrisonburg Children's Museum. Complete financial statements of the One Fifty South Main, L.L.C. are included in this report.
4. Franklin Heights, L.L.C. is a limited liability company organized on October 17, 2008. The company is controlled by the Harrisonburg Redevelopment and Housing Authority. The principal activity of the company is to provide housing to low- and moderate-income individuals. Complete financial statements of Franklin Heights, L.L.C. are included in this report.
5. Commerce Village, L.L.C. is a limited liability company organized on March 5, 2013. The company is controlled by the Harrisonburg Redevelopment and Housing Authority. The principal activity of the company is to provide housing to low- and moderate-income individuals. Complete financial statements of Commerce Village, L.L.C. are included in this report.
6. Commerce Village Management, L.L.C. is a limited liability company organized on October 24, 2014. The company is controlled by the Harrisonburg Redevelopment and Housing Authority. The principal activity of the company is owning a managing interest in Commerce Village, L.L.C. Complete financial statements of Commerce Village Management, L.L.C. are included in this report.

All the component units are discretely presented, except for Franklin Heights, L.L.C., which is blended due to HRHA management having operational responsibility for Franklin Heights, L.L.C.

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- c. Measurement Focus, Basis of Accounting, and Financial Statement Presentation – The financial statements of the Housing Authority have been prepared in conformity with generally accepted accounting principles (GAAP) as applied to government units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The Authority is a Special Purpose Government entity engaged only in business-type activities and therefore, presents only the financial statements required for the enterprise fund, in accordance with GASB 34.

The Authority has multiple programs which are accounted for in one enterprise fund, which is presented as the "enterprise fund" in the basic financial statements as follows:

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

## c. Measurement Focus, Basis of Accounting, and Financial Statement Presentation – Continued

Enterprise Fund – In accordance with the Enterprise Fund Method, activity is recorded using the accrual basis of accounting and the measurement focus is on the flow of economic resources. Under the accrual basis of accounting, revenues are recorded when earned and expenses are recorded at the time liabilities are incurred. This required the Housing Authority to account for operations in a manner similar to private business or where the Board has decided that the determination of revenues earned, costs incurred and/or net income necessary for management accountability.

Enterprise funds distinguish operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund's principal ongoing operations. The principal operating revenues of all the Authority's enterprise funds are governmental grants used for maintaining and operating low income housing assistance programs. Operating expenses for these enterprise funds include administrative expenses, utilities and maintenance of housing units and depreciation on capital assets. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

Proprietary funds distinguish operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund's principal ongoing operations. The principal operating revenues of all the Authority's enterprise funds are governmental grants used for maintaining and operating low income housing assistance programs. Operating expenses for these enterprise funds include administrative expenses, utilities and maintenance of housing units and depreciation on capital assets. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

When both restricted and unrestricted resources are available for use, it is the Authority's policy to use restricted resources first, then unrestricted resources as they are needed.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- d. Use of Estimates - The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures of contingencies at the date of the financial statements, and revenues and expenses recognized during the reporting period. Actual results could differ from those estimates.
- e. Cash and Cash Equivalents - Highly liquid investments with initial maturities of three months or less from date of purchase are considered cash equivalents.
- f. Investments - Investments are carried at fair value, with changes in fair value recognized as a component of investment income. Fair value is determined by reference to quoted market prices.
- g. Notes Receivable - Deed of Trust and rental rehabilitation loans are carried at their unpaid principal balance. No allowance for loan losses is considered necessary.
- h. Due from/Due to Other Programs - During the course of its operations, HRHA has numerous transactions between funds to finance operations and provide services, and the Component Unit may or may not have such transactions. To the extent that certain transactions between funds had not been paid or received as of December 31, 2019, balances of inter-programs amounts receivable and payable have been recorded.
- i. Land, Structures, and Equipment - Land, structures, and equipment are capitalized at cost with depreciation calculated on the straight-line basis over the following estimated useful lives:

Real Property	40 years
Site Improvement	15 years
Office Furniture and Equipment	5 years
Data Processing Equipment	5 years
Automobiles	5 years
Maintenance Equipment	3 years

When assets are retired, demolished, or sold, their costs are removed from the accounts and the proceeds, if any, are reflected in revenues currently.

- j. Other Assets - Buildings held for resale are listed as "Other Assets" and are stated at the lower of cost or fair market value as of the acquisition or renovation completion date. Total land and redevelopment costs, where applicable, are allocated to total salable acreage under redevelopment, and are charged to the expense of sale on a prorated basis when the property is sold.
- k. Annual Contributions and Operating Subsidies - In accordance with the annual contributions contracts, HRHA receives operating subsidies from HUD. Such amounts are included as grant revenues from the federal government in the financial statements.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- l. **Compensated Absences** - Employees earn annual vacation leave at a rate ranging from 12 days per year, up to a maximum of 18 days per year after 20 years of service. Vacation leave shall be approved in advance by the Executive Director and shall be taken within one year after its accrual. The maximum carryover per year shall be 30 days. At termination, employees are paid for any accumulated annual vacation leave. The amount is included in the accrued liabilities of the Authority.
- m. **Pension Plans** - HRHA participates in a defined contribution plan administered John Hancock Retirement Plan Services. All Employees are vested at 20% after the first year of service and an additional 20% each year up to five years. The Authority contributes 7.5% of each eligible employee's salary. The Authority's contribution and pension expense for the year ending December 31, 2019; December 31, 2018; and December 31, 2017 were \$70,284, \$74,189; and \$64,942 respectively. As of December 31, 2019, the Authority had no liability related to the defined contribution plan.

The Authority also maintains a 457-deferred compensation plan administered by the ICMA retirement Corporation. The Authority does not contribute to this plan. Contributions are voluntary.

- n. **Income Taxes** - As a political subdivision of the State of Virginia, HRHA is exempt from Federal and State income taxes. The Component Units are exempt from Federal and State income tax under Internal Revenue Code Section 501(c)(3).
- o. **Indirect Costs** - Certain indirect costs are allocated to expenses in the various programs in accordance with cost allocation plans. These plans were approved by the appropriate grantors as of HRHA's overall operations budget for the fiscal year.
- p. **Inventories** - The inventories consist principally of maintenance supplies and are valued at cost (first-in, first-out). Inventories are recognized as expenditures when consumed or sold. Franklin Heights, a Blended Component Unit, maintains an inventory balance.
- q. **Net Position** - Net Position balances are designated by the Housing Choice Voucher program and Non-Major program for future expenses, or must be returned to the grantor, and generally may not be used in any manner by HRHA except as specified under their respective contracts. The Net Position balance of the Business Activities program, and of the Component Unit are designated to provide for financial resource utilization in future periods. Deficit balances in net assets are primarily attributable to accumulated depreciation charges on fixed assets.



## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- r. Deferred outflows/inflows of resources - In addition to assets, the statement of financial position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, Deferred Outflows of Resources, represents a consumption of net position that applies to a future period and so will not be recognized as an expense or expenditure until then. The Authority has no items that meet the criterion for this category. In addition to liabilities, the statement of financial position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, Deferred Inflows of Resources, represents an acquisition of net position that applies to a future period and so will not be recognized as revenue until then. The Authority has no items that meet the criterion for this category.

## NOTE 2: CASH, CASH EQUIVALENTS AND INVESTMENTS

At December 31, 2019, the carrying amount of the Authority's deposits was \$756,815 and the bank balance was \$683,075. Of the bank balance, \$683,075 was covered by Federal Depository Insurance or collateralized in accordance with the Virginia Security for Public Deposits Act (the Act) and HUD requirements. Under the Act, banks holding public deposits in excess of the amounts insured by federal depository insurance must pledge collateral in the amount of 50% of excess deposits to a collateral pool in the name of the State Treasury Board. Savings and loan institutions are required to collateralize 100% of deposits in excess of federal depository insurance limits under the Act, while HUD requires collateralization of 100% of deposits in excess of federal depository insurance from all banks, savings and loan, and investment institutions for all cash deposits and for investment vehicles not directly held. The State Treasury Board requires HRHA to obtain additional collateral from participating financial institutions to cover collateral shortfalls in the event of default and is responsible for monitoring compliance with the collateralization and reporting requirements of the Act and for notifying local governments of noncompliance by banks and savings and loan institutions. HRHA follows HUD's guidelines for investment policy.

Investments - As of December 31, 2019, the Authority had no investments.

Interest Rate Risk - The Authority does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

Concentration of Credit Risk - The Authority places no limit on the amount the Authority may invest in any one issuer. The Authority had no investments at December 31, 2019.

Custodial Credit Risk - Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned to it. The Authority does not have a deposit policy for custodial credit risk. As of December 31, 2019, all of the Authority's investments were in U.S. Government Securities held in the Authority's name.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 3: RESTRICTED CASH

The following is a summary of the portion of the cash referred to in Note 2 which is classified as restricted:

<b>Enterprise Fund</b>	
Security Deposits	\$ 158,596
HCV - Restricted Net Position	126,103
FSS Escrows	91,244
	<u>\$ 375,943</u>
<b>Component Units</b>	
Security Deposits	<u>\$ 15,200</u>
<b>Total</b>	<u>\$ 391,143</u>

## NOTE 4: RECEIVABLES

Receivables as of year-end for the Authority and Component Units, including the applicable allowances for uncollectible accounts, are as follows:

	Enterprise Fund	Component Units
Receivables		
Tenants	\$ 150,942	\$ 11,023
Gross Receivables	<u>150,942</u>	<u>11,023</u>
Other Receivables		
Miscellaneous	197,544	6,805
Fraud Recovery	27,927	-
Current Notes & Mortgages Receivable	1,943	-
Less: Allowance for Uncollectibles	<u>(99,016)</u>	<u>(10,141)</u>
Total Receivables	<u>\$ 279,340</u>	<u>\$ 7,687</u>
L/T Notes and Mortgage Receivables	<u>\$ 453,657</u>	<u>\$ -</u>

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 5: CAPITAL ASSETS

The following is a summary of changes in the Capital Assets during the fiscal year ended December 31, 2019:

Enterprise Fund	1/1/2019	Increases	Decreases	12/31/2019
Land	\$ 1,644,886	\$ -	\$ -	\$ 1,644,886
Buildings	17,614,510			17,614,510
Equipment - Dwelling	202,814	4,193	(1,454)	205,553
Equipment - Administration	380,732	18,228	(14,279)	384,681
Leasehold Improvements	8,219,164	68,625		8,287,789
Accumulated Depreciation	(13,307,432)	(1,063,886)	15,733	(14,355,585)
	<u>\$ 14,754,674</u>	<u>\$ (972,840)</u>	<u>\$ -</u>	<u>\$ 13,781,834</u>
<b>Comp Unit - Discretely Presented</b>	<b>1/1/2019</b>	<b>Increases</b>	<b>Transfers</b>	<b>12/31/2019</b>
Land	\$ 376,000	\$ -	\$ -	\$ 376,000
Building	3,583,015	-	-	3,583,015
Equipment - Dwelling	53,339	-	-	53,339
Equipment - Administration	42,518	-	-	42,518
Leasehold Improvements	711,216	-	-	711,216
Accumulated Depreciation	(679,805)	(152,009)	-	(831,814)
	<u>\$ 4,086,283</u>	<u>\$ (152,009)</u>	<u>\$ -</u>	<u>\$ 3,934,274</u>

## NOTE 6: PREPAID CHARGES

Prepaid charges at December 31, 2019 consisted of the following:

	Enterprise Fund	Component Units
Prepaid Insurance	\$ 14,713	\$ 13,529
Prepaid Expense - Other	62,864	-
<b>Total Prepaid Charges</b>	<u>\$ 77,577</u>	<u>\$ 13,529</u>

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 7: OTHER ASSETS

Other Assets as of December 31, 2019, consisted of the investment in DP Apartments, L.P. by Shenandoah Housing Corporation for the purpose of assisting and developing low income housing. As of December 31, 2019, the value of the investment was \$865,317. The Authority entered into a capital lease agreement during 2010 in the amount of \$200,000. As of December 31, 2019, the balance remaining on the capital lease was \$153,100.

## NOTE 8: CURRENT LIABILITIES

Current liabilities at December 31, 2019, consisted of the following:

<u>Totals Primary Government</u>		<u>Component Units</u>	
Accounts Payable	\$ 37,426	Accounts Payable	\$ 5,179
Current Portion - Long Term Debt	679,892	Current Portion - Long Term Debt	33,064
Due to Affiliates	-	Due to Affiliates	88,182
Accrued Liabilities	162,124	Accrued Liabilities	48,962
Unearned Revenue	1,432	Unearned Revenue	810
Tenant Security Deposits	<u>157,923</u>	Tenant Security Deposits	<u>15,200</u>
Total Current Liabilities	<u>\$ 1,038,797</u>	Total Current Liabilities	<u>\$ 191,397</u>

## NOTE 9: CONTINGENCIES AND OTHER MATTERS

a. Litigation and Other Matters

Certain claims, suits and complaints may arise in the ordinary course of business. In the opinion of the Authority's management, any such matters are adequately covered by insurance.

b. Grants

The Authority has received various other grants for specific purposes. These grants are subject to financial and compliance audits. Such audits could result in requests for reimbursement to the grantor agency for expenditures disallowed under terms of the grant. The Authority's management is of the opinion that disallowances, if any, will not be material.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 10: INSURANCE AND RISK MANAGEMENT

The Authority is exposed to various risks of loss related to torts, theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Authority has purchased commercial insurance for all claims.

## NOTE 11: ECONOMIC DEPENDENCY

The Housing Choice Voucher Program is economically dependent on annual contributions and grants from HUD. The program operates at a loss prior to receiving the contributions and grants.

## NOTE 12: IMPAIRMENT OF CAPITAL ASSETS

In accordance with new financial reporting standards issued by the Government Accounting Standards Board's, "Statement No. 42, "Accounting and Financial Reporting for Impairment of Capital Assets and for Insurance Recoveries" requires certain note disclosures. There were no permanent impairments experienced by the Authority that required material adjustments to the Statement of Net Assets.

## NOTE 13: INTERFUND RECEIVABLES AND PAYABLES

The following interfund activity was incurred during normal operating activities:

	Due To	Due From
Business Activities	\$ -	\$ 520,511
N/C S/R Section 8 Programs	87,272	
Component Units	433,239	-
Interfund Eliminations	<u>(432,328)</u>	<u>(432,328)</u>
	<u>\$ 88,183</u>	<u>\$ 88,183</u>

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 14: DEFINED CONTRIBUTION PENSION PLAN

The Authority offers a defined contribution pension plan for eligible employees administered by the John Hancock Retirement Plan Services. A defined contribution pension plan provides pension benefits in return for services rendered, provides an individual account for each participant, and specifies how contributions to the individuals' account are to be determined instead of specifying the amount of benefits the individual is to receive. Under a defined contribution pension plan, the benefits a participant will receive depends solely on the amount contributed to the participant's account, the returns earned on investments of those contributions, and the forfeitures of other participants' benefits that may be allocated to such participant's account. All "full-time Employees" shall participate in the Plan on the first day of the month after attaining age 21 and completing one year of continuous and uninterrupted employment. All "part-time" employees are eligible to participate in the Plan once they work 1,000 hours. Participating employees shall vest in the employer's contributions at the rate of twenty percent for each full year of continuous employment. Forfeitures of the accounts of partially vested terminated participants in excess of plan expenses shall be reallocated among the accounts of remaining participants. There were no forfeitures during fiscal year ended December 31, 2019, and no outstanding liability due to the plan.

The Authority contributes an amount equal to 7.5% of each participating employee's annual compensation to the plan. Pension costs are expensed as incurred and the Authority recognized total pension expense of \$74,189 for the year ended December 31, 2019. The total covered payroll for the year ended December 31, 2019, was \$989,187.

## NOTE 15: NONCURRENT LIABILITIES

Noncurrent liabilities at December 31, 2019, consisted of the following:

	Balance 12/31/2018	Increases	Decreases	Long-Term Balance 12/31/2019	Current Portion
Long-Term Debt, Net of Current	\$ 10,570,512	\$ 200,000	\$ (712,192)	\$ 10,058,320	\$ 712,956
Long-Term Compensated Absences	57,028	-	2,096	59,124	6,570
Non-Current Liabilities - Other	585,361	-	(3,829)	581,532	-
Total Non-Current Liabilities	<u>\$ 11,413,625</u>	<u>\$ 200,000</u>	<u>\$ (713,925)</u>	<u>\$ 10,698,976</u>	<u>\$ 719,526</u>

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 15: NONCURRENT LIABILITIES – Continued

Notes Payable: Section 8 New Construction/Substantial Rehabilitation

The Authority originally issued a Renovation and Refinancing Project Revenue bond in 2011, in the amount of \$1,730,000 to finance the complete renovations and refinance debt on the 61-unit JR Polly Lineweaver building. The bonds are payable through United Bank. The bond was refinanced in 2017 in the amount of \$1,347,171. The first principal and interest payment (3.10% per annum) is due monthly beginning August 21, 2017, and ends October 21, 2031. As of December 31, 2019, the balance on the bond was \$1,161,921.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 81,147	\$ 34,849	\$ 115,996
2021	83,698	32,297	115,995
2022	86,330	29,665	115,995
2023	89,045	26,951	115,996
2024	91,845	24,151	115,996
2025 to 2029	504,403	75,574	579,977
2030 to 2034	225,453	7,327	232,780
	<u>\$ 1,161,921</u>	<u>\$ 230,814</u>	<u>\$ 1,392,735</u>

Notes Payable: Business Activities

The \$3,500,000 General Obligation Public Improvement Bonds, Series 2006, will be used to renovate certain housing units that it owns and to refinance loans in the Local Community Development Fund. The Bond was issued by the City of Harrisonburg. The bond is payable through Davenport & Company, L.L.C., and principal payments start February 2010 and end February 2033 with an average interest cost of 4.3%. As of December 31, 2019, the Authority owes \$2,305,000 to the City of Harrisonburg on the bonds.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 130,000	\$ 118,125	\$ 248,125
2021	135,000	104,925	239,925
2022	140,000	93,050	233,050
2023	150,000	82,475	232,475
2024	150,000	63,350	213,350
2025 to 2029	870,000	223,350	1,093,350
2030 to 2032	610,000	49,400	659,400
	<u>\$ 2,185,000</u>	<u>\$ 734,675</u>	<u>\$ 2,919,675</u>

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 15: NONCURRENT LIABILITIES – Continued

Notes Payable: Business Activities – Continued

The \$6,436,515 General Obligation Public Improvement Bonds, Series 2009A-2, will be used to renovate certain housing units that it owns and to refinance the Authority's outstanding Revenue Note issued to Newbridge Bank in the original principal amount of \$2,000,000. The Bond was issued by the City Of Harrisonburg. The bond is payable through Davenport & Company, L.L.C., and principal payments start February 2010 and end August 2029 with an average interest cost of 4.5%. As of December 31, 2019, the Authority owes \$3,760,000 to the City of Harrisonburg on the bonds.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 325,000	\$ 118,125	\$ 443,125
2021	335,000	104,925	439,925
2022	345,000	93,050	438,050
2023	360,000	82,475	442,475
2024	370,000	77,075	447,075
2025 to 2029	<u>2,025,000</u>	<u>168,675</u>	<u>2,193,675</u>
	<u>\$ 3,760,000</u>	<u>\$ 644,325</u>	<u>\$ 4,404,325</u>

On December 21, 2010, Franklin Heights, L.L.C. purchased property for the purpose of renovating 25 affordable housing units. The property was purchased for \$1,700,000, of which Franklin Heights has a seller financed note payable to Forkovitch Family in the amount of \$1,300,000. Principal and interest (5.0% per annum) is due monthly beginning January 21, 2011 and ending December 21, 2030. As of December 31, 2019, the Authority owes the Forkovitch Family \$927,615.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 57,887	\$ 45,066	\$ 102,953
2021	60,849	42,104	102,953
2022	63,962	38,991	102,953
2023	67,234	35,719	102,953
2024	70,674	32,279	102,953
2025 to 2029	411,452	103,314	514,766
2030 to 2031	<u>195,557</u>	<u>10,347</u>	<u>205,904</u>
	<u>\$ 927,615</u>	<u>\$ 307,820</u>	<u>\$ 1,235,435</u>



## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 15: NONCURRENT LIABILITIES – Continued

Notes Payable: Business Activities - Continued

The Authority originally issued Acquisition and Renovation Revenue bonds in 2011 in the amount of \$1,200,000 to finance the remainder of Franklin Heights, L.L.C.'s property purchase price and the cost of renovations. The bonds are payable through United Bank. The bonds were refinanced in 2017 in the amount of \$946,675. The first principal and interest payment (3.10% per annum) is due monthly beginning August 21, 2017, and ends January 21, 2031. As of December 31, 2019, the balance on the loan was \$871,497.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 57,023	\$ 24,489	\$ 81,512
2021	58,816	22,696	81,512
2022	60,665	20,846	81,511
2023	62,573	18,939	81,512
2024	64,541	16,971	81,512
2025 to 2029	354,451	53,107	407,558
2030 to 2034	157,874	5,148	163,022
	<u>\$ 815,943</u>	<u>\$ 162,196</u>	<u>\$ 978,139</u>

On September 21, 2017, The Authority issued a Bank Qualified Series 2017 Revenue bond in the amount of \$650,000 at 3.02% to finance the renovation of the basement of the Bridgeport Building in order to lease such space to the Harrisonburg Rockingham Social Services District. The bonds are payable through Bank of the James, with principal and interest being payable in 240 monthly installments commencing on October 21, 2017. As of December 31, 2019, the balance on the bond was \$619,690.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 25,981	\$ 15,776	\$ 41,757
2021	26,568	15,095	41,663
2022	27,267	14,396	41,663
2023	27,985	13,678	41,663
1905	28,721	12,942	41,663
2025 to 2029	155,347	52,968	208,315
2030 to 2034	176,889	31,426	208,315
2035 to 2037	150,932	7,651	158,583
	<u>\$ 619,690</u>	<u>\$ 163,932</u>	<u>\$ 783,622</u>

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 15: NONCURRENT LIABILITIES – Continued

Notes Payable: Component Units

On April 22, 2005, One Fifty South Main L.L.C. issued a Bank Qualified Series 2005 Bonds in the amount of \$750,000 at 4.14% interest in order to acquire and renovate a building for the purpose of opening a children's museum. On January 1, 2018, the loan was refinanced to a rate of 5.0402%. The bonds will be paid in full in 2020. The property deed of trust and revenues generated from the property serve as security for the bonds. The City of Harrisonburg has pledged a non-binding moral obligation pledge to pay costs of operating; insuring and maintaining the property, including debt service on the borrowed funds, to the extent revenues are insufficient to pay such costs. The loan calls for semi-annual payments to SunTrust Bank in the amount of \$33,834. As of December 31, 2019, the balance of the bond was \$33,064.

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2020	\$ 33,064	\$ 682	\$ 33,746

## Commerce Village, L.L.C.

HRHA is owed a note payable by CV in the amount of \$58,000 for the permanent financing of the project. The note is secured by a deed of trust in the project and accrues interest at 1.50% per annum. At December 31, 2019, the balance of accrued interest is \$2,537. The note is administered by the Virginia Department of Housing and Community Development (DHCD) through the Permanent Supportive Housing grant program.

CV also has a DHCD HOME loan in the amount of \$342,000 and is secured by a deed of trust. The loan has a stated interest rate of 1.50% and Interest only payments of \$428 are due monthly and the mortgage is due and payable in full on March 1, 2036.

CV has another DHCD Housing Trust Fund loan in the amount of \$750,000 and is secured by a deed of trust and has a stated interest rate of 1.50%. Interest only payments of \$938 are due monthly and the mortgage is due and payable in full on March 1, 2036.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 15: NONCURRENT LIABILITIES – Continued

Conduit Debt:

HRHA serves as a financing conduit for the issuance of Tax Exempt Revenue Bonds used for the development of various Housing Projects. HRHA receives an origination fee as well as yearly administration fees for performing this service. The respective properties are used as collateral for payment of these bonds and HRHA is not liable for payment in the event of default. All principal is guaranteed through Governmental insurance (ex. FHA) or private insurance. All projects are for 103b(4)A Housing projects. The Bonds issued to date, which are not part of these financial statements, are as follows:

Revenue Bonds	Date Issued	Amount of Issue	Balance Outstanding
Huntington Village	6/1/2001	\$ 10,400,000	\$ 7,815,000
Cold Harbor Garden	12/13/2004	8,800,000	-
Woodman West Apts.	2/12/2008	9,950,000	9,950,000
Oakmeade Apts.	2/9/2012	4,700,000	4,350,000
<b>TOTAL</b>		<b>\$ 33,850,000</b>	<b>\$ 22,115,000</b>

## NOTE 16: SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 9, 2019, the date on which the financial statements were available to be issued. Subsequent to the balance sheet date, the World Health Organization declared the outbreak of COVID-19, a novel strain of Coronavirus, a pandemic. The coronavirus outbreak is disrupting supply chains and affecting production and sales across a range of industries. The extent of the impact of the outbreak on our operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact to limited partners, managing member, and the operations of the Company, and governmental, regulatory and private sector responses. The financial statements do not reflect any adjustments as a result of the subsequent increase in economic uncertainty.

## NOTE 17: COMPONENT UNITS

A condensed presentation of the component units financial statements can be found on the following page.

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 17: COMPONENT UNITS – Continued

<u>Statement of Net Assets - Balance Sheet</u>						Discretely Presented Component Units TOTAL	
	Shenandoah Housing Corp	Lineweaver Annex Corp	Commerce Village Mgt, LLC	150 South Main, LLC	Commerce Village, LLC		
Cash	-	-	-	-	\$ 124,312	\$	124,312
Other Current Assets	924	924	-	-	169,230	-	171,078
Noncurrent Assets	865,225	-	92	427,638	3,506,636	-	4,799,591
<b>Total Assets</b>	<b>866,149</b>	<b>924</b>	<b>92</b>	<b>427,638</b>	<b>3,800,178</b>	<b>-</b>	<b>5,094,981</b>
<u>Liabilities</u>							
Current Liabilities	3,766	39,132	2,045	43,885	102,569	-	191,397
Long Term Liabilities	-	-	-	33,054	1,499,669	-	1,532,733
<b>Total Liabilities</b>	<b>3,766</b>	<b>39,132</b>	<b>2,045</b>	<b>76,949</b>	<b>1,602,238</b>	<b>-</b>	<b>1,724,130</b>
<u>Net Assets - Equity</u>							
<b>Net Assets</b>	<b>\$ 862,383</b>	<b>\$ (38,208)</b>	<b>\$ (1,953)</b>	<b>\$ 350,689</b>	<b>\$ 2,197,940</b>	<b>\$</b>	<b>\$ 3,370,851</b>
<u>Statement of Activities - Income Statement</u>							
Revenues	-	-	-	-	\$ 194,011	\$	194,011
Other	-	-	-	67,668	130,471	-	198,139
<b>Total Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>67,668</b>	<b>324,482</b>	<b>-</b>	<b>392,150</b>
<u>Expenses</u>							
Administrative	575	825	450	450	68,078	-	70,378
Maintenance and Operations	-	-	-	-	70,549	-	70,549
General	748	748	-	-	10,014	-	11,510
Depreciation	-	-	-	25,456	126,553	-	152,009
<b>Total Expenses</b>	<b>1,323</b>	<b>1,573</b>	<b>450</b>	<b>25,906</b>	<b>275,194</b>	<b>-</b>	<b>304,446</b>
Operating Income <Loss>	(1,323)	(1,573)	(450)	41,762	49,288	-	87,704
Income from Investments	-	-	-	-	1,251	-	1,251
Less: Interest Expense	-	-	-	(3,409)	(26,409)	-	(29,818)
<b>Income &lt;Loss&gt;</b>	<b>(1,323)</b>	<b>(1,573)</b>	<b>(450)</b>	<b>38,353</b>	<b>24,130</b>	<b>-</b>	<b>59,137</b>
Beginning Net Assets (Equity)	863,706	(36,635)	(1,503)	312,336	2,173,810	-	3,311,714
Equity Transfer/Prior Year Adjustment	-	-	-	-	-	-	-
<b>Ending Net Assets (Equity)</b>	<b>\$ 862,383</b>	<b>\$ (38,208)</b>	<b>\$ (1,953)</b>	<b>\$ 350,689</b>	<b>\$ 2,197,940</b>	<b>\$</b>	<b>\$ 3,370,851</b>

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## NOTE 17: COMPONENT UNITS – Continued

	Shenandoah Housing Corp	Lineweaver Annex Corp	Commerce Village Mgt, LLC	150 South Main, L.L.C.	Commerce Village, L.L.C	Discretely Presented Component Units
<b>Cash flows from operating activities:</b>						
Cash received from tenants	\$ -	\$ -	\$ -	\$ -	\$ 195,620	\$ 195,620
Cash received from other sources	1,584	-	-	67,668	132,813	202,065
Cash paid for goods and services	-	-	-	-	(53,266)	(53,266)
Cash paid for employees and administrative	(1,584)	-	-	939	(69,733)	(70,378)
Cash paid for other	-	-	-	-	(11,407)	(11,407)
Net cash provided (used) by operating activities	-	-	-	68,607	194,027	262,634
<b>Cash flows from capital and related financing activities:</b>						
Principal paid on capital debt	-	-	-	(65,197)	-	(65,197)
Interest Paid on Capital Debt	-	-	-	(3,409)	(26,409)	(29,818)
Net cash (used) for capital and related financing activities	-	-	-	(68,606)	(26,409)	(95,015)
<b>Cash flows from investing activities:</b>						
Interest and dividends	-	-	-	-	1,251	1,251
(Increase) Decrease in Investments	-	-	-	-	(140,251)	(140,251)
Net cash provided by investing activities	-	-	-	-	(139,000)	(139,000)
Net increase (decrease) in cash and cash equivalents	-	-	-	1	28,618	28,619
Cash and cash equivalents at beginning of year	-	-	-	-	95,693	95,693
Cash and cash equivalents at end of year	\$ -	\$ -	\$ -	\$ 1	\$ 124,311	\$ 124,312
<b>Cash and Cash Equivalents:</b>						
Unrestricted	\$ -	\$ -	\$ -	\$ -	\$ 109,112	\$ 109,112
Restricted	-	-	-	-	182,608	182,608
Total Cash and Cash Equivalents	\$ -	\$ -	\$ -	\$ -	\$ 291,720	\$ 291,720
<b>Noncash Investing, Capital, and Financing Activities</b>						
Accrued Contingent liability						
<b>Reconciliation of operating income (loss) to net cash provided (used) by operating activities</b>						
Operating income (loss)	\$ (1,323)	\$ (1,573)	\$ (450)	\$ 41,762	\$ 49,288	\$ 87,704
<b>Adjustments to reconcile operating income to net cash provided (used) by operating activities:</b>						
Depreciation expense	-	-	-	25,456	126,553	152,009
(Increase) Decrease in Receivables	-	-	-	-	1,609	1,609
(Increase) Decrease in Prepaid Expenses	(261)	(261)	-	-	4,448	3,926
Increase (Decrease) in Accounts payable	-	-	-	-	704	704
Increase (Decrease) in Accrued expenses	-	-	-	(753)	10,522	9,769
Increase (Decrease) in Tenant Security Deposits	-	-	-	-	103	103
Increase (Decrease) in Other liabilities	-	-	-	-	(92)	(92)
Increase (Decrease) in Interprogram due to	1,584	1,834	450	2,142	2	6,012
Increase (Decrease) in Noncurrent liabilities	-	-	-	-	890	890
Net cash provided (used) by operating activities	\$ -	\$ -	\$ -	\$ 68,607	\$ 194,027	\$ 262,634

**SUPPLEMENTAL INFORMATION**

Hamsonburg Redevelopment & Housing Authority (VA014)  
Hamsonburg, VA  
Entry Wide Balance Sheet Summary

Submission Type: Audited Single Audit

Fiscal Year End: 12/31/2019

	14.806 814 Family Self-Sufficiency Program	14.191 14.191 Housing Voucher Program	14.219 14.219 Community Development Block Grant/Small Area Program	14.871 14.871 Housing Choice Voucher Program	14.810 14.810 Housing Vouchers	8.2.2 8.2.2 Forward Unit Based	14.807 14.807 Section 8 Programs	2 Subtotal	1 Business Actions	Subtotal	El Mir	Totals
111 Cash - Unrestricted				\$137,679		\$109,312			\$69,532	\$265,672		\$265,672
112 Cash - Restricted - Administration and Development					\$75,842					\$75,842		\$75,842
113 Cash - Other Restricted						\$113,624	\$1,640		\$26,322	\$173,786		\$173,786
114 Cash - Tenant Security Deposits												
115 Cash - Restricted for Payment of Current Liabilities												
100 Total Cash	\$0	\$0	\$0	\$137,679	\$75,842	\$113,624	\$1,640	\$0	\$27,654	\$356,815	\$0	\$356,815
121 Accounts Receivable - PMA Projects	\$2,945									\$2,945		\$2,945
122 Accounts Receivable - HUD Other Projects		\$8,330					\$197,544		\$29,029	\$237,268		\$237,268
124 Accounts Receivable - Other Government							\$21,049		\$32,180	\$53,238		\$53,238
125 Accounts Receivable - Miscellaneous							\$8,764		\$15,202	\$24,000		\$24,000
126 Accounts Receivable - Taxes												
128 1 Allowance for Doubtful Accounts - Other	\$0						\$0		\$0	\$0		\$0
127 Notes, Loans, & Mortgages Receivable - Current												
128 1 Allowance for Doubtful Accounts - Fraud	\$27,927								\$1,943	\$29,870		\$29,870
129 Accrued Interest Receivable	\$27,927								\$27,927	\$55,854		\$55,854
130 Total Receivables, Net of Allowances for Doubtful Accounts	\$2,945	\$8,330	\$0		\$0	\$85,410	\$208,679	\$17,368	\$47,131	\$356,165	\$0	\$356,165
131 Investments - Unrestricted												
132 Investments - Restricted												
135 Investments - Restricted for Payment of Current Liability												
142 Prepaid Expenses and Other Assets				\$3,301		\$10,742	\$65,529		\$7,544	\$87,116		\$87,116
143 Prepaid Expenses												
160 1 Advance for Obtainable Previews												
144 Prepaid Program Due From												
145 Assets Held for Sale												
150 Total Current Assets	\$2,945	\$8,330	\$0	\$30,979	\$75,842	\$115,848	\$299,198	\$17,368	\$70,249	\$648,920	\$0	\$648,920
191 Land						\$176,000	\$225,500		\$19,342	\$420,842		\$420,842
192 Buildings						\$2,503,215	\$1,651,901		\$5,010,609	\$4,155,126		\$4,155,126
193 Furniture, Equipment & Machinery - Dwellings	\$60,770					\$103,118	\$41,664		\$25,895	\$129,697		\$129,697
194 Furniture, Equipment & Machinery - Administration	\$454					\$7,142	\$2,238		\$29,997	\$37,773		\$37,773
195 Leased Improvements						\$71,216	\$4,631,079		\$74,977	\$4,777,192		\$4,777,192
196 Accumulated Depreciation						\$81,814	\$2,253,865		\$3,846,115	\$1,817,266		\$1,817,266
197 Construction in Progress												
198 Other Intangible												
199 Total Capital Assets, Net of Accumulated Depreciation	\$0	\$0	\$0		\$0	\$1,060,732	\$964,037	\$0	\$2,787,000	\$1,716,108	\$0	\$1,716,108
171 Notes, Loans and Mortgages Receivable - Non-Current												
172 Notes, Loans, & Mortgages Receivable - Non-Current - First Due												
173 Other Receivables - Non-Current												
174 Other Assets												
175 Investments in Joint Ventures												
180 Total Non-Current Assets	\$0	\$0	\$0		\$0	\$1,060,732	\$964,037	\$0	\$2,787,000	\$1,716,108	\$0	\$1,716,108
200 Deferred Outflow of Resources												
290 Total Liabilities and Deferred Outflow of Resources	\$2,945	\$8,330	\$0		\$75,842	\$107,468,368	\$1,240,796	\$17,368	\$4,076,168	\$2,089,568	\$432,228	\$2,521,796
311 Bank Deposits												
312 Accounts Payable - 30 Days	\$2,945								\$15,238	\$18,183		\$18,183
313 Accounts Payable - 60 Days First Due												
211 Accrued Wages/Payroll Taxes Payable												
322 Accrued Compensated Absences - Current Position												
321 Accrued Contingent Liability												

Hammonsburg Redevelopment & Housing Authority (VA014)  
Hammonsburg, VA

Entry Wide Balance Sheet Summary

Fiscal Year End: 12/31/2019

Subresearch Type: Audited/Single Audit

	14 060 Public Safety Self-Sufficiency Program	14 131 Subsidy for Senior Citizens	14 207 Consortium of Care Program	14 210 Community Development Block Grant/Small Cities Program	14 871 Housing Choice Vouchers	14 873 Manufacture Vouchers	6 1 Component Unit Discretionary Programs	8 2 Component Unit Blended	14 182 HCC S.R. Section 8 Programs	2 State/Local	8 Business Activities	Subtype	Elim	Total
325 Account Interest Payable												\$152,600		\$152,600
327 Accounts Payable - HUD PHA Programs														
330 Accounts Payable - PHA Projects														
333 Accounts Payable - Other Government														
341 Tenant Security Deposits														
342 Unearned Revenue														
343 Current Portion of Long-Term Debt - Capital Projects/Mortgage Revenue														
344 Current Portion of Long-Term Debt - Operating Borrowings														
345 Other Current Liabilities														
346 Accrued Liabilities - Other														
347 Non-Program Due To														
348 Loan Liability - Current														
310 Total Current Liabilities	\$7,045	\$0	\$8,838	\$0	\$18,125	\$0	\$111,267	\$1,182,783	\$3,301,583	\$12,306	\$88,837	\$220,511	-\$432,228	\$88,163
351 Long-Term Debt, Net of Current - Capital Projects/Mortgage Revenue														
352 Long-Term Debt, Net of Current - Operating Borrowings														
353 Non-current Liabilities - Other														
354 Accrued Compensated Absences - Non-Current														
355 Loan Liability - Non-Current														
356 PERS/RSB'S Liabilities														
357 Accrued Pension and OPEB Liabilities														
358 Total Non-Current Liabilities	\$0	\$0	\$0	\$0	\$107,718	\$0	\$1,532,733	\$7,674,567	\$1,305,84	\$0	\$2,089,914	\$10,698,976	\$0	\$10,698,976
300 Total Liabilities	\$7,045	\$0	\$8,838	\$0	\$125,843	\$0	\$1,644,000	\$8,879,350	\$4,607,323	\$12,306	\$90,921	\$13,319,487	-\$432,228	\$11,987,259
400 Deferred Portion of Resources														
508 a Net Investment in Capital Assets														
511 a Restricted Net Position														
512 a Unrestricted Net Position														
513 Total Equity, Net Assets / Position	\$0	\$0	\$0	\$0	\$170,338	\$75,942	\$3,370,862	\$1,208,843	\$332,542	\$0	\$3,381,555	\$6,873,910	\$0	\$6,873,910
600 Total Liabilities, Deferred Income of Resources and Equity, Net	\$7,045	\$0	\$8,838	\$0	\$306,181	\$75,942	\$4,974,862	\$10,088,193	\$4,939,865	\$12,306	\$94,011	\$20,193,400	-\$432,228	\$19,761,172



Harrisonburg Redevelopment & Housing Authority (VA014)  
 Harrisonburg, VA

Entity Wide Revenue and Expense Summary

Subsacch Type: AuctedSingle Audit

Fiscal Year End: 12/31/2019

	14 885 Rpt Ferry Ship Subsidy Program	14 191 Auxiliary Income of Corporation	14 202 Continun' of Case Program	14 219 Community Development Back Grants/Small Cases Program	14 871 Housing Choice Vouchers	14 879 Allocation Vouchers	§ 1 Continuation of Directly Financed	§ 2 Component Unit Barred	§ 3 Statistical	I Reversal Activity	Capital	Elim	Time
71000 Net Rental Revenue													
72400 Rental Revenue - Other													
72500 Total Rental Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$188,771	\$1,452,230	\$172,182	\$20,082	\$1,261,445	\$0	\$2,311,445
72600 Rpt/CPM Operating Costs	\$28,444	\$58,777	\$17,799	\$144,000	\$5,866,651	\$142,684	\$184,111	\$1,469,423	\$173,329	\$45,342	\$2,407,179	\$0	\$5,317,777
72915 Capital Grants				\$144,000				\$159,713			\$6,437,814	\$144,000	\$14,000
72919 Management Fee													
72979 Asset Management Fee													
72990 Room Accessory Fee													
72940 Food Line Service Fee													
72950 Other Fees													
72955 Total Fee Revenue													
72000 Other Government Grants													
71100 Investment Income - Unrestricted													
71200 Mortgage Interest Income													
71300 Proceeds from Disposition of Assets Held for Sale													
71310 Cost of Sale of Assets													
71400 Rental Recovery													
71500 Other Revenue													
71600 Gain or Loss on Sale of Capital Assets													
72000 Investment Income - Restricted													
72000 Total Revenue	\$28,444	\$58,777	\$17,799	\$144,000	\$5,866,651	\$142,684	\$373,401	\$1,452,230	\$181,953	\$45,342	\$10,354,404	\$0	\$9,354,404
91100 Administrative Salaries													
91200 Auditing Fees													
91300 Management Fee													
91310 Non-Residing Fee													
91400 Advertising and Marketing													
91500 Employee Benefit Contributions - Administrative													
91600 Office Expense													
91700 Legal Expense													
91800 Travel													
91810 Hospital Overhead													
91900 Other													
91900 Total Operating - Administrative	\$28,444	\$0	\$17,295	\$0	\$429,511	\$6,613	\$74,042	\$78,077	\$11,207	\$59,401	\$175,244	\$0	\$1,689,581
92000 Asset Management Fee													
92700 Travel Services - Subvns													
92800 Provision Costs													
92900 Employee Benefit Contributions - Travel Services													
93400 Travel Services - Other													
93500 Total Travel Services	\$0	\$67,137	\$0	\$0	\$0	\$0	\$51,112	\$437	\$193	\$573	\$495,202	\$0	\$695,202
94100 Water													
94200 Electricity													
94300 Gas													
94400 Fuel													
94500 Lube													
94600 Other													
94700 Employee Benefit Contributions - Utilities													
94800 Other Utilities Expense													
94900 Total Utilities	\$0	\$0	\$0	\$0	\$0	\$0	\$11,444	\$2,224	\$37,487	\$98,120	\$232,175	\$0	\$322,175
94100 Ordinary Maintenance and Operations - Labor													
94200 Ordinary Maintenance and Operations - Materials and Other													
94300 Ordinary Maintenance and Operations - Contract													
94300 Total Maintenance and Operations Contract													

Harrisonburg Redevelopment & Housing Authority (VA014)  
Harrisonburg, VA

Entity Wide Revenue and Expense Summary

Suppressor 11pyr Audited/Single Audit

Fiscal Year End: 12/31/2019

	14 001 Family Support Services Program	14 002 Community Development Grants/Smart Lites Program	14 003 Community Development Back Office/Smart Lites	14 004 Housing Choice Vouchers	14 005 HUD/USDA Vouchers	14 006 HUD/USDA Section 8 Programs	14 007 Other	14 008 Total	14 009 Total
9400 Employee Benefit Contributions - Disability	\$0	\$0	\$0	\$0	\$0	\$1,881	\$0	\$1,881	\$1,881
9400 Total Maintenance	\$0	\$0	\$0	\$0	\$0	\$1,881	\$0	\$1,881	\$1,881
95100 Protective Services - Labor									
95100 Protective Services - Other Contract Costs									
95300 Protective Services - Other									
95500 Employee Benefit Contributions - Protective Services									
95600 Total Protective Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
96110 Property Insurance									
96120 Liability Insurance									
96130 Workers Compensation									
96140 All Other Insurance									
96100 Total Insurance Premiums	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
96200 Other General Expenses									
96210 Commodity Expenses									
96220 Permits & Licenses									
96230 Rentals & Leases									
96240 Bad Debt - Tenant Fees									
96250 Bad Debt - Mortgages									
96260 Bad Debt - Other									
96200 Total Other General Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
96710 Interest on Mortgage (or Bonds) Payable									
96720 Interest on Notes Payable (Short and Long Term)									
96730 Amortization of Bond Issue Costs									
96700 Total Interest Expense and Amortization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
97000 Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
07000 Excess of Operating Revenue over Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
97100 Leasing/Maintenance									
97200 Casualty Losses - Non-Capitalized									
97300 Housing Assistance Payments									
97400 Other Payable in									
97500 Depreciation Expense									
97600 Fraud Losses									
97700 Capital Outlays - Governmental Funds									
97800 Debt Principal Payment - Governmental Funds									
97900 Dues and Fees									
98000 Total Expenses	\$28,444	\$64,127	\$77,275	\$0	\$0	\$0	\$0	\$0	\$0
10010 Operating Transfer In	\$3,350	\$144,000	\$144,000	\$0	\$0	\$0	\$0	\$0	\$0
10020 Operating Transfer Out									
10030 Operating Transfers from Primary Government									
10040 Operating Transfers from Other Government									
10050 Proceeds from Sale of Assets									
10060 Proceeds from Property Sales									
10070 Extraordinary Items, Net of Losses									
10080 Special Items (Net Gain/Loss)									
10090 Intra-Project Excess Cash Transfer In									
10100 Intra-Project Excess Cash Transfer Out									
10200 Transfers from Other Government									
10300 Transfers between Projects and Programs									
10400 Total Other Financing Sources (Uses)	\$3,350	\$144,000	\$144,000	\$0	\$0	\$0	\$0	\$0	\$0

Hamsburg Redevelopment & Housing Authority (VA014)  
Hamsburg, VA

Entity Wide Revenue and Expense Summary

Submission Type: Attested/Single Audit

Fiscal Year End: 12/31/2019

	14 806 P-H Family Self-Sufficiency Program	14 112 Multi-Family Housing Service Coordinators	14 307 Continuum of Care Program	14 370 Community Development Block Grants/Small Cities Program	14 871 Housing Choice Vouchers	14 879 Membership Vouchers	16 1 Concomitant Unit - Diversity Program	16 2 Concomitant Unit - Bonded	16 182 ACS 508 Section 8 Programs	2 State/Local	Business Activities	Social	ELIM	Total
11000 Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	\$0	\$0	\$0	\$0	\$1,177,177	\$46,604	\$59,138	-\$12,229	-\$29,812	\$0	-\$125,662	-\$403,679	\$0	-\$403,679
11020 Required Annual Debt Principal Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$31,362	\$528,264	\$748,277	\$0	\$24,081	\$667,734		\$667,734
11030 Beginning Equity	\$0	\$0	\$0	\$0	\$306,660	\$25,256	\$3,317,714	\$3,041,072	\$379,530	\$0	\$3,117,247	\$3,077,619		\$3,077,619
11040 Prior Period Adjustments, Equity Transfers and Correction of Errors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11050 Changes in Compensated Absence Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11060 Changes in Contingent Liability Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11070 Changes in Unfunded Pension Termination Liability	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11080 Changes in Special Term/Deferred Benefits Liability	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11090 Changes in Allowance for Doubtful Accounts - Dangling Rents	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11100 Changes in Allowance for Doubtful Accounts - Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11170 Administrative Fee Equity	\$0	\$0	\$0	\$0	\$126,177	\$0	\$0	\$0	\$0	\$0	\$0	\$126,177		\$126,177
11180 Housing Assistance Payments Equity	\$0	\$0	\$0	\$0	\$52,181	\$0	\$0	\$0	\$0	\$0	\$0	\$52,181		\$52,181
11190 Undeveloped Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11210 Net Worth of the Home Leased	\$0	\$0	\$0	\$0	\$445	\$0	\$0	\$0	\$0	\$0	\$0	\$445		\$445
11270 Excess Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11610 Land Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11620 Building Purchase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11630 Furniture & Equipment - Durable Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11640 Furniture & Equipment - Administrative Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11650 Leased-In Improvements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11660 Intangible Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11670 Debt Service Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
13071 Replacement Housing Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## DIRECT FEDERAL ASSISTANCE

<u>FEDERAL GRANTOR/PROGRAM</u> Grant Passthrough Identification	<u>CFDA NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
<u>U.S. DEPARTMENT OF HUD</u>		
Housing Choice Vouchers	14.871*	\$ 5,866,601
Mainstream Vouchers	14.879*	<u>142,864</u>
Housing Voucher Cluster		6,009,465
PIH Family Self-Sufficiency Program	14.896	28,444
N/C S/R Section 8 Programs	14.182	259,213
Multifamily Housing Coordinator	14.191	58,776
Continuum of Care Program	14.267	<u>77,295</u>
TOTAL U.S. DEPARTMENT OF HUD		<u>\$ 6,433,193</u>
Pass-Through from the City of Harrisonburg		
Community Development Block Grants # - 19CDBG01 & 18CDBG01	14.219	<u>\$ 144,000</u>
TOTAL CITY OF HARRISONBURG		<u>\$ 144,000</u>
TOTAL FEDERAL ASSISTANCE		<u>\$ 6,577,193</u>

\*Major program

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2019Note 1: Basis of Accounting

The accompanying Schedule of Financial Assistance is prepared on the accrual basis of accounting. The information on this Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Because the Schedule presents only a selected portion of the operations of the Authority, it is not intended to and does not present the financial position, changes in net position, or cash flows of the Authority.

Note 2: Major Programs

The (\*) to the right of a CFDA number identifies the grant as a major federal program as defined by the Uniform Guidance.

Note 3: Award Balance

On the Section 8 Vouchers/Certificate programs, the Authority receives annual funds based on an annual estimate of need. Unexpended grant funds are available to meet subsequent year HAP shortfalls.

Note 4: Program Costs

The amounts shown as current year expenditures represent only the federal portion of the actual program costs. Actual program costs, including the housing Authority's portion, may be more than shown.

Note 5: Indirect Cost Allocation

The Authority has not elected to use the 10-percent de minimus indirect cost rate as allowed under Uniform Guidance.

**FINANCIAL COMPLIANCE REPORTS  
FOR  
FEDERAL FUNDS**



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM  
AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Commissioners  
Harrisonburg Redevelopment  
and Housing Authority  
Harrisonburg, Virginia

**Report on Compliance for Each Major Federal Program**

We have audited Harrisonburg Redevelopment and Housing Authority's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Harrisonburg Redevelopment and Housing Authority's major federal programs for the year ended December 31, 2019. Harrisonburg Redevelopment and Housing Authority's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of Harrisonburg Redevelopment and Housing Authority's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Harrisonburg Redevelopment and Housing Authority's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Harrisonburg Redevelopment and Housing Authority's compliance.

***Opinion on Each Major Federal Program***

In our opinion, Harrisonburg Redevelopment and Housing Authority complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs identified above for the year ended December 31, 2019.

***Other Matters***

The results of our auditing procedures disclosed other instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance. Our opinion on each major federal program is not modified with respect to these matters.

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM  
AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE  
(CONTINUED)**

**Response to Findings**

Harrisonburg Redevelopment and Housing Authority's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. Harrisonburg Redevelopment and Housing Authority's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

**Report on Internal Control Over Compliance**

Management of Harrisonburg Redevelopment and Housing Authority is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Harrisonburg Redevelopment and Housing Authority internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Harrisonburg Redevelopment and Housing Authority's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dooley & Vicars  
Certified Public Accountants

Richmond, Virginia  
September 9, 2019





**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN  
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS**

Board of Commissioners  
Harrisonburg Redevelopment  
and Housing Authority  
Harrisonburg, Virginia

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Harrisonburg Redevelopment and Housing Authority, which comprise the balance sheet as of December 31, 2019, and the related statements of income (loss) and cash flows to the year then ended, and the related notes to the financial statements and have issued our report thereon on September 9, 2019.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Harrisonburg Redevelopment and Housing Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN  
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS  
(CONTINUED)**

**Compliance and Other Matters (Continued)**

The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying schedule of findings and questioned costs as items 2019-001 and 2019-002.

**Response to Findings**

Harrisonburg Redevelopment and Housing Authority's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. Harrisonburg Redevelopment and Housing Authority's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Harrisonburg Redevelopment and Housing Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dooley & Vicars  
Certified Public Accountants, L.L.P.

Richmond, Virginia  
September 9, 2019

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
FOR THE YEAR ENDED DECEMBER 31, 2019

Findings 2019-001 and 2019-002 have been cleared.

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2019

## Section I -- Summary of Auditor's Results

*Financial Statements*

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

• Material weakness(es) identified:  yes  no• significant deficiency(ies) identified that are not considered to be material weakness(es)?  yes  none reportedNoncompliance material to financial statements noted?  yes  no*Federal Awards*

Internal control over major programs:

• Material weakness(es) identified:  yes  no• Reportable condition(s) identified that are not considered to be material weakness(es)?  yes  none reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with section Title 2, Part 200 (Uniform Guidance):  yes  no

## HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2019  
(CONTINUED)

Identification of major programs:

<i>CFDA Number(s)</i>	<i>Name of Federal Program or Cluster</i>
14.871	Housing Choice Vouchers
14.879	Mainstream Vouchers

Dollar threshold used to distinguish  
between type A and B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

yes     no

Section II -- Financial Statement Findings

There were no Financial Statement findings.

Section III -- Federal Awards Findings and Questioned Costs

There were no findings for Federal Awards and Questioned Costs.

**HOUSING CHOICE VOUCHER PROGRAM  
MANAGEMENT REPORT FOR 10/21/20 BOARD MEETING  
SUMMARY OF SEPTEMBER 2020**

**1. HCV Waiting List (as of 9/30/20)**

	1 BR	2 BR	3 BR	4BR	5+ BR	Total
Applications by Unit Size	715	1151	898	293	58	3,115
New Applicants This Month	47	59	48	13	1	168

**2. Voucher Utilization (as of 9/30/20)**

	FUP	NED	TP	HCV	PBV Franklin Heights	PBV VASH Commerce Village	MS5	Total	Percent
<b>MANDATED TOTAL</b>	<b>50</b>	<b>170</b>	<b>8</b>	<b>486</b>	<b>129</b>	<b>15</b>	<b>98*</b>	<b>956</b>	<b>100.0</b>
<b>Leased</b>	<b>33</b> 66%	<b>140</b> 82%	<b>8</b> 100%	<b>441</b> 91%	<b>124</b> 96%	<b>15</b> 100%	<b>43</b> 44%	<b>804</b>	<b>84.1</b>
• Commerce Village		2		11		15	2	30	
• Franklin Heights					124			124	
• Lineweaver Annex		25		22			8	55	
• Private	33	113	8	407			32	593	
• Portability Billing	1			1			1	3	
Searching	4	24	0	19	-	-	43	90	9.4
Available	13	6	0	26	5	0	12	62	6.5

\* 23 new MS5 vouchers, included in total

**3. Currently Searching Voucher Details (as of 9/30/20)**

Voucher Size	# Households	Average Days Searching
1	68	144
2	14	110
3	6	79
4	2	75

**4. Household Certifications & Voucher Updates**

	March	April	May	June	July	Aug	Sept
<b>Voucher Updates</b>							
• Issued	8	8	14	33	18	16	8
• Extended	2	5	3	10	15	16	24
• Expired	0	0	1	0	2	14	2
Rent Increases (excludes FH)	23	16	23	23	27	27	22
Unit Changes	1	0	5	0	5	3	3
New Admissions	7	0	3	9	6	7	6
Port In	0	0	2	2	1	2	0
<b>Interims</b>	<b>70</b>	<b>102</b>	<b>66</b>	<b>31</b>	<b>78</b>	<b>62</b>	<b>69</b>
• Decrease	40	72	54	22	23	20	31
• Increase	21	23	3		46	27	29
• HH Change/Other	9	7	9	9	9	15	9
<b>Annuals</b>	<b>56</b>	<b>57</b>	<b>56</b>	<b>70</b>	<b>67</b>	<b>68</b>	<b>67</b>
<b>Terminations</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>7</b>
• Gave up voucher	3		2	5	1	3	3
• Deceased	1		2	1	1	1	2
• 6 months full rent	1						0
• Other	5	3		2	1		2

**5. Voucher Caseload (housed 9/30)**

- Jon Myers 250; Kim Ferley 240; Kristin Derflinger 273; Sandra Lowther 30 (Total: 793)

**6. PIC Submission: 98.83%**

**7. HAP Expenditures**

	March	April	May	June	July	August	Sept
Total HAP Expenditures*	474,305	490,169	512,062	517,782	510,607	502,831	
Leased Vouchers (month end)**	812	804	800	802	802	806	
Average Per Unit Cost (\$)	584.12	609.66	640.08	645.61	636.67	623.86	

\* Includes mainstream vouchers

\*\* Mainstream vouchers are counted at the first of the month

**8. Lease-Up Push / Landlord Outreach / 100 Families in 100 Days**

	June 15-30	July	Aug	Sept	Total
New Admissions	5	7	9	6	<b>21</b>
Leasing Incentives	3	8	12	7	<b>23</b>
New Landlords	1	1	9	2	<b>11</b>

- Landlords using Assistance Connect Portal: 37 (as of 10/16/20)

**9. Other Voucher Program Updates**

- Broad participation in development of Moving to Work initiatives and planning

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



Elizabeth Webb, HCV Manager

October 16, 2020  
Date

**JR "Polly" Lineweaver Program Management Report  
Month of September 2020**

**Applications**

	<b>Efficiency</b>	<b>One bedroom</b>
<b>Currently On Waiting List</b>	<b>0</b>	<b>100</b>
<b>New Applications Taken</b>	<b>0</b>	<b>0</b>

**Marketing**

	<b>Efficiency</b>	<b>One bedroom</b>	<b>Total</b>
# of units vacant	3	1	4
# of Tenants who moved in	0	0	0
# of Tenants who moved out	2	0	2
# of Tenants who transferred	0	0	0
# of Legal Notices	0	0	0
# of Unlawful Detainers	0	0	0

**Occupancy**

<b>11</b>	# of minorities	<b>18%</b>
<b>36</b>	# of disabled tenants	<b>59%</b>
<b>56</b>	# of elderly tenants	<b>44%</b>
<b>Total Number of Units Leased: <u>57</u></b>		

**Tenant Accounts Receivable**

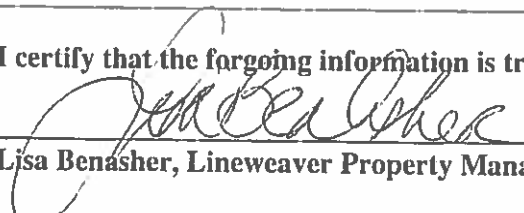
Accounts Receivable at end of Month	\$24,197.46		
Delinquent Accounts By Age	30 2	60 2	>60 1
Security Deposits Held	\$13,589.73		
Pet Deposits Held	\$1,850.00		
Rent Billed	\$14,798.00		
Rent Collected	\$13,386.84		

<b>Number of Inspections</b>	<u>0</u>
------------------------------	----------

**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, Lineweaver Property Manager

10-16-2020  
 Date



Lineweaver Annex Program Management Report...  
Month of September 2020

**Applications**

Currently On Waiting List	100
New Applications Taken	1

**Marketing**

# of units vacant	1
# of Tenants who moved in	0
# of Tenants who moved out	1
# 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		59

**Tenant Accounts Receivable**

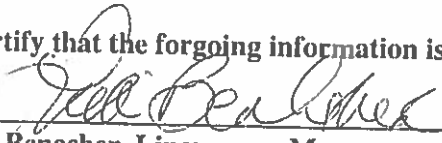
Accounts Receivable at end of Month	\$33,338.82		
Delinquent Accounts By Age	30 4	60 4	>60 4
Security Deposits Held	\$28,854.76		
Pet Deposits Held	\$1,200.00		
Rent Billed	\$17,097.00		
Rent Collected	\$18,122.48		

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, Lineweaver Manager

10-16-2020  
\_\_\_\_\_  
Date

**FRANKLIN HEIGHTS PROGRAM MANAGEMENT REPORT  
FOR THE MONTH OF AUGUST 2020**

**1.) Marketing:**

	<u>1 BDR</u>	<u>2 BDR</u>	<u>3 BDR</u>	<u>4 BDR</u>	<u>5 BDR</u>	<u>Total</u>
# of Units Vacant	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>5</u>
# of Tenants who moved in	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# of Tenants who moved out	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# of Tenants evicted	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# of Tenants who transferred	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>
# of Legal Notices	<u>5</u>	<u>8</u>	<u>15</u>	<u>2</u>	<u>1</u>	<u>31</u>
# of Unlawful Detainers	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Tenants who are over-housed	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Tenants who are under-housed	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Units with handicap access	<u>9</u>	<u>0</u>	<u>2</u>	<u>4</u>	<u>1</u>	<u>16</u>
Tenants who need handicap access	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>05</u>
Tenants who have handicap access	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>05</u>

**2.) Occupancy:**

TOTAL NUMBER OF UNITS LEASED: 124

**3.) Tenant Accounts Receivable:**

Security and Pet Deposits Held:	<u>\$119,020.00</u>
Rent Billed	<u>\$132,407.04</u>
Rent Collected	<u>\$130,383.60</u>

**4.) Applications:**

	<u>1 BR</u>	<u>2 BR</u>	<u>3 BR</u>	<u>4 BR</u>	<u>5BR</u>
Currently on the Waiting List there are a total of <u>720</u> applicants.	<u>263</u>	<u>308</u>	<u>169</u>	<u>076</u>	<u>017</u>

**5.) Inspections:**


Number Completed	Excellent	Acceptable	Needs work	Issues
0	0	0	0	0

6.) **Management:**

**Comments on any problems experienced during the month:**

Franklin Heights, LLC (FH) had a transfer from 3BRs unit to a 2BRs unit for the month of September 2020. FH started taking applications effective November 01, 2018, but the waiting list was purged effective August 2020.

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

  
\_\_\_\_\_  
Nehemias Velez, FH Property Manager

10/9/20  
Date

**COMMERCE VILLAGE PROGRAM MANAGEMENT REPORT  
FOR THE MONTH OF SEPTEMBER 2020**

**1.) Marketing:**

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

2) TOTAL NUMBER OF UNITS LEASED: 30

**3.) Tenant Accounts Receivable:**

Outstanding Balance	<u>\$9,556.80</u>
Number of Delinquent Accounts by Age:	30:0      60: <u>0</u> 90+: <u>0</u>
Security and Pet Deposits Held:	<u>\$15,346.00</u>
Rent Billed	<u>\$17,297.00</u>
Rent Collected	<u>\$17,144.00</u>

**4.) Applications:**

Currently on the Waiting List      260

**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

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**FAMILY SELF- SUFFICIENCY PROGRAM REPORT**  
**Monthly Report –September 2020**

**HCV PARTICIPANTS**

<b>Employment</b>	<b>Education/Training</b>	<b>Escrow</b>
In Program: 29	Enrolled in ESL: 0	Positive Escrow Balances: 23
Employed: 18	Enrolled in Continuing Ed: 1	Earning Monthly Escrow: 9
Unemployed/Furlough : 8	Started this month: 0	Interim Escrow Withdrawals: 2
Medical Leave/Disability: 3		Increase in Earning Escrow: 1
Maternity Leave: N/A		Decrease in Earning Escrow:2

**FRANKLIN HEIGHTS PARTICIPANTS**

<b>Employment</b>	<b>Education/Training</b>	<b>Escrow</b>
In Program: 38	Enrolled in ESL: 1	Positive Escrow Balances: 19
Employed: 17	Enrolled in Continuing Ed.:3	Earning Monthly Escrow: 7
Unemployed/Furlough: 18	Started this month: 0	Newly Earning Escrow: 1
Medical Leave/ Disability: 2		Interim Escrow Withdrawals: 0
New job this month:1		Increase in Earning Escrow: 0
Maternity Leave: 1		Decrease in Earning Escrow: 1

**HARRISON HEIGHTS**

<b>Employment</b>	<b>Education/Training</b>	<b>Escrow</b>
In Program: 17	Enrolled in ESL: 1	Positive Escrow Balances: 11
Employed: 7	GED: 2	Earning Monthly Escrow: 4
Unemployed/Furlough:10	Enrolled in Continuing Ed:3	Newly Earning Escrow: 0
Medical Leave/Disability: 0	Started this month: 0	Escrow Increases: 0
Maternity Leave: 1		Interim Escrow Withdrawals: 1
New job this month: 0		

**Accomplishments**

5 pieces of furniture distributed, 1 Education registration for participant, 2 participants started course certification courses. 4 Way2Go referrals, New online form for digital/web submission of goal sheets. 1 Graduated participant.

Date: 10/1/2020

FSS Coordinator: Zoe Parakuo

FSS Coordinator: Everett Brubaker

**Harrisonburg Redevelopment & Housing Authority Report  
Financial Report as September 30, 2020**

**LOCAL COMMUNITY DEVELOPMENT**

Cash:	First Bank & Trust-Operating Funds		\$0.00
		Total	<b>\$0.00</b>
	<b>AR Due from:</b>		
	JR Polly Lineweaver Apartments	\$106,529.88	
	Housing Choice Voucher Program	\$47,658.18	
	Commerce Village, LLC	\$12,816.14	
	Franklin Heights, LLC-Operating Expenses	\$55,242.00	
	Franklin Heights, LLC-Debt Servicing	\$295,000.00	
		<b>\$517,246.20</b>	

**HOUSING CHOICE VOUCHER PROGRAM**

Cash:	SunTrust-Checking Account		\$466,310.06
	United Bank-FSS Escrow for participants		\$110,522.45
		Total	<b>\$576,832.51</b>

**J.R. POLLY LINEWEAVER APARTMENTS**

Cash:	United Bank-Checking Account		\$21,813.90
		Total	<b>\$21,813.90</b>

**ALL PROGRAMS-FH, LW, JRL**

Cash:	United Bank-Security Deposit Account		<b>\$188,969.99</b>
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**COMPONENT UNITS**

**Franklin Heights, LLC**

Cash:	United Bank-Checking Account		<b>\$30,157.76</b>
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**Commerce Village, LLC**

Cash:	First Bank & Trust		<b>\$152,711.82</b>
	BB&T-Operating Reseve Account		<b>\$130,722.77</b>

	<b><u>Grand Total</u></b>		<b><u>\$1,101,208.75</u></b>
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**Harrisonburg Redevelopment & Housing Authority Report  
YTD Financial Report as of September 30, 2020**

	Cash Balance as of 1/31	Cash Balance as of 2/29	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
<b>LOCAL COMMUNITY DEVELOPMENT</b>									
Cash: First Bank & Trust	\$75,038.07	\$72,867.55	\$234,485.29	\$211,565.44	\$294,600.18	\$400,992.41	\$95,541.14	\$9,722.91	\$0.00
<b>HOUSING CHOICE VOUCHER PROGRAM</b>									
Cash: SunTrust-Checking	\$360,537.76	\$395,021.95	\$419,993.37	\$437,341.36	\$491,126.09	\$452,504.24	\$351,527.86	\$396,274.96	\$466,310.06
United Bank-FSS Escrow	\$98,957.95	\$105,570.17	\$113,374.17	\$120,749.86	\$125,648.39	\$130,923.00	\$136,336.41	\$116,566.39	\$110,522.45
<b>J.R. POLLY LINEWEAVER APARTMENTS</b>									
Cash: United Bank-Checking	\$2,724.04	\$17,911.14	\$9,141.90	\$1,641.98	\$2,412.22	\$2,875.46	\$4,668.06	\$160.06	\$21,813.90
<b>ALL PROGRAMS-FH, LW, JRL, CVO</b>									
Cash: United Bank-Security Dep.	\$176,627.38	\$178,791.78	\$180,781.26	\$183,135.96	\$182,856.69	\$184,897.67	\$185,888.74	\$188,105.58	\$188,969.99
<b>COMPONENT UNITS</b>									
<b>Franklin Heights, LLC</b>									
Cash: United Bank-Checking	\$9,363.99	\$14,531.98	\$11,812.57	\$12,668.23	\$13,875.96	\$50,138.14	\$102,258.64	\$3,038.36	\$30,157.76
<b>Commerce Village LLC</b>									
Cash: First Bank & Trust	\$125,061.32	\$129,765.23	\$124,844.19	\$126,637.69	\$129,929.13	\$133,497.26	\$136,341.48	\$142,485.57	\$152,711.82
BB&T (Operating Reserve)	\$130,661.16	\$130,702.58	\$130,716.26	\$130,716.26	\$130,719.41	\$130,720.48	\$130,702.48	\$130,722.77	\$130,722.77
<b>Total</b>	<b>\$978,971.67</b>	<b>\$1,045,162.38</b>	<b>\$1,225,149.01</b>	<b>\$1,224,456.78</b>	<b>\$1,371,168.07</b>	<b>\$1,486,548.66</b>	<b>\$1,143,264.81</b>	<b>\$987,076.60</b>	<b>\$1,101,208.75</b>

**Harrisonburg Redevelopment & Housing Authority Report  
Financial Report as September 30, 2020**

**Franklin Heights, LLC**

Income	\$	1,274,937.02
Expenses	\$	(606,819.11)
Less: Principal Payments	\$	(542,281.56)
Total	\$	125,836.35

**J.R. POLLY LINEWEAVER APARTMENTS**

Income	\$	337,567.79
Expenses	\$	(269,914.37)
Total	\$	67,653.42
Add: Service Coordinator Grant Funds	\$	7,333.00
Less: Service Coordinator Grant Expenses	\$	(35,122.61)
	\$	(27,789.61)
Profit (Loss)/Gain	\$	39,863.81
Less: Principal Payments	\$	(102,373.70)
Total	\$	(62,509.89)