



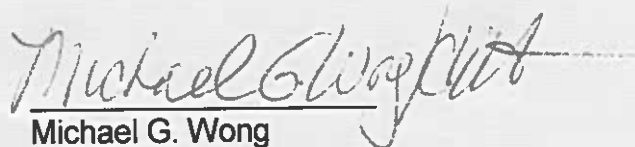
Harrisonburg Redevelopment & Housing Authority

P.O. BOX 1071 + HARRISONBURG, VA 22803

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

November 12, 2021

The Regular Meeting of the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners will be held on **Wednesday, November 17, 2021 at 4:00 p.m.**, at the Municipal Building, City Council Chambers located at 409 South Main Street, Harrisonburg, Virginia.


Michael G. Wong
Executive Director

Enclosures

EQUAL HOUSING OPPORTUNITY PROVIDER

HRHA provides reasonable accommodations to persons with disabilities consistent with the Section 504 Final Rule (24 CFR Part 8) and the Fair Housing Amendments Act

AGENDA
Regular Meeting
November 17, 2021

- I. Call to order and determination of quorum
- II. Review and Approval of Minutes
 - October 20, 2021
- III. Review and Approval Financial Statements
 - October 2021
- IV. Reports
 - A. Executive Director
 1. Public Comment
 2. Review and Approve 990's Shenandoah Housing Corporation and Lineweaver Annex Corporation
 3. Resolution approving sale of 315 Broad Street
 4. 2021 Bad Debt and Inventory Write-Offs
 5. City of Harrisonburg AFFH Plan-Conference call with Consultant
 6. Closed Session: 2.2-3711(A)(3)
 - B. Any New Business/ Old Business
 1. Strategic Initiatives Updates
 - Homeownership and Neighborhood Revitalization
 - Addressing Homelessness and Affordable Housing
 - Improving Organizational Efficiency and Effectiveness
 - 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
 7. Complaints Monthly Report Update

MINUTES

Regular Meeting
October 20, 2021

The Regular Meeting of the Harrisonburg Redevelopment & Housing Authority Board of Commissioners was held on Wednesday October 20th at 4:00 p.m., at the City of Harrisonburg's Hall Chambers located at 409 South Main Street, Harrisonburg Virginia.

Those present were:

Dany Fleming, Chair
Christine Fasching Maphis, Vice Chair
Gil Colman, Commissioner
Luciano Benjamin, Commissioner
Shonda Green, Commissioner
Jody Johannessen, Commissioner

Also present were:

Michael G. Wong, Executive Director
Melisa Michelsen, Attorney

The Regular Meeting was called to order and quorum declared present by Dany Fleming Chair.

Mr. Wong then presented the September minutes and the October 6th special meeting minutes for consideration of approval. After a period of discussion, Vice Chair Fasching Maphis seconded by Commissioner Green made the motion for approval of the September board meeting minutes. The motion was unanimously approved. Commissioner Benjamin seconded by Commissioner Colman made the motion to approve the October 6th special meeting minutes. Mr. Wong related of a misspelling of Commissioner Green's first name. The motion was unanimously approved with the spelling error corrected.

Mr. Wong then presented the September financials for consideration of approval. After a period of discussion, Commissioner Colman seconded by Vice Chair Fasching Maphis made the motion for approval. The motion was unanimously approved.

Chairperson Fleming then opened the floor for general public comment. No public comment was received.

Mr. Wong then presented the 2020 audit for consideration of approval. He related of the audit not identifying any financial concerns but did identify a management issue with the lack of Earned Income Verifications(EIV) within tenants file records. He stated that the data is required to be documented within a period of time upon lease up with four of the files not having the EIV documentation resulting in the finding. He related that the corrective action plan included the use of the new software which will assist in the tracking, increased monitoring, performance tied to job evaluations, and use of paper checklists for staff to self-manage activities. After a period of discussion Commissioner

Benjamin seconded by Commissioner Colman made the motion approving the 2020 audit. The motion was unanimously approved.

Mr. Wong then presented responses from local banks concerning a request for proposal for financing of the renovations at the Lineweaver Annex. He related of the plan to include the fund proposal with the Authority's grant application to the Virginia Department of Housing and Community Development for affordable housing and special needs and housing innovations and energy efficiency grant funding to assist in the renovation project. He stated that the Authority's earlier application was two points short from being funded with the feeling that one of the areas that the Authority lost points was in securing the financing for the project. He recommended the Bank of James proposal due to the low fees, competitive interest rate and proposed loan flexibilities. After a period of discussion, Commissioner Johansen seconded by Vice Chair Fasching Maphis made the motion approving the Bank of James proposal. A roll call was taken and the motion was unanimously approved.

Dany Fleming, Chair	Aye
Christine Fasching Maphis, Commissioner	Aye
Jody Johannessen, Commissioner	Aye
Luciano Benjamin, Commissioner	Aye
Kevin Coffman, Commissioner	Absent
Gil Colman, Commissioner	Aye
Shonda Green, Commissioner	Aye

Mr. Wong then related of the Harrisonburg Rockingham Housing Summit on October 30th at James Madison University. He stated of the event being a hybrid event which will allow for in-person and online participation. He related of the theme focusing on opportunities to address the housing challenges with several local and state recognized housing experts schedule to speak. He encouraged commissioners to attend if their schedule permits.

Mr. Wong then provided a brief update and overview of the program initiatives and management reports. He related of the migration to the new software going well but very time intensive. He stated that due to the issues with migrating over applicants, HRHA will be closing its application portal effective December 1 and reopen on March 1 with the new applicant portal. He related of not anticipating too much challenges with the closure due to the number of persons currently on the waitlist and planned marketing of the event.

Commissioner Johannessen and Commissioner Green voiced concerns with the potential impact on individuals with disabilities with the online portal. Mr. Wong related of the online portal being similar with what is currently used and is very helpful for those working with other agencies due to the ease which allows service providers to assist as needed. He stated that if any individuals have difficulties using the online system, staff will schedule an appointment and work with them one on one to complete the application process.

After a period of discussion, Commissioner Colman seconded by Commissioner Benjamin then made the motion to approve the management reports. The motion was unanimously approved.

Commissioner Johannessen seconded by Commissioner Benjamin made the motion to adjourn. The motion was unanimously approved.

Michael G. Wong
Executive Director

Dany Fleming
Chair

LOCAL COMMUNITY DEVELOPMENT (LCD)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3410 HMIS COC Homelessness Grant-19	84,072.00	7,006.00	23,628.22	71,751.85	70,060.00	1,691.85
3410 VHSP-VA Hsg Solutions Prgm Grant	59,391.00	4,949.25	0.00	38,461.72	49,492.50	(11,030.78)
3410 COC Planning Grant Funds	21,161.00	1,763.42	0.00	7,491.56	17,634.17	(10,142.61)
3410 VHSP-COVID-19 ESO Grant	23,074.00	1,922.83	0.00	23,074.00	19,228.33	3,845.67
3610 Interest Income	0.00	0.00	19.93	126.20	0.00	126.20
3690 Developer's Fees/Other Income	130,000.00	10,833.33	0.00	0.00	108,333.33	(108,333.33)
3690 Admin. Fees	0.00	0.00	0.00	0.00	0.00	0.00
3690 Application Fees	15,000.00	1,250.00	0.00	22,500.00	12,500.00	10,000.00
3690 Lease Income	4,800.00	400.00	0.00	4,000.00	4,000.00	0.00
3690 Management Fees-CV	10,000.00	833.33	958.64	9,269.17	8,333.33	935.84
3690 BPort Net Receipts	187,590.00	15,632.50	23,825.60	160,157.18	156,325.00	3,832.18
3690 Lineweaver Apts. Net Receipts	378,740.00	31,561.67	31,857.53	315,572.02	315,616.67	(44.65)
Total Receipts	913,828.00	76,152.33	80,289.92	652,403.70	761,523.33	(109,119.63)
Expenses:						
Administration						
4110 Adm Salaries	136,850.00	11,404.17	11,933.00	107,145.72	114,041.67	(6,895.95)
4540 Adm Benefits	41,900.00	3,491.67	2,974.42	24,486.19	34,916.67	(10,430.48)
4130 Legal Expense	5,000.00	416.67	4,071.00	23,431.41	4,166.67	19,264.74
4140 Staff Training	3,000.00	250.00	51.00	4,708.99	2,500.00	2,208.99
4150 Travel	5,000.00	416.67	400.00	6,402.54	4,166.67	2,235.87
4171 Auditing Fees	4,000.00	333.33	0.00	0.00	3,333.33	(3,333.33)
4190 Sundry-Admin. Exp.	22,400.00	1,866.67	3,692.46	40,458.02	18,666.67	21,791.35
4190 VHSP-COVID-19 ESO Grant	23,074.00	1,922.83	0.00	23,074.00	19,228.33	3,845.67
4190 VHSP-VA Hsg Solutions Prgm Grant	59,391.00	4,949.25	4,531.68	54,109.10	49,492.50	4,616.60
4190 COC Planning Grant Funds	21,161.00	1,763.42	1,850.35	9,341.91	17,634.17	(8,292.26)
4190 HMIS Match for Grant Funds	10,000.00	833.33	152.03	7,539.17	8,333.33	(794.16)
4190 Community Donations (OpDr/COC,etc)	15,000.00	1,250.00	0.00	10,000.00	12,500.00	(2,500.00)
4190 CHERP CDBG Grant Funds	0.00	0.00	7,140.00	7,140.00	0.00	7,140.00
4190 HMIS Homeless Assistance-19	84,072.00	7,006.00	23,723.52	71,847.15	70,060.00	1,787.15
Total Administration	430,848.00	35,904.00	60,519.46	389,684.20	359,040.00	30,644.20
Utilities						
4310 Water-CST	0.00	0.00	23.77	162.46	0.00	162.46
4320 Electric includes CST	3,200.00	266.67	363.65	1,357.52	2,666.67	(1,309.15)
4330 Gas includes CST	1,800.00	150.00	33.32	130.90	1,500.00	(1,369.10)
4390 Sewer-CST	0.00	0.00	28.31	596.72	0.00	596.72
Total Utilities	5,000.00	416.67	449.05	2,247.60	4,166.67	(1,919.07)
Maintenance						
4410 Maintenance Salaries	35,575.00	2,964.58	2,460.35	26,486.30	29,645.83	(3,159.53)
4540 Maintenance Benefits	9,600.00	800.00	480.83	6,309.89	8,000.00	(1,690.11)
4420 Materials	4,000.00	333.33	800.29	5,186.56	3,333.33	1,853.23
4430 Contract Costs	6,000.00	500.00	1,919.03	7,533.55	5,000.00	2,533.55
Total Maintenance	55,175.00	4,597.92	5,660.50	45,516.30	45,979.17	(462.87)
General						
4510 Insurance	8,600.00	716.67	1,104.88	7,490.53	7,166.67	323.86
4570 Collection Loss/Bad Debt Expens	0.00	0.00	0.00	0.00	0.00	0.00
4580 Real Estate Taxes (CST)	6,000.00	500.00	0.00	3,471.33	5,000.00	(1,528.67)
4000 Bport Expenses	34,600.00	2,883.33	4,442.16	30,904.77	28,833.33	2,071.44
4000 Lineweaver Apartments Expenses	373,590.00	31,132.50	32,330.85	305,657.79	311,325.00	(5,667.21)
Total General	422,790.00	35,232.50	37,877.89	347,524.42	352,325.00	(4,800.58)
TOTAL EXPENSES	913,813.00	76,151.08	104,506.90	784,972.52	761,510.83	23,461.69
TOTAL RECEIPTS TO DATE						652,403.70
TOTAL EXPENSES TO DATE						784,972.52
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss						(132,568.82)

Michael G. Wong, Executive Director

Date

LINEWEAVER ANNEX APARTMENTS
Statement of Revenues, Expenses, and Changes in Fund Equity
Attachment A
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Rental Income	202,000.00	16,833.33	16,057.77	168,298.08	168,333.33	(35.25)
3410 HAP Funding	168,440.00	14,036.67	13,166.00	137,358.00	140,366.67	(3,008.67)
3690 Other Income-Laundry	3,800.00	316.67	298.56	3,286.97	3,166.67	120.30
3690 Other Income-Late fees,workordr	4,500.00	375.00	2,335.20	6,628.97	3,750.00	2,878.97
Total Receipts	378,740.00	31,561.67	31,857.53	315,572.02	315,616.67	(44.65)
Expenses:						
Administration:						
4110 Adm Salaries	81,300.00	6,775.00	6,104.78	62,283.04	67,750.00	(5,466.96)
4540 Adm Benefits	23,650.00	1,970.83	1,496.62	18,206.59	19,708.33	(1,501.74)
4130 Legal Fees	1,000.00	83.33	0.00	3,311.50	833.33	2,478.17
4140 Staff Training	1,000.00	83.33	0.00	620.00	833.33	(213.33)
4150 Travel	1,000.00	83.33	0.00	0.00	833.33	(833.33)
4171 Auditing	1,200.00	100.00	0.00	0.00	1,000.00	(1,000.00)
4190 Sundry	15,300.00	1,275.00	748.80	18,030.82	12,750.00	5,280.82
Total Adminstration	124,450.00	10,370.83	8,350.20	102,451.95	103,708.33	(1,256.38)
Tenant Services:						
4240 Tenant Services-Other	1,000.00	83.33	0.00	13.24	833.33	(820.09)
Total Tenant Serv.	1,000.00	83.33	0.00	13.24	833.33	(820.09)
Utilities:						
4310 Water	8,300.00	691.67	690.57	7,818.26	6,916.67	901.59
4320 Electricity	60,000.00	5,000.00	3,570.21	48,764.13	50,000.00	(1,235.87)
4390 Sewer	23,970.00	1,997.50	1,698.60	18,508.80	19,975.00	(1,466.20)
Total Utilities	92,270.00	7,689.17	5,959.38	75,091.19	76,891.67	(1,800.48)
Maintenance:						
4410 Maintenance Salaries	54,350.00	4,529.17	4,262.07	46,036.40	45,291.67	744.73
4540 Maintenance Benefits	15,850.00	1,320.83	654.37	8,888.23	13,208.33	(4,320.10)
4420 Materials	18,000.00	1,500.00	973.33	11,724.96	15,000.00	(3,275.04)
4430 Contract Costs	50,000.00	4,166.67	11,317.53	53,996.69	41,666.67	12,330.02
Total Maintenance	138,200.00	11,516.67	17,207.30	120,646.28	115,166.67	5,479.61
General Expenses:						
4510 Insurance Expenses	7,670.00	639.17	813.97	7,455.13	6,391.67	1,063.46
4570 Collection Loss	10,000.00	833.33	0.00	0.00	8,333.33	(8,333.33)
Total General Exp.	17,670.00	1,472.50	813.97	7,455.13	14,725.00	(7,269.87)
TOTAL EXPENSES	373,590.00	31,132.50	32,330.85	305,657.79	311,325.00	(5,667.21)
TOTAL RECEIPTS TO DATE						315,572.02
TOTAL EXPENSES TO DATE						305,657.79
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss						9,914.23

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

Lisa Benasher, Lineweaver Manager

Date

BRIDGEPORT COMPLEX
Statement of Revenues, Expenses, and Changes in Fund Equity
Attachment B
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3690 Rental Income	187,590.00	15,632.50	23,825.60	160,157.18	156,325.00	3,832.18
3690 Other Income	0.00	0.00	0.00	0.00	0.00	0.00
Total Receipts	187,590.00	15,632.50	23,825.60	160,157.18	156,325.00	3,832.18
Expenses:						
Operations						
4130 Legal Expenses	1,000.00	83.33	0.00	0.00	833.33	(833.33)
4190-Sundry-Phone	600.00	50.00	42.23	425.21	500.00	(74.79)
Total Op. Expenses	1,600.00	133.33	42.23	425.21	1,333.33	(908.12)
Utilities:						
4310 Water	1,200.00	100.00	0.00	318.00	1,000.00	(682.00)
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
Total Utilities	1,200.00	100.00	0.00	318.00	1,000.00	(682.00)
Maintenance:						
4420 Materials	3,000.00	250.00	0.00	802.50	2,500.00	(1,697.50)
4430 Contract Costs	12,000.00	1,000.00	3,020.79	15,131.09	10,000.00	5,131.09
Total Maintenance	15,000.00	1,250.00	3,020.79	15,933.59	12,500.00	3,433.59
General Expenses:						
4510 Insurance Expenses	0.00	0.00	0.00	0.00	0.00	0.00
4580 Interst Expense	16,800.00	1,400.00	1,379.14	14,227.97	14,000.00	227.97
Total General Exp.	16,800.00	1,400.00	1,379.14	14,227.97	14,000.00	227.97
TOTAL EXPENSES	34,600.00	2,883.33	4,442.16	30,904.77	28,833.33	2,071.44
TOTAL RECEIPTS TO DATE						160,157.18
TOTAL EXPENSES TO DATE						30,904.77
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss						129,252.41

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

Michael G. Wong
Executive Director

Date

Please note: A principal payment to Bank of the James was made in the amount of \$2,229.00 for a total of \$19,692.82 for this fiscal year.

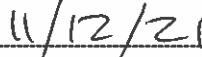
Housing Choice Voucher Program (HCV)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts						
3300RC Adm-Fraud/Abuse/Set Off De	7,000.00	583.33	211.00	2,681.77	5,833.33	(3,151.56)
3300RC HAP-Fraud/Abuse/Set Off De	7,000.00	583.33	211.00	2,681.78	5,833.33	(3,151.55)
3300 FSS Fort.	2,000.00	166.67	99.09	7,104.08	1,666.67	5,437.41
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 MTW Cohort #1-Software Grant	0.00	0.00	25,000.00	25,000.00	0.00	25,000.00
3410 HCV FSS Grant Funds	35,103.00	2,925.25	2,925.25	29,252.50	29,252.50	0.00
3410 HCV HAP Payment-Adm Fees	531,060.00	44,255.00	41,580.00	540,650.93	442,550.00	98,100.93
3410 HCV HAP Payment-HAP Fees	5,933,400.00	494,450.00	502,709.00	4,570,564.00	4,944,500.00	(373,936.00)
Total Receipts	6,515,563.00	542,963.58	572,735.34	5,177,935.06	5,429,635.83	(251,700.77)
Expenses						
Administration						
4110 Adm Salaries	312,023.00	26,001.92	25,570.19	280,320.97	260,019.17	20,301.80
4110 FSS Salaries (grant portion)	35,103.00	2,925.25	2,925.25	29,252.50	29,252.50	0.00
4540 Adm/FSS Benefits	103,200.00	8,600.00	9,763.01	95,832.32	86,000.00	9,832.32
4130 Legal Fees	5,000.00	416.67	0.00	1,285.50	4,166.67	(2,881.17)
4140 Staff Training	5,000.00	416.67	0.00	2,164.99	4,166.67	(2,001.68)
4150 Travel	5,000.00	416.67	0.00	0.00	4,166.67	(4,166.67)
4171 Auditing Fees	6,940.00	578.33	0.00	0.00	5,783.33	(5,783.33)
4190 Sundry/Rent & Utility Adj	60,000.00	5,000.00	18,984.45	127,163.07	50,000.00	77,163.07
4190.2 Portability Fees	5,000.00	416.67	160.84	1,535.70	4,166.67	(2,630.97)
4190.4 LL Incentives-CARES Act	0.00	0.00	4,500.00	24,250.00	0.00	24,250.00
Total Administration	537,266.00	44,772.17	61,903.74	561,805.05	447,721.67	114,083.38
Utilities						
4310 Water	0.00	0.00	0.00	0.00	0.00	0.00
4320 Electric	4,000.00	333.33	345.41	4,062.76	3,333.33	729.43
4330 Gas	2,000.00	166.67	44.50	1,899.06	1,666.67	232.39
4390 Sewer	0.00	0.00	0.00	0.00	0.00	0.00
Total Utilities	6,000.00	500.00	389.91	5,961.82	5,000.00	961.82
Maintenance						
4420 Maintenance Salaries	0.00	0.00	0.00	0.00	0.00	0.00
4540 Maintenance Benefits	0.00	0.00	0.00	0.00	0.00	0.00
4420 Materials	0.00	0.00	0.00	0.00	0.00	0.00
4430 Contract Costs (Unit Inspections)	0.00	0.00	0.00	0.00	0.00	0.00
Total Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
General						
4510 Insurance	7,700.00	856.33	658.58	6,228.05	8,563.30	(2,335.25)
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4715 HAP Portability In	0.00	0.00	0.00	0.00	0.00	0.00
Total	7,700.00	856.33	658.58	6,228.05	8,563.30	(2,335.25)
Total Expenses (excluding HAP)	550,966.00	46,128.50	62,952.23	573,994.92	461,284.97	112,709.95
4715 HAP	5,942,400.00	495,200.00	485,164.00	4,769,594.00	4,952,000.00	(182,406.00)
4715 UAP	0.00	0.00	7,751.00	96,613.00	0.00	96,613.00
4718 FSS Escrow	0.00	0.00	6,143.91	55,232.91	0.00	55,232.91
HAP Total	5,942,400.00	495,200.00	499,058.91	4,921,439.91	4,952,000.00	(30,560.09)
Total Expenses	6,493,366.00	541,328.50	562,011.14	5,495,434.83	5,413,284.97	82,149.86
TOTAL RECEIPTS TO DATE						5,177,935.06
TOTAL EXPENSES TO DATE						5,495,434.83
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss						(317,499.77)
					Adm Funds	(1,409.72)
					HAP Funds	(341,090.05)

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



Liz Webb, Housing Choice Voucher Mgr



Date

6/30/2021 HCV HUD Held Reserve \$843,157 and MS5 HUD Held Reserve \$266,945
3/30/2021 HCV FY2021 Renewal Funding \$5,787,538

J. R. "POLLY" LINEWEAVER (JRL)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Dwelling Rent	184,248.00	15,354.00	15,239.68	151,755.39	153,540.00	(1,784.61)
3410 HAP Funding	276,372.00	23,031.00	17,750.00	212,146.00	230,310.00	(18,164.00)
3410 Service Coord Grant-2020	67,105.00	5,592.08	0.00	39,550.41	55,920.83	(16,370.42)
3690 Other Income-Laundry	3,800.00	316.67	298.57	3,292.17	3,166.67	125.50
3690 Other Income-Late fees,w/orders	12,000.00	1,000.00	3,366.37	7,525.47	10,000.00	(2,474.53)
Total Receipts	543,525.00	45,293.75	36,654.62	414,269.44	452,937.50	(38,668.06)
Expenses:						
Administration						
4110 Adm Salaries	50,955.00	4,246.25	3,770.32	37,856.48	42,462.50	(4,606.02)
4540 Adm Benefits	17,800.00	1,483.33	1,053.54	12,268.45	14,833.33	(2,564.88)
4130 Legal Fees	0.00	0.00	0.00	895.15	0.00	895.15
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 Fees	1,200.00	100.00	0.00	0.00	1,000.00	(1,000.00)
4190 Sundry	7,500.00	625.00	834.91	16,739.52	6,250.00	10,489.52
Total Administration	77,455.00	6,454.58	5,658.77	67,759.60	64,545.83	3,213.77
Tenant Services:						
4220-40 Service Coord Grant-2019	67,105.00	5,592.08	6,425.01	46,074.42	55,920.83	(9,846.41)
4230 Tenant Services-Other	1,000.00	83.33	0.00	13.23	833.33	(820.10)
Total Tenant Serv.	68,105.00	5,675.42	6,425.01	46,087.65	56,754.17	(10,666.52)
Utilities:						
4310 Water	8,000.00	666.67	704.55	6,990.84	6,666.67	324.17
4320 Electric	65,000.00	5,416.67	3,081.03	49,348.41	54,166.67	(4,818.26)
4390 Sewer	25,000.00	2,083.33	1,755.22	17,552.20	20,833.33	(3,281.13)
Total Utilities	98,000.00	8,166.67	5,540.80	73,891.45	81,666.67	(7,775.22)
Maintenance:						
4410 Maintenance Salaries	40,740.00	3,395.00	3,092.45	34,255.66	33,950.00	305.66
4540 Maintenance Benefits	10,020.00	835.00	434.20	5,980.03	8,350.00	(2,369.97)
4420 Materials	12,000.00	1,000.00	187.16	13,685.17	10,000.00	3,685.17
4430 Contract	41,000.00	3,416.67	8,192.61	56,919.79	34,166.67	22,753.12
Total Maintenance	103,760.00	8,646.67	11,906.42	110,840.65	86,466.67	24,373.98
General:						
4510 Insurance	8,500.00	708.33	915.56	8,673.30	7,083.33	1,589.97
4570 Collection Loss	0.00	0.00	0.00	0.00	0.00	0.00
4580 United Bank/VCC Interest	36,575.00	3,047.92	2,991.32	31,540.82	30,479.17	1,061.65
Total General	45,075.00	3,756.25	3,906.88	40,214.12	37,562.50	2,651.62
TOTAL EXPENSES	392,395.00	32,699.58	33,437.88	338,793.47	326,995.83	11,797.64
TOTAL RECEIPTS TO DATE						414,269.44
TOTAL EXPENSES TO DATE						338,793.47
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss						75,475.97

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 \$7,033.78 a total of \$76,071.19 for this fiscal year and a principlny payment to Virginia Community Capital in the amount of \$5,573.63 for a total of \$49,711.33 for this fiscal year.

FRANKLIN HEIGHTS, LLC
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Dwelling Rent	335,000.00	27,916.67	33,968.00	299,498.12	279,166.67	20,331.45
3410 HAP Funding	1,137,066.00	94,755.50	97,218.00	981,607.00	947,555.00	34,052.00
3610 Interest Income	900.00	75.00	39.17	418.33	750.00	(331.67)
3690 Other Income-Late fees, etc.	20,000.00	1,666.67	2,402.00	29,095.00	16,666.67	12,428.33
3410 Other Receipts-CDBG Funds	164,000.00	13,666.67	70,000.00	148,000.00	136,666.67	11,333.33
Total Receipts	1,656,966.00	138,080.50	203,627.17	1,458,618.45	1,380,805.00	77,813.45
Expenses:						
Administration						
4110 Adm Salaries	227,580.00	18,965.00	13,867.98	139,133.69	189,650.00	(50,516.31)
4540 Adm Benefits	69,475.00	5,789.58	3,748.39	42,683.36	57,895.83	(15,212.47)
4130 Legal Fees	1,000.00	83.33	1,587.00	2,587.00	833.33	1,753.67
4140 Staff Training	1,000.00	83.33	0.00	428.00	833.33	(405.33)
4150 Travel	1,500.00	125.00	0.00	0.00	1,250.00	(1,250.00)
4171 Auditing Fees	1,800.00	150.00	0.00	0.00	1,500.00	(1,500.00)
4190 Sundry	35,000.00	2,916.67	2,417.14	70,738.26	29,166.67	41,571.59
4190 CDBG Down Payment Assistance Program	24,000.00	2,000.00	0.00	12,000.00	20,000.00	(8,000.00)
Total Administration	361,355.00	30,112.92	21,620.51	267,570.31	301,129.17	(33,558.86)
Tenant Services						
4240 Tenant Services-Recreation	1,000.00	83.33	320.97	945.06	833.33	111.73
Total Tenant Services	1,000.00	83.33	320.97	945.06	833.33	111.73
Utilities						
4310 Water	0.00	0.00	(40.61)	(1,482.43)	0.00	(1,482.43)
4320 Electric	10,000.00	833.33	525.48	5,534.84	8,333.33	(2,798.49)
4330 Gas	2,000.00	166.67	0.00	82.90	1,666.67	(1,583.77)
4390 Sewer	0.00	0.00	(776.12)	(4,113.62)	0.00	(4,113.62)
Total Utilities	12,000.00	1,000.00	(291.25)	21.69	10,000.00	(9,978.31)
Maintenance						
4410 Maintenance Salaries	113,386.00	9,448.83	8,964.04	96,846.87	94,488.33	2,358.54
4540 Maintenance Benefits	37,410.00	3,117.50	1,728.15	21,574.67	31,175.00	(9,600.33)
4420 Materials	40,000.00	3,333.33	7,869.02	38,162.17	33,333.33	4,828.84
4430 Contract	75,000.00	6,250.00	114,027.49	176,596.15	62,500.00	114,096.15
Total Maintenance	265,796.00	22,149.67	132,588.70	333,179.86	221,496.67	111,683.19
General						
4510 Insurance	25,000.00	2,083.33	(2,242.76)	20,795.52	20,833.33	(37.81)
4570 Collection Loss	15,000.00	1,250.00	0.00	0.00	12,500.00	(12,500.00)
4590 Real Estate Taxes	25,000.00	2,083.33	0.00	12,288.20	20,833.33	(8,545.13)
4580 Interest Expense-HHR	84,600.00	7,050.00	0.00	84,600.00	70,500.00	14,100.00
4580 Interest Expense-FH	111,625.00	9,302.08	0.00	111,625.00	93,020.83	18,604.17
4580 Interest Expense-FORK(BJ)	0.00	0.00	3,586.47	13,515.52	0.00	13,515.52
4580 Interest Expense-FORK(UB)	25,544.00	2,128.67	0.00	15,563.90	21,286.67	(5,722.77)
4580 Interest Expense-FORK(Seller Fin)	38,991.00	3,249.25	0.00	20,676.50	32,492.50	(11,816.00)
Total General	325,760.00	27,146.67	1,343.71	279,064.64	271,466.67	7,597.97
TOTAL EXPENSES	965,911.00	80,492.58	155,582.64	880,781.56	804,925.83	75,855.73
TOTAL RECEIPTS TO DATE						1,458,618.45
TOTAL EXPENSES TO DATE						880,781.56
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Net Income/Loss						577,836.89

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

Nehemias Velez, FH Manager

Date

Please note P/I payments below:

	Debt Pymts Due	Debt Pymts YTD	Debt Pymts Outstanding	
HHR 2006/14 Go Bond Payment	219,600	219,600	0	135000
FH 2009/11 Go Bond Payment	446,825	446,825	0	335000
Bank of the James	51,740	31,044	20,696	36295
United Bank-Forkovitch Units	47,551	47,551	0	29027
Seller Financed-Forkovitch Units	60,053	60,053	0	31582
Total	825,769	805,073	20,696	

COMMERCE VILLAGE LLC (CVO)
Statement of Revenues, Expenses, and Changes in Fund Equity
For the Month of October 2021

	Annual Budget	Monthly Budget	Total This Month	Actual To Date	Budget To Date	Over/(Under) To Date
Receipts:						
3110 Rental Income	95,000.00	7,916.67	8,313.00	81,508.00	79,166.67	2,341.33
3410 HAP Funding	109,448.00	9,120.67	9,912.00	94,712.00	91,206.67	3,505.33
3610 Interest (Replacement&Operatir	400.00	33.33	2.82	30.96	333.33	(302.37)
3690 Other Income-Laundry&Donatio	2,000.00	166.67	151.76	1,447.80	1,666.67	(218.87)
3690 Other Inc-Late fees,workorders	3,000.00	250.00	270.00	2,306.74	2,500.00	(193.26)
Total Receipts	209,848.00	17,487.33	18,649.58	180,005.50	174,873.33	5,132.17
Expenses:						
Administration:						
4110 Adm Salaries	21,600.00	1,800.00	1,512.02	16,165.68	18,000.00	(1,834.32)
4540 Adm Benefits	7,500.00	625.00	398.07	4,889.84	6,250.00	(1,360.16)
4130 Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
4140 Staff Training	500.00	41.67	0.00	500.00	416.67	83.33
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	4,600.00	383.33	1,354.88	10,891.84	3,833.33	7,058.51
4190 Sundry-Management fees	10,000.00	833.33	958.64	9,269.17	8,333.33	935.84
4190 Sundry-HCC fees	6,400.00	533.33	0.00	6,566.97	5,333.33	1,233.64
Total Administration	50,600.00	4,216.67	4,223.61	48,283.50	42,166.67	6,116.83
Tenant Services:						
4240-Case Mgt/Peer Counseling	20,000.00	1,666.67	2,500.00	16,250.00	16,666.67	(416.67)
4240 Tenant Services-Client	1,500.00	125.00	0.00	605.00	1,250.00	(645.00)
Total Tenant Serv.	21,500.00	1,791.67	2,500.00	16,855.00	17,916.67	(1,061.67)
Utilities:						
4310 Water	4,300.00	358.33	362.39	3,586.80	3,583.33	3.47
4320 Electricity	20,000.00	1,666.67	1,234.99	13,813.92	16,666.67	(2,852.75)
4330 Gas	2,100.00	175.00	147.58	1,605.25	1,750.00	(144.75)
4390 Sewer	11,650.00	970.83	849.30	8,493.00	9,708.33	(1,215.33)
Total Utilities	38,050.00	3,170.83	2,594.26	27,498.97	31,708.33	(4,209.36)
Maintenance:						
4410 Maintenance Salaries	15,450.00	1,287.50	748.83	11,445.44	12,875.00	(1,429.56)
4540 Maintenance Benefits	3,550.00	295.83	155.26	2,049.85	2,958.33	(908.48)
4420 Materials	2,500.00	208.33	130.31	2,406.47	2,083.33	323.14
4430 Contract Costs	15,000.00	1,250.00	825.99	16,964.91	12,500.00	4,464.91
Total Maintenance	36,500.00	3,041.67	1,860.39	32,866.67	30,416.67	2,450.00
General Expenses:						
4510 Insurance Expenses	2,800.00	233.33	312.08	2,626.07	2,333.33	292.74
4570 Collection Loss	500.00	41.67	0.00	0.00	416.67	(416.67)
4580 Interest Expense	16,380.00	1,365.00	1,365.00	13,650.00	13,650.00	0.00
4590 Real Estate Taxes	24.00	2.00	1.01	10.10	20.00	(9.90)
1162 Replacement Reserve Acct	9,000.00	750.00	750.00	7,500.00	7,500.00	0.00
Total General Exp.	28,704.00	2,392.00	2,428.09	23,786.17	23,920.00	(133.83)
TOTAL EXPENSES	175,354.00	14,612.83	13,606.35	149,290.31	146,128.33	3,161.98
TOTAL RECEIPTS TO DATE						180,005.50
TOTAL EXPENSES TO DATE						149,290.31
TOTAL RECEIPTS LESS TOTAL EXPENSES TO DATE-Income/Loss						30,715.19

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

Sandra Lowther, Commerce Village Manager

Date

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2020****Open to Public Inspection**

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 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 G Gross receipts \$ 0.
	F Name and address of principal officer: Michael G. Wong, 286 KELLY STREET, HARRISONBURG, VA 22803	
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ N/A	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 2001		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide housing for low income families.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,325.	563,050.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,325.	563,050.
19 Revenue less expenses. Subtract line 18 from line 12	-1,325.	-563,050.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	865,810.	785.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,766.	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

Date

MICHAEL WONG, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Thomas E. Turner, CPA	Thomas E. Turner, CPA	11/03/2021		P01275584
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

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 09/08/21 PRO

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 563,050. 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 **▶** 563,050.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	

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
1a Enter the number of voting members of the governing body at the end of the tax year	1a	9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

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 22802 (540) 434-7386

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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		X				0.	127,350.	18,692.
(2) John Hall President	1.00	X		X				0.	0.	0.
(3) Melisa Michelsen Secretary/Treasurer	1.00	X		X				0.	0.	0.
(4) Costella Forney Director	1.00	X						0.	0.	0.
(5) Scott Gallagher Director	1.00	X						0.	0.	0.
(6) Dany Fleming Director	1.00	X						0.	0.	0.
(7) Christine Fasching Maphis Director	1.00	X						0.	0.	0.
(8) Kevin Coffman Director	1.00	X						0.	0.	0.
(9) Luciano Benjamin Director	1.00	X						0.	0.	0.
(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)										
1b Subtotal								0.	127,350.	18,692.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	127,350.	18,692.

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

- | | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0.				
	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	Total. Add lines 1a-1f ▶					
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
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	6a	(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	7a	(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				Business Code			
	11a						
	b						
	c						
	d	All other revenue		0.	0.	0.	0.
	e	Total. Add lines 11a-11d ▶		0.			
12	Total revenue. 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 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	1,104.	1,104.	0.	0.
c Accounting	400.	400.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	996.	996.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE	450.	450.	0.	0.
b LOSS ON DISPOSITION	560,100.	560,100.	0.	0.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	563,050.	563,050.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	785.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	865,810.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	865,810.	16	785.	
Liabilities	17 Accounts payable and accrued expenses	3,766.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,766.	26	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	862,044.	27	785.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	862,044.	32	785.
33 Total liabilities and net assets/fund balances	865,810.	33	785.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0.
2	Total expenses (must equal Part IX, column (A), line 25)	2	563,050.
3	Revenue less expenses. Subtract line 2 from line 1	3	-563,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	862,044.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-298,209.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	785.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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 for instructions and the latest information.

OMB No. 1545-0047

2020

**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)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			92.			92.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			92.			92.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						92.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4			92.			92.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,032.	582.				3,614.
11 Total support. Add lines 7 through 10						3,706.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	2.48 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2020. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33⅓% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. 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 10%-facts-and-circumstances test—2019. 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"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33⅓% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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 Part VI .		
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 Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
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)

- 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 lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described in line 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.

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

	Yes	No
2a		
2b		
3a		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SHENANDOAH HOUSING CORPORATION

Employer identification number

54-1583954

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

[illegible]

[illegible]

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

54-1583954

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990-EZ, line 36.

[illegible]

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c. Become a direct or indirect owner of a successor or transferee organization?

d. Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e. If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a		
2b		
2c		
2d		

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

[illegible]

- 2** Did or will any officer, director, trustee, or key employee of the organization;

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

**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 512(b)(13) controlled entity?
						Yes	No
(1)	HARRISONBURG RHA 54-0625939	GOVERNMENT LOW INCOME HOUSING				N/A	X
(2)	286 KELLEY STREET HARRISONBURG VA 22803						
(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.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to related organization(s)		1b X
c Gift, grant, or capital contribution from related organization(s)	X	1c X
d Loans or loan guarantees to or for related organization(s)		1d X
e Loans or loan guarantees by related organization(s)		1e X
f Dividends from related organization(s)		1f X
g Sale of assets to related organization(s)		1g X
h Purchase of assets from related organization(s)		1h X
i Exchange of assets with related organization(s)		1i X
j Lease of facilities, equipment, or other assets to related organization(s)		1j X
k Lease of facilities, equipment, or other assets from related organization(s)		1k X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	1l X
m Performance of services or membership or fundraising solicitations by related organization(s)		1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	1n X
o Sharing of paid employees with related organization(s)	X	1o X
p Reimbursement paid to related organization(s) for expenses		1p X
q Reimbursement paid by related organization(s) for expenses		1q X
r Other transfer of cash or property to related organization(s)	X	1r X
s Other transfer of cash or property from related organization(s)		1s X

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) HARRISONBURG RHA		c	298,546.	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.

Return of Organization Exempt From Income Tax**2020****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2020 calendar year, or tax year beginning , 2020, and ending , 20**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Lineweaver Annex Corporation

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

P.O. Box 1071

Room/suite

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

Harrisonburg, VA 22803

D Employer identification number

54-1583973

E Telephone number

5404347386

F Group Exemption Number ▶**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Line 16. Stmt	16	1,421.
17	Total expenses. Add lines 10 through 16 ▶	17	1,421.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-1,421.
	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	-38,208.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	-39,629.

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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
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	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

- 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

	Yes	No
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 ☐

- 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

	Yes	No
47		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

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

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

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

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here

Signature of officer
 Michael G Wong, EXECUTIVE DIRECTOR
 Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name Thomas E. Turner, CPA	Preparer's signature Thomas E. Turner, CPA	Date 11/01/2021	Check <input type="checkbox"/> if self-employed	PTIN P01275584
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	1,421.
Total	1,421.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Lineweaver Annex Corporation

Employer identification number

54-1583973

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.				0.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	0.	0.				0.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	0.	0.				0.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						0.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	0 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	0 %
16a 33 1/3% support test—2020. 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 33 1/3% support test—2019. 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"/>
17a 10%-facts-and-circumstances test—2020. 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 10%-facts-and-circumstances test—2019. 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"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2020. 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 33¹/₃% support tests—2019. 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"/>		
20 Private foundation. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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 Part VI .		
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 Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
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?		
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).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
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.			
2a			
2b			
3a			
3b			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Lineweaver Annex Corporation

Employer identification number

54-1583973

Pt I, Line 16:

Description: Administrative \$1,421

Pt II, Line 24:

Description: Investment In LLP Beginning of Year: \$924 End of Year: \$785

Pt II, Line 26:

Description: Accounts Payable To HRHA Beginning of Year: \$39,132 End of Year: \$40,414

**RESOLUTION AUTHORIZING TRANSFER OF REAL PROPERTY
LOCATED AT 315 BROAD STREET, HARRISONBURG, VIRGINIA**

WHEREAS, the Harrisonburg Redevelopment Housing Authority (“HRHA”) is the owner of the real property located at 315 Broad Street, Harrisonburg, Virginia (the “Property”);

WHEREAS, the Property is assessed at \$148,000, which does not adequately reflect the condition of the Property;

WHEREAS, on September 3, 2021, HRHA entered into a Contract for the Sale and Purchase of Real Estate (the “Contract”) with Matthias and Erika Clymer (the “Buyers”) to purchase the Property in the amount of \$125,000;

WHEREAS, the Buyers agree to buy the Property “as is”; and

WHEREAS, each party has agreed to pay their respective closing costs related to the transfer of the Property.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY THAT:

1. The transfer of the real property located at 315 Broad Street, Harrisonburg, Virginia to Matthias and Erika Clymer, in accordance with the Contract, in substantial form as attached hereto and incorporated herein as Exhibit 1, is hereby approved; and

2. The Executive Director is hereby authorized to execute the deed and any and all documents deemed necessary to effectuate the transfer of the Property or the purpose of this Resolution.

Resolved this 17th day of November 2021.

CERTIFICATE OF VOTES

Record of the roll-call vote by the Commissioners of the Harrisonburg Redevelopment and Housing Authority, upon reading of a resolution titled **“RESOLUTION AUTHORIZING TRANSFER OF REAL PROPERTY LOCATED AT 315 BROAD STREET, HARRISONBURG, VIRGINIA”** taken at a meeting of the Authority held on November 17, 2021:

	AYE	NAY	ABSTAIN	ABSENT
Dany Fleming, Chair				
Christine Fasching Maphis				
Luciano Benjamin				
Kevin Coffman				
Gil Colman				
Jody Johannessen				
Shonda Green				

Dated: November 17, 2021

Chair, Harrisonburg Redevelopment and
Housing Authority (SEAL)

ATTEST: _____
Secretary

The undersigned Secretary of the Harrisonburg Redevelopment and Housing Authority hereby certifies that the foregoing is a true, correct, and complete copy of a Resolution adopted by the commissioners present and voting at a meeting duly called and held on November 17, 2021, in accordance with law, and that such Resolution has not been repealed, revoked, rescinded, or amended, but is in full force and effect as of the date hereof.

WITNESS my hand and the seal of Harrisonburg Redevelopment and Housing Authority this 17th day of November, 2021.

**HARRISONBURG REDEVELOPMENT AND
HOUSING AUTHORITY**

By: _____
Michael G. Wong, Secretary

Delinquent Rents and Charges for Write-Off in 2021
Resolution # _____

Franklin Heights, LLC

Dinges, Diana	XXX-XX-XXXX		\$	1,227.94
Rexrode, Linda	XXX-XX-XXXX		\$	6,967.30
Ritola, Christina	XXX-XX-XXXX		\$	6,009.27
Sub-total			\$	14,204.51

JR "Polly" Lineweaver Apartments

No budget line item for write-offs			\$	-
Sub-total			\$	-

Lineweaver Annex Apartments

Breeden, Pamela	XXX-XX-XXXX		\$	2,630.20
Bryant, Angela	XXX-XX-XXXX		\$	952.88
Dukes, Thomas	XXX-XX-XXXX		\$	696.99
Emerson, Jeremy	XXX-XX-XXXX		\$	706.81
Feliz, Julio	XXX-XX-XXXX	Baker, Debra	XXX-XX-6748	\$ 2,064.20
Hildebrand, Julie	XXX-XX-XXXX		\$	1,345.20
Ramos, Carlos	XXX-XX-XXXX		\$	1,615.16
Sub-total			\$	10,011.44

Commerce Village, LLC

Cornelius, Mary	XXX-XX-XXXX		\$	1,365.00
Kirby, Terry	XXX-XX-XXXX		\$	776.00
Sub-total			\$	2,141.00
Total			\$	26,356.95

Attachment A-2021

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

Bankruptcies:

Deceased:

King, Jacob	XXX-XX-XXXX	Franklin Heights	\$4,315.00
Pacheco, Thomas	XXX-XX-XXXX	Public Housing	\$ 198.49
Yeager, Thomas	XXX-XX-XXXX	Commerce Village	\$ 777.00

Below \$5 Limit:

Camacho, Karla	XXX-XX-XXXX	Franklin Heights	\$ 2.85
Lindsay, Tonyette	XXX-XX-XXXX	Lineweaver Annex	\$.20

Balance below \$35 after adm fee

Baltimore, Roshanna	XXX-XX-XXXX	Franklin Heights	\$ 2.61
Mason, Tiffany	XXX-XX-XXXX	Franklin Heights	\$ 10.00
Storm, Jarrette	XXX-XX-XXXX	Franklin Heights	\$ 11.87

Total	\$5,318.02
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1

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Program	Account Number	Inventory #	Description	Project Number	Location	Make	Model	Serial	Date Acquired	Cost	Check #
LCD	500.1475.10.000	386	COMPUTER, DESKTOP	WINDOWS 10	CVO MGR	DELL			5/15/2014	\$ 925.13	13026
LCD/LW	500.1465.10.002	1	FUR*80 RANGE		LW # 117	GENERAL ELECTRIC		TG117760N	10/1/1993	\$ 240.00	
LCD	HMS	5057	COMPUTER, LAPTOP	HMS	LAURA-HRHA	DELL	LATITUDE E5530	73SLTY1	10/25/2013	\$ 1,010.15	12263
LCD	HMS	5078	COMPUTER, LAPTOP	HMS	SALVATION ARMY W/INC	DELL	LATITUDE E5540	1556N12	11/13/2014	\$ 749.99	13506
LCD	HMS	5116	DOCKING STATION	HMS	HRHA-INVENTORY	DELL	D3100	MAC: 9CEBE8412AC7	10/19/2016	\$ 127.49	
LCD	HMS	5117	DOCKING STATION	HMS	HRHA-INVENTORY	DELL	D3100	MAC: 9CEBE8412ACA	10/19/2016	\$ 127.49	
LCD	HMS	5118	DOCKING STATION	HMS	HRHA-INVENTORY	DELL	D3100	MAC: 9CEBE8412ACB	10/19/2016	\$ 127.49	
LCD	HMS	5103	KEYBOARD	HMS	CVO MGR	LOGITECH	MK270	3108856460056306E2	11/9/2015	\$ 19.99	30873
LCD	HMS	5104	KEYBOARD	HMS	STRENGTH N PEER	LOGITECH	MK270		11/9/2015	\$ 19.99	30873
LCD	HMS	5105	KEYBOARD	HMS	HRHA-INVENTORY	LOGITECH	MK270		11/9/2015	\$ 19.99	30873
LCD	HMS	5106	KEYBOARD	HMS	HRHA-INVENTORY	LOGITECH	MK270		11/9/2015	\$ 19.99	30873
LCD	HMS	5091	DOCKING STATION	HMS	CVO MGR	DELL	E-PORT PLUS ADV	53606DDA00	9/25/2015	\$ 138.71	30852
LCD	HMS	5092	DOCKING STATION	HMS	SHEN ALLIANCE	DELL	E-PORT PLUS ADV	563070B	9/25/2015	\$ 138.71	30852
LCD	HMS	5093	DOCKING STATION	HMS	SALVATION ARMY	DELL	E-PORT PLUS ADV	56300716	9/25/2015	\$ 138.71	30852
LCD	HMS	5094	DOCKING STATION	HMS	HRHA-INVENTORY	DELL	E-PORT PLUS ADV	56306C2	9/25/2015	\$ 138.71	30852
LCD	HMS	5095	DOCKING STATION	HMS	HRHA-INVENTORY	DELL	E-PORT PLUS ADV	56306DE	9/25/2015	\$ 138.71	30852
LCD	HMS	5096	DOCKING STATION	HMS	STRENGTH N PEER	DELL	E-PORT PLUS ADV	N9AHLBE	9/25/2015	\$ 138.71	30852
LCD	HMS	5059	DOCKING STATION	HMS	LAURA-HRHA	DELL	E-PORT, 130W	QAD0134809267	10/25/2013	\$ 119.99	12263
LCD	HMS	5077	COMPUTER, LAPTOP	HMS	HRHA-INVENTORY	DELL	LATITUDE E5540	13T6N12	11/13/2014	\$ 749.99	13506
									LCD TOTAL	\$ 7,042.91	
LCD	UNDER \$5000-OFC	435	IPAD W/ W/IFI, 32 GB		COSTELLA FORNEY	APPLE			5/29/2019	\$ 279.00	33497
LCD	UNDER \$5000-OFC	406	IPAD2 W/ CASE & SCREEN PROTECTOR		JOHN HALL	APPLE	IPAD AIR	DMQM9XG5FK14	1/20/2015	\$ 472.98	30271
LCD	UNDER \$5000-OFC	364	IPAD2 W/ CASE & SCREEN PROTECTOR		SCOTT GALLAGHER	APPLE	A1395	DQGTGBXRDFHW	1/3/2012	\$ 542.99	10844
LCD	UNDER \$5000-OFC	430	IPAD 97		TIM SMITH	APPLE	MR7G2L/A	GG7WL3VGJF8K	10/25/2018	\$ 329.00	33201
LCD	UNDER \$5000-OFC	431	IPAD 97		LEVI FULLER	APPLE	MR7G2LL/A	GG7WL4RMJF8K	10/25/2018	\$ 329.00	33201
									LCD TOTAL	\$ 1,952.97	
Program	Account Number	Inventory #	Description	Project Number	Location	Make	Model	Serial	Date Acquired	Cost	Check #
FH	FRK.1475.10.000	747	Chair, Leather	CF03	LW OFC			490267	3/29/2004	\$ 74.94	31255
FH	FRK.1475.10.000	728	Shredder, GBC Shredmaster	CF01	COPY AREA	SHREDMASTER	4220 S-1	NR19241	3/22/2002	\$ 989.00	28731
										\$ 1,063.94	
FH	FRK.1465.10.000	837	RANGE	HHR	434 Hill	GE	JBP24DOM1WW	SR237630Q	11/17/2008	\$ 454.54	1029
FH	FRK.1465.10.000	1015	RANGE	FORK	611-C Myrtle	Frigidaire	FFEF3011LWD	VF12581764	9/8/2011	\$ 298.00	10402
FH	FRK.1465.10.000	1101	RANGE HANDICAP		413 KELLEY	Frigidaire	FFEF3009PWE	VF70627947	3/7/2017	\$ 479.75	31946
										\$ 1,232.29	
FH	FRK.1465.11.000	923	REFRIGERATOR	PH	517 MYRTLE	Frigidaire	FRT17HB3JW3	BA94103461	12/10/2009	\$ 448.00	1370
FH	FRK.1465.11.000	979	REFRIGERATOR	PH	407 E BRUCE	GE	HTH17CBTZRWV	GR841708	5/7/2010	\$ 392.88	1506
FH	FRK.1465.11.000	857	REFRIGERATOR	HHR	3 LINCOLN CIRCLE	Frigidaire	FRT17L3FW2	BAB3632166	11/17/2008	\$ 465.40	1029
FH	FRK.1465.11.000	929	REFRIGERATOR	PH	519 STERLING	Frigidaire	FRT17HB3JW3	BA94103459	12/10/2009	\$ 448.00	1370
FH	FRK.1465.11.000	1072	REFRIGERATOR	PH	405-A SUMMIT	Frigidaire	LFT1713LW2	BA32712474	8/2/2013	\$ 443.74	12545
FH	FRK.1465.11.000	1122	REFRIGERATOR		MAINT SHOP/parts	GE	GTE18CTHWV	RM778671	9/26/2019	\$ 457.74	33806
FH	FRK.1465.11.000	1127	REFRIGERATOR		MAINT SHOP/parts	Frigidaire	FFTR1814TW8	BA93921562	4/17/2020	\$ 474.05	34146
										\$ 3,129.81	

FH	FRK.1450.00.000	941 Video Surveillance System	FH	143/BASEMENT				4/23/2010	\$ 23,250.00	1508
FH	FRK.1450.00.000	1035 Video Surveillance System	FH	143/BASEMENT				8/11/2011	\$ 9,995.00	10327
FH	FRK.1450.00.000	1036 Video Surveillance System	FORK	ADM OFC				8/11/2011	\$ 44,726.17	10327/10484
FH	FRK.1450.00.000	1037 Video Surveillance System	FORK	ADM OFC				8/11/2011	\$ 28,112.35	10327/10484
FH	FRK.1450.00.000	1038 Video Surveillance System	FORK	ADM OFC				2/2/2012	\$ 5,180.00	10809
FH	FRK.1450.00.000	1060 Video Surveillance System	FH	ADM OFC				5/10/2012	\$ 72,523.00	11072
FH	FRK.1450.00.000	1061 Video Surveillance System	HHR	ADM OFC				6/26/2012	\$ 17,113.77	11202
FH	FRK.1450.00.000	936 Video Surveillance System-SS	FH	ADM OFC				1/1/2010	\$ 73,700.00	1392
FH	FRK.1450.00.000	937 Video Surveillance System-SS	FH	ADM OFC				2/11/2010	\$ 71,571.34	1415
FH	FRK.1450.00.000	1073 Video Surveillance System-SS	FH	ADM OFC				5/31/2013	\$ 27,601.50	12139
FH	FRK.1450.00.000	1074 Video Surveillance System-SS	FH	ADM OFC				7/31/2013	\$ 52,244.71	12292
FH	FRK.1450.00.000	1094 Video Surveillance Upgrade	FORK	ADM OFC				8/10/2016	\$ 7,535.61	31457
								FH TOTAL	\$ 433,553.45	
									\$ 438,979.49	
Program	Account Number	Inventory / Description	Project Number	Location	Make	Model	Serial	Date Acquired	Cost	Check #
HCV	400.1475.10.000	51 CARRYING CASE-LAPTOP		EX DIR OFC	GATEWAY	GTWNTL1		3/29/2004	\$64.99	4480
HCV	400.1475.10.000	66 CHAIR, LEATHER MESH		MAINT SHOP			49421	4/23/2010	\$98.97	45008
HCV	400.1475.10.000	69 FILE CABINET, 4D, LEGAL		HCV SPEC-KF	HON			7/27/2004	\$99.99	45903
HCV	400.1475.10.000	70 FILE CABINET, 4D, LEGAL		HCV SPEC-KF	HON			9/8/2004	\$149.99	46475
								HCV TOTAL	\$403.94	
Program	Account Number	Inventory / Description	Project Number	Location	Make	Model	Serial	Date Acquired	Cost	Check #
JRL	200.1465.11.000	217 REFRIGERATOR		JRL # 112	HOTPOINT	CTX14CYXRWH	MM800854	9/30/1995	\$439.00	20881
JRL	UNDER \$5000-SCG	428 COMPUTER, LAPTOP		SC OFC				9/12/2017	\$989.71	32278
								JRL TOTAL	\$1,428.71	
								ALL PROGRAMS	\$ 447,855.05	

VOUCHER PROGRAM MANAGEMENT SUMMARY
OCTOBER 2021 FOR 11/17/21 BOARD MEETING

1. Waiting List, Housing Choice Voucher (month-end)

	1BR	2BR	3BR	4BR	5BR	6BR	Total
Applications by Unit Size	615	947	649	243	50	5	2,509
New Applicants This Month	38	64	21	11	3	0	137

2. Voucher Utilization (month-end)

All Available Vouchers	956	100%
Leased (under HAP):	819	86%
Issued (searching):	69	7%
Not Assigned:	68	7%

3. HAP Expenditures (first of month)

Total HAP (excludes FSS, incentives)	\$483,286
Leased Vouchers	808
Average Per Unit Cost	\$598.13

4. Issued Vouchers ("on the street") – Household Search Time by Voucher Size

	1BR	2BR	3BR	4BR	5BR	Total
# of Searching Households	46	10	7	5	1	69
Average Search Time (days)	95	106	145	60	233	101

5. Vouchers Issued This Month

New Vouchers Issued & Briefed	
New Tenant-Based / Briefing Session	14
Project-Based / Briefing Session	2
Port-In / Briefing Session	0

6. Landlord Information

Landlords currently in program (excluding HRHA)	216
New landlords to the program	0
Landlord bonuses (\$250 each) paid	18
Landlord damage claim requests (\$750 each) paid	0
Landlords using Assistance Connect Portal as of report date	44

7. Inspections Completed this Month

	HRHA				WRHA			Total
Completed This Month	Pass	Fail	Other	Total	Pass	Fail	Total	
Pre-Lease Inspections	14	1	-	15	3	-	3	18
Annual/Biennial Inspections	36	8	2	46	14	7	21	67
Annual/Biennial Re-Inspects	12	-	-	12	8		8	20
TOTAL	62	9	2	73	25	7	32	105

8. PIC Submission: 99.87%

9. Certification Details (for the month; excludes billed port-outs)

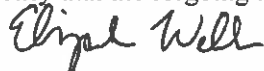
	Annual Certs	Interim Certs	New Leases	Ends of Participation	Total	Caseload (housed)
Kim	18	29	-	3	50	251
Jon	26	12	23	2	63	259
Kristin	10	17	-	1	28	273
Sandra	1	2	-	0	3	30
Total	55	60	23	6	144	813

New Leases	Franklin Heights	Commerce Village	Voucher at Lineweaver	Private Landlord	Total
New Admission	2	0	0	15	17
Transfer/Change of Unit	0	0	0	6	6
Incoming Portable	--	--	-	0	0
Total	2	0	0	21	23

Interim Certifications		Owner Rent Increases	Total
Income Decrease	25	Franklin Heights	3
Income Increase	21	Commerce Village	1
Household Change	3	Lineweaver Annex	2
Other	4	Private Tax Credit	8
Owner-Led (rent change)	7	Private – Rent Study	20
Total	60	Total	34

End of Participation / Termination	Total
<i>Didn't Complete Annual</i>	1
<i>Deceased</i>	1
<i>Other</i>	1
<i>Voucher Expired</i>	3
Total	6

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



Elizabeth Webb, HCV Manager

November 12, 2021
Date

JR "Polly" Lineweaver Program Management Report
Month of October 2021

Applications

	Efficiency	One bedroom
Currently On Waiting List	0	80
New Applications Taken	0	23

Marketing

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

Occupancy

15	# of minorities	0.25%
54	# of disabled tenants	91%
33	# of elderly tenants	58%
Total Number of Units Leased: 57		

Tenant Accounts Receivable

Accounts Receivable at end of Month	\$29,206.56		
Delinquent Accounts By Age	30 2	60 10	>60 10
Security Deposits Held	\$13,775.57		
Pet Deposits Held	\$1,395.00		
Rent Billed	\$15,239.68		
Rent Collected	\$17,531.34		

Number of Inspections	0
-----------------------	---

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.


Lisa Benasher, Lineweaver Property Manager

11-3-2021
Date

Lineweaver Annex Program Management Report...
Month of October 2021

Applications

Currently On Waiting List	78
New Applications Taken	1

Marketing

# of units vacant	4
# 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

17	# of minorities	23%
47	# of disabled tenants	83%
15	# of elderly tenants	26%
Total Number of Units Leased 56		

Tenant Accounts Receivable

Accounts Receivable at end of Month	\$32,316.82		
Delinquent Accounts By Age	30 7	60 9	>60 9
Security Deposits Held	\$28,021.42		
Pet Deposits Held	\$1,650.00		
Rent Billed	\$16,057.77		
Rent Collected	\$15,735.11		

Number of Inspections	0
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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.


Lisa Benasher, Lineweaver Manager

11-3-2021
Date

FRANKLIN HEIGHTS PROGRAM MANAGEMENT REPORT
FOR THE MONTH OF OCTOBER 2021

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>3</u>	<u>0</u>	<u>0</u>	<u>4</u>
# of Tenants who moved in	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>2</u>
# of Tenants who moved out	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</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>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# of Legal Notices	<u>2</u>	<u>9</u>	<u>10</u>	<u>5</u>	<u>0</u>	<u>26</u>
# of Unlawful Detainers	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</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>5</u>
Tenants who have handicap access	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u>

2.) Occupancy:

TOTAL NUMBER OF UNITS LEASED: 125

3.) Tenant Accounts Receivable:

Security and Pet Deposits Held:	<u>\$114,107.00</u>
Rent Billed	<u>\$135,903.84</u>
Rent Collected	<u>\$134,017.03</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>2,005</u> applicants.	<u>705</u>	<u>749</u>	<u>368</u>	<u>149</u>	<u>034</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 two move-ins and one move-out (tenant passed away) for the month of October 2021. FH had a Writ of Possession for the month of October 2021, but the tenant paid the amount owed fully. However, tenant failed to do HCV annual re-certification and is now out of compliance (11/21). For the month of October 2021 FH collected \$25.00 in recoupment from tenant(s) who had bad debt. FH has started adjudicating rental issues in court (FH will work with any client with regards to payment agreements and/or willing to apply for rental assistance). FH continues to take applications for the program.

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


Nehemias Velez, FH Property Manager

11/12/21
Date

Monthly Report –October 2021

HCV PARTICIPANTS

Employment	Education/Training	Escrow
In Program: 22	Enrolled in GED: 0	Positive Escrow Balances: 18
Employed: 12	Enrolled in ESL: 0	Earning Monthly Escrow: 8
Unemployed/Furlough: 9	Enrolled in Continuing Ed: 1	Newly Earning Escrow: 2
Medical Leave/ Disability: Maternity Leave: 1	Started this month: 0	Increase in Earning Escrow: 5
		Decrease in Earning Escrow: 0
		Interim Escrow Withdrawals: 1

FRANKLIN HEIGHTS PARTICIPANTS

Employment	Education/Training	Escrow
In Program: 30	Enrolled in GED: 1	Positive Escrow Balances: 18
Employed: 17	Enrolled in ESL: 1	Earning Monthly Escrow: 11
Unemployed/Furlough: 10	Enrolled in Continuing Ed.:3	Newly Earning Escrow: 1
Medical Leave/ Disability: Maternity Leave: 3	Started this month: 0	Increase in Earning Escrow: 2
		Decrease in Earning Escrow: 0
		Interim Escrow Withdrawals: 2

HARRISON HEIGHTS

Employment	Education/Training	Escrow
In Program: 10	Enrolled in GED: 0	Positive Escrow Balances: 8
Employed: 8	Enrolled in ESL: 1	Earning Monthly Escrow: 5
Unemployed: 2	Enrolled in Continuing Ed:1	Newly Earning Escrow: 2
Medical Leave/ Disability: Maternity Leave: 1	Started this month: 0	Escrow Increases: 2
New jobs this month: 1		Decrease in Earning Escrow: 0
		Interim Escrow Withdrawals: 0

Program Highlights

1 master gardener meetings, Fall Celebration at Kelley Street Garden, Annual Reviews and Escrow reports were sent out to FSS participants, Held last PCC Meeting of the year. 3 participant graduated. 1 new participant enrolled in FSS. Total escrow balance over 100,000

Date: 11/3/2021 FSS Coordinator: Zoe Parakuo

FSS Coordinator: Everett Brubaker

**Harrisonburg Redevelopment & Housing Authority Report
Financial Report as October 31, 2021**

LOCAL COMMUNITY DEVELOPMENT

Cash:	First Bank & Trust-Operating Funds		\$267,681.20
		Total	\$267,681.20
	AR Due from:		
	JR Polly Lineweaver Apartments	\$133,947.61	
	Housing Choice Voucher Program	\$21,313.66	
	Commerce Village, LLC	\$13,357.05	
	Franklin Heights, LLC-Operating Expenses	\$202,260.89	
	Franklin Heights, LLC-Debt Servicing	\$0.00	
		\$370,879.21	

HOUSING CHOICE VOUCHER PROGRAM

Cash:	SunTrust-Checking Account	\$329,908.41
	United Bank-FSS Escrow for participants	\$112,427.06
	Total	\$442,335.47

J.R. POLLY LINEWEAVER APARTMENTS

Cash:	United Bank-Checking Account	\$8,972.35
	Total	\$8,972.35

ALL PROGRAMS-FH, LW, JRL

Cash:	United Bank-Security Deposit Account	\$185,630.74
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COMPONENT UNITS

Franklin Heights, LLC

Cash:	United Bank-Checking Account	\$37,271.41
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Commerce Village, LLC

Cash:	First Bank & Trust	\$202,862.79
	BB&T-Operating Reseve Account	\$130,737.93

	<u>Grand Total</u>	<u>\$1,275,491.89</u>
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Harrisonburg Redevelopment & Housing Authority Report
YTD Financial Report as of October 31, 2021

	Cash Balance as of 1/31	Cash Balance as of 2/28	Cash Balance as of 3/31	Cash Balance as of 4/30	Cash Balance as of 5/31	Cash Balance as of 6/30	Cash Balance as of 7/31	Cash Balance as of 8/31	Cash Balance as of 9/30	Cash Balance as of 10/31
LOCAL COMMUNITY DEVELOPMENT										
Cash: First Bank & Trust	\$454,455.31	\$375,785.96	\$477,755.38	\$538,647.51	\$506,120.45	\$408,611.72	\$239,013.80	\$186,214.43	\$282,728.27	\$267,881.20
HOUSING CHOICE VOUCHER PROGRAM										
Cash: SunTrust-Checking	\$779,964.88	\$834,696.23	\$805,669.12	\$774,742.36	\$406,384.11	\$383,831.25	\$358,968.48	\$336,358.89	\$335,409.81	\$329,908.41
United Bank-FSS Escrow	\$125,387.61	\$119,258.82	\$121,765.04	\$125,248.87	\$123,338.44	\$117,311.37	\$118,025.21	\$120,885.26	\$113,430.67	\$112,427.06
J.R. POLLY LINEWEAVER APARTMENTS										
Cash: United Bank-Checking	\$2,349.54	\$7,671.70	\$5,482.47	\$5,046.34	\$5,765.37	\$7,468.21	\$2,784.24	\$15,421.64	\$18,691.01	\$8,972.35
ALL PROGRAMS-FH, LW, JRL, CVO										
Cash: United Bank-Security Dep.	\$149,153.59	\$181,586.84	\$183,375.50	\$187,260.48	\$189,990.12	\$179,168.44	\$180,131.53	\$180,498.35	\$183,002.57	\$185,630.74
COMPONENT UNITS										
Franklin Heights, LLC										
Cash: United Bank-Checking	\$5,353.25	\$136,134.48	\$118,328.81	\$200,770.16	\$280,428.12	\$368,403.99	\$413,314.85	\$10,310.58	\$33,492.74	\$37,271.41
Commerce Village LLC										
Cash: First Bank & Trust	\$177,038.22	\$193,129.22	\$178,738.47	\$182,548.83	\$187,522.92	\$189,988.17	\$193,207.88	\$195,712.18	\$196,013.80	\$202,862.79
BB&T (Operating Reserve)	\$130,728.17	\$130,728.17	\$130,730.28	\$130,731.35	\$130,732.46	\$130,733.53	\$130,734.64	\$130,735.75	\$130,736.82	\$130,737.93
Total	\$1,824,430.57	\$1,978,992.42	\$2,022,845.07	\$2,144,995.90	\$1,830,282.99	\$1,783,516.68	\$1,636,180.63	\$1,176,137.08	\$1,293,505.69	\$1,275,491.89

Harrisonburg Redevelopment & Housing Authority Report
Financial Report as of October 31, 2021

Franklin Heights, LLC

Income	\$	1,458,618.45
Expenses	\$	(880,781.56)
Less: Principal Payments	\$	(570,103.69)
Total	\$	7,733.20

J.R. POLLY LINEWEAVER APARTMENTS

Income	\$	374,719.03
Expenses	\$	(292,719.05)
Total	\$	81,999.98
Add: Service Coordinator Grant Funds	\$	39,550.41
Less: Service Coordinator Grant Expenses	\$	(46,074.42)
	\$	(6,524.01)
Profit (Loss)/Gain	\$	75,475.97
Less: Principal Payments	\$	(125,782.52)
Total	\$	(50,306.55)