



# Harrisonburg Redevelopment & Housing Authority

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November 15, 2024

The Regular Meeting of the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners will be held on **Wednesday, November 20, 2024 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 20, 2024

- I. Call to order and determination of quorum
- II. Public Comment
- III. Review and Approval of Minutes
  - October 16, 2024
- IV. Financial Reports
  - October 2024

Reports

- A. Executive Director
  - 1. Public Comment for Proposed Issuance of Revenue Bond for the Beverly J. Searles Foundation to construct a Multifamily Housing and Facility
  - 2. Public Comment for Proposed Issuance of Revenue Bond for the Beverly J. Searles Foundation to construct a Senior Housing and Facility
  - 3. City of Harrisonburg ARPA Fund Term Sheet
  - 4. Closed Session-Discuss the performance and employment of specific local government **personnel**, as authorized by section 2.2-3711(A)(1)
  - 5. 2024 Set Off Debt and Inventory Write-Off
  - 6. Shenandoah Housing Corporation and Lineweaver Annex Corporation 990's
  - 7. December 18, 2024 Board of Commissioners meeting
- B. Any New Business/ Old Business
  - 1. Strategic Initiatives Updates
    - Homeownership and Neighborhood Revitalization
      - Bluestone Town Center
      - Lineweaver Annex Renovation
      - Commerce Village II
    - Addressing Homelessness and Affordable Housing
    - Improving Organizational Efficiency and Effectiveness
- C. Management Reports
  - 1. HRHA Owned Properties Utilization
  - 2. Financial Monthly Report & Quarterly Investment Update

## MINUTES

Regular Meeting  
October 16, 2024

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

Those present were:

Gil Colman, Chair  
Kevin Coffman, Vice Chair  
Luciano Benjamin, Commissioner  
Kenneth Kettler, Commissioner  
Janet Awkard-Rogers, Commissioner

Also present were:

Michael G. Wong, Executive Director  
Tiffany Runion, Deputy Director  
Melisa Michelsen, Attorney

The regular meeting was called to order and a quorum declared present by Gil Colman, Chair.

Chair Colman then opened the public comment period. No public comment was received.

Mr. Wong then presented the September 18<sup>th</sup> meeting minutes for consideration of approval. After discussion, Commissioner Benjamin seconded by Vice Chair Coffman made the motion to approve the September minutes with the minutes being amended to reflect Vice Chair's Coffman attendance. The motion was unanimously approved.

Mr. Wong then presented the September 2024 financials for consideration of approval. After discussion, Commissioner Benjamin seconded by Vice Chair Coffman made the motion to approve the September financials as presented. The motion was unanimously approved.

Commissioner Kettler seconded by Vice Chair Coffman made the motion to table the closed session due to Commissioner absenteeism. The motion was unanimously approved.

Mr. Wong then presented the 2023 audit for consideration of approval. He related of receipt of a "clean" audit with no findings. He stated the decrease in funds is directly related to the HCV program due to increased funding received in 2022. After discussion, Commissioner Benjamin seconded by Commissioner Kettler made the motion approving the audit. The motion was unanimously approved.

Mr. Wong then provided program updates. He related of the BTC infrastructure

financing closing was delayed due to Vanderbilt withdrawing from the financing option. He related of the team working with United bank as an alternate funding source.

Mr. Wong then provided an update on CVII. He related of the anticipated completion of the public comment period for the environmental review process will be finalized by the first week in November. He related of the potential for additional costs due to the delay.

Mr. Wong then presented the management and financial reports for approval. After discussion, Commissioner Benjamin seconded by Vice Chair Coffman made the motion approving the reports. The motion was unanimously approved.

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

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Michael G. Wong  
Executive Director

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Gil Colman  
Chair

**LOCAL COMMUNITY DEVELOPMENT (incl. BP, LAO, and Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3100-00-000	TENANT INCOME							
3101-00-000	Rental Income							
3111-00-000	Tenant Rent	38,750.01	39,673.08	-923.07	387,803.13	396,730.80	-8,927.67	476,077.00
3112-06-000	PBV HAP Subsidy	22,099.00	25,740.00	-3,641.00	219,796.47	257,400.00	-37,603.53	308,880.00
3119-00-000	Total Rental Income	60,849.01	65,413.08	-4,564.07	607,599.60	654,130.80	-46,531.20	784,957.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	472.95	333.33	139.62	3,277.50	3,333.30	-55.80	4,000.00
3120-03-000	Damages	203.00	125.00	78.00	26,522.58	1,250.00	25,272.58	1,500.00
3120-04-000	Late Charges	0.00	83.33	-83.33	597.40	833.30	-235.90	1,000.00
3120-08-000	Workorders/Maint Charges	0.00	291.67	-291.67	6,851.00	2,916.70	3,934.30	3,500.00
3120-09-000	Misc.Tenant Income	210.00	0.00	210.00	3,210.00	0.00	3,210.00	0.00
3129-00-000	Total Other Tenant Income	885.95	833.33	52.62	40,458.48	8,333.30	32,125.18	10,000.00
3199-00-000	TOTAL TENANT INCOME	61,734.96	66,246.41	-4,511.45	648,058.08	662,464.10	-14,406.02	794,957.00
3400-00-000	GRANT INCOME							
3410-50-100	VA Homelessness Solutions Program	0.00	4,949.25	-4,949.25	59,391.00	49,492.50	9,898.50	59,391.00
3410-60-200	Homelessness Assistance Grant (HMIS/SNAP)	5,673.94	7,006.00	-1,332.06	59,596.24	70,060.00	-10,463.76	84,072.00
3410-61-200	COC Planning Grant	0.00	2,022.33	-2,022.33	14,978.06	20,223.30	-5,245.24	24,268.00
3499-00-000	TOTAL GRANT INCOME	5,673.94	13,977.58	-8,303.64	133,965.30	139,775.80	-5,810.50	167,731.00
3600-00-000	OTHER INCOME							
3610-00-000	Investment Income - Unrestricted	289.44	0.00	289.44	1,767.74	0.00	1,767.74	0.00
3620-00-000	Management Fee Income	1,034.38	958.33	76.05	10,268.41	9,583.30	685.11	11,500.00
3621-00-000	Bond Application Fees	0.00	3,750.00	-3,750.00	0.00	37,500.00	-37,500.00	45,000.00
3650-00-000	Miscellaneous Other Income	0.00	17,500.00	-17,500.00	34,643.32	175,000.00	-140,356.68	210,000.00
3699-00-000	TOTAL OTHER INCOME	1,323.82	22,208.33	-20,884.51	46,679.47	222,083.30	-175,403.83	266,500.00
3999-00-000	TOTAL INCOME	68,732.72	102,432.32	-33,699.60	828,702.85	1,024,323.20	-195,620.35	1,229,188.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	17,216.92	21,314.50	4,097.58	211,710.20	213,145.00	1,434.80	255,774.00
4110-04-000	Employee Benefit Contribution-Admin	4,655.28	8,224.16	3,568.88	57,404.57	82,241.60	24,837.03	98,690.00

**LOCAL COMMUNITY DEVELOPMENT (incl. BP, LAO, and Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4110-50-100	Salary-VA Homelessness Solutions Program(VHSP)	3,107.70	4,479.08	1,371.38	27,720.58	44,790.80	17,070.22	53,749.00
4110-50-101	Adm Benefits-VA Homelessness Solutions Program	1,225.64	220.17	-1,005.47	9,569.44	2,201.70	-7,367.74	2,642.00
4110-60-200	Salary-Homelessness Assistance Grant(HMIS)	4,200.28	4,021.42	-178.86	41,921.85	40,214.20	-1,707.65	48,257.00
4110-60-201	Adm Benefits-Homelessness Assistance Grant(HMI	1,696.87	959.67	-737.20	12,583.83	9,596.70	-2,987.13	11,516.00
4110-61-200	Salary-COC Planning Grant	3,441.12	1,889.75	-1,551.37	26,701.24	18,897.50	-7,803.74	22,677.00
4110-61-201	Adm Benefits-COC Planning	262.22	132.58	-129.64	3,831.52	1,325.80	-2,505.72	1,591.00
4110-99-000	Total Administrative Salaries	35,806.03	41,241.33	5,435.30	391,443.23	412,413.30	20,970.07	494,896.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	25.00	66.67	41.67	611.00	666.70	55.70	800.00
4130-02-000	Criminal Background Checks	0.00	16.67	16.67	133.00	166.70	33.70	200.00
4130-04-000	General Legal Expense	0.00	1,375.00	1,375.00	13,180.14	13,750.00	569.86	16,500.00
4131-00-000	Total Legal Expense	25.00	1,458.34	1,433.34	13,924.14	14,583.40	659.26	17,500.00
4140-00-000	Staff Training	3,239.55	916.66	-2,322.89	7,758.55	9,166.60	1,408.05	11,000.00
4140-50-100	Staff Training-VHSP	0.00	0.00	0.00	782.65	0.00	-782.65	0.00
4150-00-000	Travel	4,071.92	916.66	-3,155.26	23,854.05	9,166.60	-14,687.45	11,000.00
4171-00-000	Auditing Fees	0.00	708.34	708.34	0.00	7,083.40	7,083.40	8,500.00
4189-00-000	Total Other Admin Expenses	4,071.92	1,625.00	-2,446.92	24,636.70	16,250.00	-8,386.70	19,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	125.00	125.00	1,220.76	1,250.00	29.24	1,500.00
4190-02-000	Publications	0.00	58.34	58.34	213.20	583.40	370.20	700.00
4190-03-000	Advertising	108.64	116.67	8.03	1,113.01	1,166.70	53.69	1,400.00
4190-04-000	Office Supplies	0.00	150.00	150.00	637.94	1,500.00	862.06	1,800.00
4190-06-000	Compliance	0.00	183.33	183.33	2,090.00	1,833.30	-256.70	2,200.00
4190-07-000	Telephone & Internet	817.57	783.33	-34.24	7,272.11	7,833.30	561.19	9,400.00
4190-08-000	Postage	0.00	166.67	166.67	1,978.90	1,666.70	-312.20	2,000.00
4190-10-000	Copiers	139.05	175.00	35.95	1,526.18	1,750.00	223.82	2,100.00
4190-12-000	Software	33.07	1,500.00	1,466.93	11,994.35	15,000.00	3,005.65	18,000.00
4190-13-000	IT/Website Maintenance	379.94	566.67	186.73	5,510.93	5,666.70	155.77	6,800.00
4190-14-000	Community Donations	0.00	933.33	933.33	11,160.88	9,333.30	-1,827.58	11,200.00
4190-18-000	Small Office Equipment	0.00	250.00	250.00	131.74	2,500.00	2,368.26	3,000.00
4190-22-000	Other Misc Admin Expenses	-73.50	441.66	515.16	3,011.87	4,416.60	1,404.73	5,300.00
4190-50-100	Other Expenses-VHSP	42.12	250.00	207.88	2,322.89	2,500.00	177.11	3,000.00
4190-60-200	Equipment (HMIS/SNAP)	812.50	2,024.92	1,212.42	23,291.50	20,249.20	-3,042.30	24,299.00
4190-60-202	Services (HMIS/SNAP)	40.00	0.00	-40.00	4,079.32	0.00	-4,079.32	0.00
4191-00-000	Total Miscellaneous Admin Expenses	2,299.39	7,724.92	5,425.53	77,555.58	77,249.20	-306.38	92,699.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	45,441.89	52,966.25	7,524.36	515,318.20	529,662.50	14,344.30	635,595.00
4200-00-000	TENANT SERVICES							
4220-01-000	Other Tenant Svcs.	1,271.71	1,666.67	394.96	15,766.10	16,666.70	900.60	20,000.00

**LOCAL COMMUNITY DEVELOPMENT (incl. BP, LAO, and Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4299-00-000	TOTAL TENANT SERVICES EXPENSES	1,271.71	1,666.67	394.96	15,766.10	16,666.70	900.60	20,000.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	0.00	916.66	916.66	5,794.54	9,166.60	3,372.06	11,000.00
4320-00-000	Electricity	3,732.95	6,050.00	2,317.05	47,545.18	60,500.00	12,954.82	72,600.00
4330-00-000	Gas	0.00	133.33	133.33	0.00	1,333.30	1,333.30	1,600.00
4390-00-000	Sewer & Trash	0.00	2,083.33	2,083.33	12,589.43	20,833.30	8,243.87	25,000.00
4399-00-000	TOTAL UTILITY EXPENSES	3,732.95	9,183.32	5,450.37	65,929.15	91,833.20	25,904.05	110,200.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	7,069.27	7,983.25	913.98	71,242.12	79,832.50	8,590.38	95,799.00
4410-05-000	Employee Benefit Contribution-Maint.	2,464.60	2,747.08	282.48	23,431.44	27,470.80	4,039.36	32,965.00
4419-00-000	Total General Maint Expense	9,533.87	10,730.33	1,196.46	94,673.56	107,303.30	12,629.74	128,764.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	33.24	25.00	-8.24	-1,310.36	250.00	1,560.36	300.00
4420-02-000	Supplies-Appliance	106.97	16.67	-90.30	1,395.16	166.70	-1,228.46	200.00
4420-03-000	Supplies-Unit Turnover	1,143.54	291.67	-851.87	3,315.38	2,916.70	-398.68	3,500.00
4420-04-000	Supplies-Electrical	320.20	525.00	204.80	2,932.39	5,250.00	2,317.61	6,300.00
4420-05-000	Supplies-Fuel & Parts	316.53	62.50	-254.03	704.67	625.00	-79.67	750.00
4420-06-000	Supplies-Janitorial/Cleaning	187.42	250.00	62.58	1,233.46	2,500.00	1,266.54	3,000.00
4420-07-000	Supplies-Maint/Repairs	403.21	875.00	471.79	7,593.58	8,750.00	1,156.42	10,500.00
4420-08-000	Supplies-Plumbing	504.59	62.50	-442.09	2,334.42	625.00	-1,709.42	750.00
4420-09-000	Tools and Equipment	0.00	41.67	41.67	696.28	416.70	-279.58	500.00
4420-10-000	Maintenance Paper/Supplies	0.00	66.67	66.67	0.00	666.70	666.70	800.00
4420-11-000	Supplies-HVAC	0.00	0.00	0.00	4,216.96	0.00	-4,216.96	0.00
4420-12-000	Supplies-Exterior Supplies	581.83	0.00	-581.83	581.83	0.00	-581.83	0.00
4429-00-000	Total Materials	3,597.53	2,216.68	-1,380.85	23,693.77	22,166.80	-1,526.97	26,600.00
4430-00-000	Contract Costs							
4430-01-000	Contract-Routine Maintenance	0.00	150.00	150.00	0.00	1,500.00	1,500.00	1,800.00
4430-03-000	Contract-Trash Collection	428.35	391.67	-36.68	4,511.72	3,916.70	-595.02	4,700.00
4430-04-000	Contract-Snow Removal	0.00	145.83	145.83	1,230.00	1,458.30	228.30	1,750.00
4430-05-000	Contract-Unit Turnover	0.00	1,833.33	1,833.33	13,554.39	18,333.30	4,778.91	22,000.00
4430-06-000	Contract-Electrical	62.81	166.67	103.86	-65.44	1,666.70	1,732.14	2,000.00
4430-07-000	Contract-Pest Control	170.23	1,150.00	979.77	10,353.89	11,500.00	1,146.11	13,800.00
4430-08-000	Contract-Floor Covering	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00
4430-09-000	Contract-Grounds	0.00	50.00	50.00	0.00	500.00	500.00	600.00
4430-10-000	Contract-Janitorial/Cleaning	148.28	216.66	68.38	2,340.33	2,166.60	-173.73	2,600.00
4430-11-000	Contract-Plumbing	0.00	41.67	41.67	363.84	416.70	52.86	500.00

**LOCAL COMMUNITY DEVELOPMENT (incl. BP, LAO, and Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4430-12-000	Contract-Inspections	1,000.00	416.67	-583.33	2,520.00	4,166.70	1,646.70	5,000.00
4430-13-000	Contract-HVAC	0.00	666.67	666.67	3,575.17	6,666.70	3,091.53	8,000.00
4430-15-000	Contract-Video Surveillance	90.00	41.67	-48.33	90.00	416.70	326.70	500.00
4430-17-000	Contract-Elevator Maintenance	3,042.60	1,175.00	-1,867.60	12,679.60	11,750.00	-929.60	14,100.00
4430-18-000	Contract-Alarm Monitoring	27.76	112.50	84.74	582.00	1,125.00	543.00	1,350.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	416.67	416.67	3,160.00	4,166.70	1,006.70	5,000.00
4430-23-000	Contract-Consultants	0.00	0.00	0.00	4,560.00	0.00	-4,560.00	0.00
4430-99-000	Contract Costs-Other	0.00	166.67	166.67	6,955.98	1,666.70	-5,289.28	2,000.00
4439-00-000	Total Contract Costs	4,970.03	7,225.01	2,254.98	66,411.48	72,250.10	5,838.62	86,700.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	18,101.43	20,172.02	2,070.59	184,778.81	201,720.20	16,941.39	242,064.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	609.90	321.33	-288.57	3,947.77	3,213.30	-734.47	3,856.00
4510-10-000	Property Insurance	104.08	483.00	378.92	2,827.20	4,830.00	2,002.80	5,796.00
4510-20-000	Liability Insurance	201.88	231.75	29.87	1,919.16	2,317.50	398.34	2,781.00
4510-30-000	Workmen's Compensation	468.79	542.42	73.63	4,761.76	5,424.20	662.44	6,509.00
4570-00-000	Bad Debt-Tenant Rents	0.00	416.67	416.67	0.00	4,166.70	4,166.70	5,000.00
4599-00-000	TOTAL GENERAL EXPENSES	1,384.65	1,995.17	610.52	13,455.89	19,951.70	6,495.81	23,942.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	5,002.87	5,079.91	77.04	51,781.56	50,799.10	-982.46	60,959.00
4899-00-000	TOTAL FINANCING EXPENSES	5,002.87	5,079.91	77.04	51,781.56	50,799.10	-982.46	60,959.00
8000-00-000	TOTAL EXPENSES	74,935.50	91,063.34	16,127.84	847,029.71	910,633.40	63,603.69	1,092,760.00
9000-00-000	NET INCOME	-6,202.78	11,368.98	-17,571.76	-18,326.86	113,689.80	-132,016.66	136,428.00



BRIDGEPORT BUILDING								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3100-00-000	TENANT INCOME							
3101-00-000	Rental Income							
3111-00-000	Tenant Rent	18,216.01	18,613.08	-397.07	185,381.81	186,130.80	-748.99	223,357.00
3119-00-000	Total Rental Income	18,216.01	18,613.08	-397.07	185,381.81	186,130.80	-748.99	223,357.00
3199-00-000	TOTAL TENANT INCOME	18,216.01	18,613.08	-397.07	185,381.81	186,130.80	-748.99	223,357.00
3600-00-000	OTHER INCOME							
3650-00-000	Miscellaneous Other Income	0.00	0.00	0.00	19,267.52	0.00	19,267.52	0.00
3699-00-000	TOTAL OTHER INCOME	0.00	0.00	0.00	19,267.52	0.00	19,267.52	0.00
3999-00-000	TOTAL INCOME	18,216.01	18,613.08	-397.07	204,649.33	186,130.80	18,518.53	223,357.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4130-00-000	Legal Expense							
4130-04-000	General Legal Expense	0.00	125.00	125.00	2,607.00	1,250.00	-1,357.00	1,500.00
4131-00-000	Total Legal Expense	0.00	125.00	125.00	2,607.00	1,250.00	-1,357.00	1,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-07-000	Telephone & Internet	54.09	50.00	-4.09	520.39	500.00	-20.39	600.00
4191-00-000	Total Miscellaneous Admin Expenses	54.09	50.00	-4.09	520.39	500.00	-20.39	600.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	54.09	175.00	120.91	3,127.39	1,750.00	-1,377.39	2,100.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	0.00	83.33	83.33	315.00	833.30	518.30	1,000.00
4399-00-000	TOTAL UTILITY EXPENSES	0.00	83.33	83.33	315.00	833.30	518.30	1,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4420-00-000	Materials							
4420-07-000	Supplies-Maint/Repairs	0.00	166.67	166.67	8.56	1,666.70	1,658.14	2,000.00
4429-00-000	Total Materials	0.00	166.67	166.67	8.56	1,666.70	1,658.14	2,000.00
4430-00-000	Contract Costs							
4430-04-000	Contract-Snow Removal	0.00	62.50	62.50	655.00	625.00	-30.00	750.00
4430-06-000	Contract-Electrical	0.00	0.00	0.00	-287.00	0.00	287.00	0.00
4430-07-000	Contract-Pest Control	68.09	66.67	-1.42	541.54	666.70	125.16	800.00

<b>BRIDGEPORT BUILDING</b>								
<b>Statement of Revenues, Expenditures, and Changes in Fund Net Position</b>								
January - October 2024								
		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4430-10-000	Contract-Janitorial/Cleaning	0.00	83.33	83.33	994.26	833.30	-160.96	1,000.00
4430-13-000	Contract-HVAC	0.00	166.67	166.67	1,255.02	1,666.70	411.68	2,000.00
4430-17-000	Contract-Elevator Maintenance	3,042.60	466.67	-2,575.93	4,687.60	4,666.70	-20.90	5,600.00
4430-18-000	Contract-Alarm Monitoring	0.00	0.00	0.00	-145.00	0.00	145.00	0.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	316.67	316.67	2,185.00	3,166.70	981.70	3,800.00
4439-00-000	Total Contract Costs	3,110.69	1,162.51	-1,948.18	9,886.42	11,625.10	1,738.68	13,950.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	3,110.69	1,329.18	-1,781.51	9,894.98	13,291.80	3,396.82	15,950.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	2,374.49	2,404.33	29.84	24,673.73	24,043.30	-630.43	28,852.00
4899-00-000	TOTAL FINANCING EXPENSES	2,374.49	2,404.33	29.84	24,673.73	24,043.30	-630.43	28,852.00
8000-00-000	TOTAL EXPENSES	5,539.27	3,991.84	-1,547.43	38,011.10	39,918.40	1,907.30	47,902.00
9000-00-000	NET INCOME	12,676.74	14,621.24	-1,944.50	166,638.23	146,212.40	20,425.83	175,455.00

LINEWEAVER ANNEX APARTMENTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3100-00-000	TENANT INCOME							
3101-00-000	Rental Income							
3111-00-000	Tenant Rent	20,534.00	21,060.00	-526.00	201,451.32	210,600.00	-9,148.68	252,720.00
3112-06-000	PBV HAP Subsidy	22,099.00	25,740.00	-3,641.00	219,796.47	257,400.00	-37,603.53	308,880.00
3119-00-000	Total Rental Income	42,633.00	46,800.00	-4,167.00	421,247.79	468,000.00	-46,752.21	561,600.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	472.95	333.33	139.62	3,277.50	3,333.30	-55.80	4,000.00
3120-03-000	Damages	178.00	125.00	53.00	5,412.58	1,250.00	4,162.58	1,500.00
3120-04-000	Late Charges	0.00	83.33	-83.33	638.00	833.30	-195.30	1,000.00
3120-08-000	Workorders/Maint Charges	0.00	291.67	-291.67	5,235.00	2,916.70	2,318.30	3,500.00
3120-09-000	Misc.Tenant Income	210.00	0.00	210.00	3,210.00	0.00	3,210.00	0.00
3129-00-000	Total Other Tenant Income	860.95	833.33	27.62	17,773.08	8,333.30	9,439.78	10,000.00
3199-00-000	TOTAL TENANT INCOME	43,493.95	47,633.33	-4,139.38	439,020.87	476,333.30	-37,312.43	571,600.00
3600-00-000	OTHER INCOME							
3610-00-000	Investment Income - Unrestricted	273.87	0.00	273.87	1,550.17	0.00	1,550.17	0.00
3699-00-000	TOTAL OTHER INCOME	273.87	0.00	273.87	1,550.17	0.00	1,550.17	0.00
3999-00-000	TOTAL INCOME	43,767.82	47,633.33	-3,865.51	440,571.04	476,333.30	-35,762.26	571,600.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	4,584.92	5,006.50	421.58	48,840.56	50,065.00	1,224.44	60,078.00
4110-04-000	Employee Benefit Contribution-Admin	1,391.14	1,546.83	155.69	14,603.26	15,468.30	865.04	18,562.00
4110-99-000	Total Administrative Salaries	5,976.06	6,553.33	577.27	63,443.82	65,533.30	2,089.48	78,640.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	25.00	66.67	41.67	547.00	666.70	119.70	800.00
4130-02-000	Criminal Background Checks	0.00	16.67	16.67	133.00	166.70	33.70	200.00
4130-04-000	General Legal Expense	0.00	416.67	416.67	0.00	4,166.70	4,166.70	5,000.00
4131-00-000	Total Legal Expense	25.00	500.01	475.01	680.00	5,000.10	4,320.10	6,000.00
4140-00-000	Staff Training	560.47	83.33	-477.14	806.47	833.30	26.83	1,000.00
4150-00-000	Travel	0.00	83.33	83.33	409.42	833.30	423.88	1,000.00
4171-00-000	Auditing Fees	0.00	166.67	166.67	0.00	1,666.70	1,666.70	2,000.00

LINEWEAVER ANNEX APARTMENTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4189-00-000	Total Other Admin Expenses	0.00	250.00	250.00	409.42	2,500.00	2,090.58	3,000.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	16.67	16.67	199.66	166.70	-32.96	200.00
4190-02-000	Publications	0.00	16.67	16.67	0.00	166.70	166.70	200.00
4190-03-000	Advertising	0.00	16.67	16.67	0.00	166.70	166.70	200.00
4190-04-000	Office Supplies	0.00	25.00	25.00	303.02	250.00	-53.02	300.00
4190-06-000	Compliance	0.00	183.33	183.33	2,090.00	1,833.30	-256.70	2,200.00
4190-07-000	Telephone & Internet	192.28	233.33	41.05	2,234.62	2,333.30	98.68	2,800.00
4190-08-000	Postage	0.00	41.67	41.67	595.92	416.70	-179.22	500.00
4190-10-000	Copiers	33.12	33.33	0.21	360.35	333.30	-27.05	400.00
4190-12-000	Software	8.27	500.00	491.73	3,964.75	5,000.00	1,035.25	6,000.00
4190-13-000	IT/Website Maintenance	96.86	150.00	53.14	1,747.10	1,500.00	-247.10	1,800.00
4190-18-000	Small Office Equipment	0.00	41.67	41.67	0.00	416.70	416.70	500.00
4190-22-000	Other Misc Admin Expenses	-80.00	83.33	163.33	1,319.49	833.30	-486.19	1,000.00
4191-00-000	Total Miscellaneous Admin Expenses	250.53	1,341.67	1,091.14	12,814.91	13,416.70	601.79	16,100.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	6,812.06	8,728.34	1,916.28	78,154.62	87,283.40	9,128.78	104,740.00
4200-00-000	TENANT SERVICES							
4220-01-000	Other Tenant Svcs.	1,271.71	1,666.67	394.96	15,766.10	16,666.70	900.60	20,000.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	1,271.71	1,666.67	394.96	15,766.10	16,666.70	900.60	20,000.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	0.00	833.33	833.33	5,479.54	8,333.30	2,853.76	10,000.00
4320-00-000	Electricity	3,680.37	5,833.33	2,152.96	46,333.98	58,333.30	11,999.32	70,000.00
4390-00-000	Sewer & Trash	0.00	2,083.33	2,083.33	12,589.43	20,833.30	8,243.87	25,000.00
4399-00-000	TOTAL UTILITY EXPENSES	3,680.37	8,749.99	5,069.62	64,402.95	87,499.90	23,096.95	105,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	4,258.93	5,064.58	805.65	44,151.76	50,645.80	6,494.04	60,775.00
4410-05-000	Employee Benefit Contribution-Maint.	1,716.46	1,837.00	120.54	16,059.29	18,370.00	2,310.71	22,044.00
4419-00-000	Total General Maint Expense	5,975.39	6,901.58	926.19	60,211.05	69,015.80	8,804.75	82,819.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	33.24	25.00	-8.24	-1,401.93	250.00	1,651.93	300.00
4420-02-000	Supplies-Appliance	106.97	16.67	-90.30	1,292.61	166.70	-1,125.91	200.00
4420-03-000	Supplies-Unit Turnover	-26.63	291.67	318.30	1,321.25	2,916.70	1,595.45	3,500.00
4420-04-000	Supplies-Electrical	320.20	500.00	179.80	2,919.77	5,000.00	2,080.23	6,000.00
4420-05-000	Supplies-Fuel & Parts	98.98	62.50	-36.48	487.12	625.00	137.88	750.00
4420-06-000	Supplies-Janitorial/Cleaning	187.42	83.33	-104.09	1,227.36	833.30	-394.06	1,000.00

<b>LINEWEAVER ANNEX APARTMENTS</b>								
<b>Statement of Revenues, Expenditures, and Changes in Fund Net Position</b>								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4420-07-000	Supplies-Maint/Repairs	238.89	625.00	386.11	6,746.05	6,250.00	-496.05	7,500.00
4420-08-000	Supplies-Plumbing	480.31	62.50	-417.81	2,247.95	625.00	-1,622.95	750.00
4420-09-000	Tools and Equipment	0.00	41.67	41.67	696.28	416.70	-279.58	500.00
4420-10-000	Maintenance Paper/Supplies	0.00	41.67	41.67	0.00	416.70	416.70	500.00
4420-11-000	Supplies-HVAC	0.00	0.00	0.00	4,216.96	0.00	-4,216.96	0.00
4420-12-000	Supplies-Exterior Supplies	581.83	0.00	-581.83	581.83	0.00	-581.83	0.00
4429-00-000	Total Materials	2,021.21	1,750.01	-271.20	20,335.25	17,500.10	-2,835.15	21,000.00
4430-00-000	Contract Costs							
4430-01-000	Contract-Routine Maintenance	0.00	150.00	150.00	0.00	1,500.00	1,500.00	1,800.00
4430-03-000	Contract-Trash Collection	428.35	391.67	-36.68	3,962.42	3,916.70	-45.72	4,700.00
4430-04-000	Contract-Snow Removal	0.00	83.33	83.33	575.00	833.30	258.30	1,000.00
4430-05-000	Contract-Unit Turnover	0.00	1,833.33	1,833.33	13,554.39	18,333.30	4,778.91	22,000.00
4430-06-000	Contract-Electrical	13.65	166.67	153.02	172.40	1,666.70	1,494.30	2,000.00
4430-07-000	Contract-Pest Control	34.05	1,000.00	965.95	9,270.81	10,000.00	729.19	12,000.00
4430-08-000	Contract-Floor Covering	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00
4430-09-000	Contract-Grounds	0.00	50.00	50.00	0.00	500.00	500.00	600.00
4430-10-000	Contract-Janitorial/Cleaning	148.28	133.33	-14.95	1,346.07	1,333.30	-12.77	1,600.00
4430-11-000	Contract-Plumbing	0.00	41.67	41.67	363.84	416.70	52.86	500.00
4430-12-000	Contract-Inspections	800.00	416.67	-383.33	2,120.00	4,166.70	2,046.70	5,000.00
4430-13-000	Contract-HVAC	0.00	416.67	416.67	1,232.12	4,166.70	2,934.58	5,000.00
4430-15-000	Contract-Video Surveillance	90.00	41.67	-48.33	90.00	416.70	326.70	500.00
4430-17-000	Contract-Elevator Maintenance	0.00	708.33	708.33	7,992.00	7,083.30	-908.70	8,500.00
4430-18-000	Contract-Alarm Monitoring	0.00	50.00	50.00	150.00	500.00	350.00	600.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	100.00	100.00	975.00	1,000.00	25.00	1,200.00
4430-23-000	Contract-Consultants	0.00	0.00	0.00	4,560.00	0.00	-4,560.00	0.00
4430-99-000	Contract Costs-Other	0.00	0.00	0.00	4,140.93	0.00	-4,140.93	0.00
4439-00-000	Total Contract Costs	1,514.33	5,666.67	4,152.34	50,504.98	56,666.70	6,161.72	68,000.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	9,510.93	14,318.26	4,807.33	131,051.28	143,182.60	12,131.32	171,819.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	511.45	221.33	-290.12	3,250.62	2,213.30	-1,037.32	2,656.00
4510-10-000	Property Insurance	0.00	341.33	341.33	1,884.62	3,413.30	1,528.68	4,096.00
4510-20-000	Liability Insurance	180.99	156.75	-24.24	1,570.50	1,567.50	-3.00	1,881.00
4510-30-000	Workmen's Compensation	121.54	167.42	45.88	1,371.06	1,674.20	303.14	2,009.00
4570-00-000	Bad Debt-Tenant Rents	0.00	416.67	416.67	0.00	4,166.70	4,166.70	5,000.00
4599-00-000	TOTAL GENERAL EXPENSES	813.98	1,303.50	489.52	8,076.80	13,035.00	4,958.20	15,642.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	2,628.38	2,675.58	47.20	27,107.83	26,755.80	-352.03	32,107.00

<b>LINEWEAVER ANNEX APARTMENTS</b>								
<b>Statement of Revenues, Expenditures, and Changes in Fund Net Position</b>								
January - October 2024								
		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4899-00-000	TOTAL FINANCING EXPENSES	2,628.38	2,675.58	47.20	27,107.83	26,755.80	-352.03	32,107.00
8000-00-000	TOTAL EXPENSES	24,717.43	37,442.34	12,724.91	324,559.58	374,423.40	49,863.82	449,308.00
9000-00-000	NET INCOME	19,050.39	10,190.99	8,859.40	116,011.46	101,909.90	14,101.56	122,292.00

COMMUNITY GRANTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3400-00-000	GRANT INCOME							
3410-50-100	VA Homelessness Solutions Program	0.00	4,949.25	-4,949.25	59,391.00	49,492.50	9,898.50	59,391.00
3410-60-200	Homelessness Assistance Grant (HMIS/SNAP)	5,673.94	7,006.00	-1,332.06	59,596.24	70,060.00	-10,463.76	84,072.00
3410-61-200	COC Planning Grant	0.00	2,022.33	-2,022.33	14,978.06	20,223.30	-5,245.24	24,268.00
3499-00-000	TOTAL GRANT INCOME	5,673.94	13,977.58	-8,303.64	133,965.30	139,775.80	-5,810.50	167,731.00
3999-00-000	TOTAL INCOME	5,673.94	13,977.58	-8,303.64	133,965.30	139,775.80	-5,810.50	167,731.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-50-100	Salary-VA Homelessness Solutions Program(VHSP)	3,107.70	4,479.08	1,371.38	27,720.58	44,790.80	17,070.22	53,749.00
4110-50-101	Adm Benefits-VA Homelessness Solutions Program	1,225.64	220.17	-1,005.47	9,569.44	2,201.70	-7,367.74	2,642.00
4110-60-200	Salary-Homelessness Assistance Grant(HMIS)	4,200.28	4,021.42	-178.86	41,921.85	40,214.20	-1,707.65	48,257.00
4110-60-201	Adm Benefits-Homelessness Assistance Grant(HMI	1,696.87	959.67	-737.20	12,583.83	9,596.70	-2,987.13	11,516.00
4110-61-200	Salary-COC Planning Grant	3,441.12	1,889.75	-1,551.37	26,701.24	18,897.50	-7,803.74	22,677.00
4110-61-201	Adm Benefits-COC Planning	262.22	132.58	-129.64	3,831.52	1,325.80	-2,505.72	1,591.00
4110-99-000	Total Administrative Salaries	13,933.83	11,702.67	-2,231.16	122,328.46	117,026.70	-5,301.76	140,432.00
4140-50-100	Staff Training-VHSP	0.00	0.00	0.00	782.65	0.00	-782.65	0.00
4189-00-000	Total Other Admin Expenses	0.00	0.00	0.00	782.65	0.00	-782.65	0.00
4190-00-000	Miscellaneous Admin Expenses							
4190-50-100	Other Expenses-VHSP	42.12	250.00	207.88	2,322.89	2,500.00	177.11	3,000.00
4190-60-200	Equipment (HMIS/SNAP)	812.50	2,024.92	1,212.42	23,291.50	20,249.20	-3,042.30	24,299.00
4190-60-202	Services (HMIS/SNAP)	40.00	0.00	-40.00	4,079.32	0.00	-4,079.32	0.00
4191-00-000	Total Miscellaneous Admin Expenses	894.62	2,274.92	1,380.30	29,693.71	22,749.20	-6,944.51	27,299.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	14,828.45	13,977.59	-850.86	152,804.82	139,775.90	-13,028.92	167,731.00
8000-00-000	TOTAL EXPENSES	14,828.45	13,977.59	-850.86	152,804.82	139,775.90	-13,028.92	167,731.00
9000-00-000	NET INCOME	-9,154.51	-0.01	-9,154.50	-18,839.52	-0.10	-18,839.42	0.00

**HOUSING CHOICE VOUCHER PROGRAM (incl. MTW, MS5, and FSS Grant)  
Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3400-00-000	GRANT INCOME							
3410-01-000	Section 8 HAP Earned	626,460.00	502,024.00	124,436.00	6,143,439.00	5,020,240.00	1,123,199.00	6,024,288.00
3410-02-000	Section 8 Admin. Fee Income	52,938.00	50,033.17	2,904.83	544,411.00	500,331.70	44,079.30	600,398.00
3410-03-000	Section 8 FSS Grant Income	5,301.58	5,250.00	51.58	50,066.79	52,500.00	-2,433.21	63,000.00
3410-04-000	Port-In Admin Fees Earned	150.87	0.00	150.87	315.83	0.00	315.83	0.00
3410-06-000	Port In HAP Earned	3,771.00	0.00	3,771.00	10,837.00	0.00	10,837.00	0.00
3499-00-000	TOTAL GRANT INCOME	688,621.45	557,307.17	131,314.28	6,749,069.62	5,573,071.70	1,175,997.92	6,687,686.00
3600-00-000	OTHER INCOME							
3640-00-000	Fraud Recovery-HAP	903.76	583.33	320.43	7,048.98	5,833.30	1,215.68	7,000.00
3640-01-000	Fraud Recovery-ADM	903.76	583.33	320.43	7,048.98	5,833.30	1,215.68	7,000.00
3699-00-000	TOTAL OTHER INCOME	1,807.52	1,166.66	640.86	14,097.96	11,666.60	2,431.36	14,000.00
3999-00-000	TOTAL INCOME	690,428.97	558,473.83	131,955.14	6,763,167.58	5,584,738.30	1,178,429.28	6,701,686.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	36,186.24	38,713.33	2,527.09	378,489.62	387,133.30	8,643.68	464,560.00
4110-04-000	Employee Benefit Contribution-Admin	11,158.19	13,471.50	2,313.31	110,501.81	134,715.00	24,213.19	161,658.00
4110-20-400	Administrative Salaries-FSS	3,893.48	4,217.92	324.44	40,881.54	42,179.20	1,297.66	50,615.00
4110-21-400	Employee Benefits Contribution-FSS	1,407.99	1,032.08	-375.91	14,187.72	10,320.80	-3,866.92	12,385.00
4110-99-000	Total Administrative Salaries	52,645.90	57,434.83	4,788.93	544,060.69	574,348.30	30,287.61	689,218.00
4130-00-000	Legal Expense							
4130-02-000	Criminal Background Checks	124.50	291.67	167.17	2,672.65	2,916.70	244.05	3,500.00
4130-04-000	General Legal Expense	0.00	166.67	166.67	676.25	1,666.70	990.45	2,000.00
4131-00-000	Total Legal Expense	124.50	458.34	333.84	3,348.90	4,583.40	1,234.50	5,500.00
4140-00-000	Staff Training	99.00	1,416.67	1,317.67	8,181.50	14,166.70	5,985.20	17,000.00
4140-01-400	Staff Training-FSS	0.00	0.00	0.00	299.00	0.00	-299.00	0.00
4150-00-000	Travel	37.65	833.33	795.68	8,740.78	8,333.30	-407.48	10,000.00
4171-00-000	Auditing Fees	0.00	833.33	833.33	0.00	8,333.30	8,333.30	10,000.00
4172-00-000	Port Out Admin Fee Paid	103.17	266.67	163.50	1,170.95	2,666.70	1,495.75	3,200.00
4189-00-000	Total Other Admin Expenses	140.82	1,933.33	1,792.51	9,911.73	19,333.30	9,421.57	23,200.00
4190-00-000	Miscellaneous Admin Expenses							



**HOUSING CHOICE VOUCHER PROGRAM (incl. MTW, MS5, and FSS Grant)  
Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4190-01-000	Membership and Fees	0.00	83.33	83.33	1,409.36	833.30	-576.06	1,000.00
4190-02-000	Publications	0.00	0.00	0.00	103.19	0.00	-103.19	0.00
4190-03-000	Advertising	0.00	125.00	125.00	997.39	1,250.00	252.61	1,500.00
4190-04-000	Office Supplies	1,375.00	166.67	-1,208.33	2,947.17	1,666.70	-1,280.47	2,000.00
4190-05-000	Fuel-Administrative	141.41	150.00	8.59	695.90	1,500.00	804.10	1,800.00
4190-06-000	Compliance	1,825.50	833.33	-992.17	6,861.78	8,333.30	1,471.52	10,000.00
4190-07-000	Telephone & Internet	538.80	541.67	2.87	4,020.65	5,416.70	1,396.05	6,500.00
4190-08-000	Postage	0.00	416.66	416.66	2,320.77	4,166.60	1,845.83	5,000.00
4190-09-000	Rent and Utility Adjustments	0.00	0.00	0.00	2,600.00	0.00	-2,600.00	0.00
4190-10-000	Copiers	105.93	208.33	102.40	1,745.07	2,083.30	338.23	2,500.00
4190-12-000	Software	1,205.05	3,125.00	1,919.95	31,505.27	31,250.00	-255.27	37,500.00
4190-13-000	IT/Website Maintenance	316.62	458.34	141.72	4,169.32	4,583.40	414.08	5,500.00
4190-18-000	Small Office Equipment	0.00	266.67	266.67	99.99	2,666.70	2,566.71	3,200.00
4190-22-000	Other Misc Admin Expenses	1,766.16	208.34	-1,557.82	372,149.13	2,083.40	-370,065.73	2,500.00
4191-00-000	Total Miscellaneous Admin Expenses	7,274.47	6,583.34	-691.13	431,624.99	65,833.40	-365,791.59	79,000.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	60,284.69	67,826.51	7,541.82	997,426.81	678,265.10	-319,161.71	813,918.00
4200-00-000	TENANT SERVICES							
4220-00-000	Tenant Services-FSS Forfeitures	0.00	0.00	0.00	825.05	0.00	-825.05	0.00
4220-01-000	Other Tenant Svcs.	1,350.00	250.00	-1,100.00	3,299.54	2,500.00	-799.54	3,000.00
4220-03-000	Local Non-Traditional Expense	0.00	8,333.33	8,333.33	0.00	83,333.30	83,333.30	100,000.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	1,350.00	8,583.33	7,233.33	4,124.59	85,833.30	81,708.71	103,000.00
4300-00-000	UTILITY EXPENSES							
4320-00-000	Electricity	362.46	333.33	-29.13	3,888.23	3,333.30	-554.93	4,000.00
4330-00-000	Gas	46.50	166.67	120.17	1,404.34	1,666.70	262.36	2,000.00
4399-00-000	TOTAL UTILITY EXPENSES	408.96	500.00	91.04	5,292.57	5,000.00	-292.57	6,000.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	157.52	83.33	-74.19	1,070.18	833.30	-236.88	1,000.00
4510-10-000	Property Insurance	25.22	25.00	-0.22	236.70	250.00	13.30	300.00
4510-20-000	Liability Insurance	6.28	16.67	10.39	113.68	166.70	53.02	200.00
4510-30-000	Workmen's Compensation	555.62	595.33	39.71	5,421.53	5,953.30	531.77	7,144.00
4599-00-000	TOTAL GENERAL EXPENSES	744.64	720.33	-24.31	6,842.09	7,203.30	361.21	8,644.00
4700-00-000	HOUSING ASSISTANCE PAYMENTS							
4715-00-000	Housing Assistance Payments	645,746.00	494,524.00	-151,222.00	6,025,517.00	4,945,240.00	-1,080,277.00	5,934,288.00
4715-01-000	Tenant Utility Payments-Voucher	16,107.00	6,833.34	-9,273.66	122,080.00	68,333.40	-53,746.60	82,000.00
4715-02-000	Port Out HAP Payments	3,177.00	1,250.00	-1,927.00	34,261.00	12,500.00	-21,761.00	15,000.00

HOUSING CHOICE VOUCHER PROGRAM (incl. MTW, MS5, and FSS Grant)								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4715-07-000	Tenant FSS Goal Incentives	3,400.00	2,500.00	-900.00	27,250.00	25,000.00	-2,250.00	30,000.00
4715-08-000	Landlord Incentives	1,578.83	5,000.00	3,421.17	17,001.73	50,000.00	32,998.27	60,000.00
4799-00-000	TOTAL HOUSING ASSISTANCE PAYMENTS	670,008.83	510,107.34	-159,901.49	6,226,109.73	5,101,073.40	-1,125,036.33	6,121,288.00
8000-00-000	TOTAL EXPENSES	732,797.12	587,737.51	-145,059.61	7,239,795.79	5,877,375.10	-1,362,420.69	7,052,850.00
9000-00-000	NET INCOME	-42,368.15	-29,263.68	-13,104.47	-476,628.21	-292,636.80	-183,991.41	-351,164.00

**JR POLLY LINEWEAVER APARTMENTS (incl. Service Coordinator Grant)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3100-00-000	TENANT INCOME							
3101-00-000	Rental Income							
3111-00-000	Tenant Rent	17,211.00	13,817.42	3,393.58	161,577.15	138,174.20	23,402.95	165,809.00
3112-00-000	50059 HAP Subsidy	23,116.00	25,660.83	-2,544.83	230,585.00	256,608.30	-26,023.30	307,930.00
3119-00-000	Total Rental Income	40,327.00	39,478.25	848.75	392,162.15	394,782.50	-2,620.35	473,739.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	472.94	463.50	9.44	3,277.56	4,635.00	-1,357.44	5,562.00
3120-03-000	Damages	28.00	500.00	-472.00	6,412.16	5,000.00	1,412.16	6,000.00
3120-04-000	Late Charges	0.00	83.33	-83.33	584.00	833.30	-249.30	1,000.00
3120-05-000	Legal Fees - Tenant	0.00	50.00	-50.00	0.00	500.00	-500.00	600.00
3120-06-000	NSF Charges	0.00	0.00	0.00	75.00	0.00	75.00	0.00
3120-08-000	Workorders/Maint Charges	0.00	541.67	-541.67	0.00	5,416.70	-5,416.70	6,500.00
3129-00-000	Total Other Tenant Income	500.94	1,638.50	-1,137.56	10,348.72	16,385.00	-6,036.28	19,662.00
3199-00-000	TOTAL TENANT INCOME	40,827.94	41,116.75	-288.81	402,510.87	411,167.50	-8,656.63	493,401.00
3400-00-000	GRANT INCOME							
3410-20-300	Service Coordinator Grant (SC)	16,397.23	6,526.75	9,870.48	58,222.48	65,267.50	-7,045.02	78,321.00
3499-00-000	TOTAL GRANT INCOME	16,397.23	6,526.75	9,870.48	58,222.48	65,267.50	-7,045.02	78,321.00
3999-00-000	TOTAL INCOME	57,225.17	47,643.50	9,581.67	460,733.35	476,435.00	-15,701.65	571,722.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	2,884.36	3,482.92	598.56	31,820.16	34,829.20	3,009.04	41,795.00
4110-04-000	Employee Benefit Contribution-Admin	1,039.01	1,188.83	149.82	11,167.17	11,888.30	721.13	14,266.00
4110-99-000	Total Administrative Salaries	3,923.37	4,671.75	748.38	42,987.33	46,717.50	3,730.17	56,061.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	512.00	66.67	-445.33	793.00	666.70	-126.30	800.00
4130-02-000	Criminal Background Checks	33.50	16.67	-16.83	96.50	166.70	70.20	200.00
4130-04-000	General Legal Expense	0.00	250.00	250.00	7,193.64	2,500.00	-4,693.64	3,000.00
4131-00-000	Total Legal Expense	545.50	333.34	-212.16	8,083.14	3,333.40	-4,749.74	4,000.00
4140-00-000	Staff Training	35.46	83.33	47.87	302.62	833.30	530.68	1,000.00
4150-00-000	Travel	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00

**JR POLLY LINEWEAVER APARTMENTS (incl. Service Coordinator Grant)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4171-00-000	Auditing Fees	0.00	166.67	166.67	0.00	1,666.70	1,666.70	2,000.00
4189-00-000	Total Other Admin Expenses	0.00	250.00	250.00	0.00	2,500.00	2,500.00	3,000.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	8.33	8.33	145.24	83.30	-61.94	100.00
4190-04-000	Office Supplies	0.00	41.67	41.67	187.58	416.70	229.12	500.00
4190-07-000	Telephone & Internet	372.38	233.33	-139.05	3,133.61	2,333.30	-800.31	2,800.00
4190-08-000	Postage	0.00	41.67	41.67	519.24	416.70	-102.54	500.00
4190-10-000	Copiers	33.12	41.67	8.55	314.52	416.70	102.18	500.00
4190-12-000	Software	5.51	300.00	294.49	3,362.19	3,000.00	-362.19	3,600.00
4190-13-000	IT/Website Maintenance	66.24	100.00	33.76	1,396.65	1,000.00	-396.65	1,200.00
4190-18-000	Small Office Equipment	0.00	0.00	0.00	99.00	0.00	-99.00	0.00
4190-22-000	Other Misc Admin Expenses	58.00	66.67	8.67	-14.29	666.70	680.99	800.00
4191-00-000	Total Miscellaneous Admin Expenses	535.25	833.34	298.09	9,143.74	8,333.40	-810.34	10,000.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	5,039.58	6,171.76	1,132.18	60,516.83	61,717.60	1,200.77	74,061.00
4200-00-000	TENANT SERVICES							
4210-20-300	Tenant Services-Salaries	4,369.37	4,553.33	183.96	42,423.37	45,533.30	3,109.93	54,640.00
4211-20-300	Tenant Services-Benefits	1,131.09	1,104.58	-26.51	9,967.89	11,045.80	1,077.91	13,255.00
4220-01-000	Other Tenant Svcs.	1,271.72	1,666.67	394.95	14,087.71	16,666.70	2,578.99	20,000.00
4240-20-300	Tenant Services-Other Direct Costs	268.30	472.17	203.87	3,097.34	4,721.70	1,624.36	5,666.00
4241-20-300	Tenant Services-Training	0.00	188.33	188.33	2,106.81	1,883.30	-223.51	2,260.00
4242-20-300	Tenant Services-Supplies & Materials	0.00	83.33	83.33	693.26	833.30	140.04	1,000.00
4243-20-300	Tenant Services-Travel	0.00	125.00	125.00	1,386.76	1,250.00	-136.76	1,500.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	7,040.48	8,193.41	1,152.93	73,763.14	81,934.10	8,170.96	98,321.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	0.00	833.33	833.33	5,518.93	8,333.30	2,814.37	10,000.00
4320-00-000	Electricity	4,174.99	5,833.33	1,658.34	54,937.34	58,333.30	3,395.96	70,000.00
4390-00-000	Sewer & Trash	0.00	2,083.33	2,083.33	12,900.34	20,833.30	7,932.96	25,000.00
4399-00-000	TOTAL UTILITY EXPENSES	4,174.99	8,749.99	4,575.00	73,356.61	87,499.90	14,143.29	105,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	4,556.85	5,064.58	507.73	48,070.78	50,645.80	2,575.02	60,775.00
4410-05-000	Employee Benefit Contribution-Maint.	1,741.70	1,837.00	95.30	16,077.52	18,370.00	2,292.48	22,044.00
4419-00-000	Total General Maint Expense	6,298.55	6,901.58	603.03	64,148.30	69,015.80	4,867.50	82,819.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	55.40	8.33	-47.07	301.26	83.30	-217.96	100.00
4420-02-000	Supplies-Appliance	0.00	91.67	91.67	1,120.05	916.70	-203.35	1,100.00

**JR POLLY LINEWEAVER APARTMENTS (incl. Service Coordinator Grant)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4420-03-000	Supplies-Unit Turnover	66.11	191.67	125.56	677.22	1,916.70	1,239.48	2,300.00
4420-04-000	Supplies-Electrical	280.04	250.00	-30.04	4,135.71	2,500.00	-1,635.71	3,000.00
4420-05-000	Supplies-Fuel & Parts	91.91	62.50	-29.41	452.33	625.00	172.67	750.00
4420-06-000	Supplies-Janitorial/Cleaning	191.18	83.33	-107.85	1,259.58	833.30	-426.28	1,000.00
4420-07-000	Supplies-Maint/Repairs	80.39	625.00	544.61	5,215.86	6,250.00	1,034.14	7,500.00
4420-08-000	Supplies-Plumbing	705.54	104.17	-601.37	2,407.88	1,041.70	-1,366.18	1,250.00
4420-09-000	Tools and Equipment	47.49	41.67	-5.82	392.86	416.70	23.84	500.00
4420-10-000	Maintenance Paper/Supplies	0.00	41.67	41.67	0.00	416.70	416.70	500.00
4420-11-000	Supplies-HVAC	0.00	0.00	0.00	3,689.84	0.00	-3,689.84	0.00
4420-12-000	Supplies-Exterior Supplies	0.00	0.00	0.00	142.50	0.00	-142.50	0.00
4429-00-000	Total Materials	1,518.06	1,500.01	-18.05	19,795.09	15,000.10	-4,794.99	18,000.00
4430-00-000	Contract Costs							
4430-01-000	Contract-Routine Maintenance	-1,548.94	133.33	1,682.27	-1,548.94	1,333.30	2,882.24	1,600.00
4430-03-000	Contract-Trash Collection	428.36	225.00	-203.36	3,840.88	2,250.00	-1,590.88	2,700.00
4430-04-000	Contract-Snow Removal	0.00	94.17	94.17	1,130.00	941.70	-188.30	1,130.00
4430-05-000	Contract-Unit Turnover	0.00	1,105.83	1,105.83	0.00	11,058.30	11,058.30	13,270.00
4430-06-000	Contract-Electrical	13.65	166.67	153.02	633.40	1,666.70	1,033.30	2,000.00
4430-07-000	Contract-Pest Control	34.05	833.33	799.28	15,720.81	8,333.30	-7,387.51	10,000.00
4430-08-000	Contract-Floor Covering	0.00	0.00	0.00	1,761.32	0.00	-1,761.32	0.00
4430-09-000	Contract-Grounds	0.00	50.00	50.00	0.00	500.00	500.00	600.00
4430-10-000	Contract-Janitorial/Cleaning	148.28	133.33	-14.95	6,146.07	1,333.30	-4,812.77	1,600.00
4430-11-000	Contract-Plumbing	0.00	41.67	41.67	677.83	416.70	-261.13	500.00
4430-13-000	Contract-HVAC	0.00	416.67	416.67	1,463.14	4,166.70	2,703.56	5,000.00
4430-15-000	Contract-Video Surveillance	90.00	41.67	-48.33	90.00	416.70	326.70	500.00
4430-17-000	Contract-Elevator Maintenance	4,228.38	1,250.00	-2,978.38	17,663.50	12,500.00	-5,163.50	15,000.00
4430-18-000	Contract-Alarm Monitoring	0.00	50.00	50.00	150.00	500.00	350.00	600.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	100.00	100.00	975.00	1,000.00	25.00	1,200.00
4430-99-000	Contract Costs-Other	5,369.41	0.00	-5,369.41	7,249.94	0.00	-7,249.94	0.00
4439-00-000	Total Contract Costs	8,763.19	4,641.67	-4,121.52	55,952.95	46,416.70	-9,536.25	55,700.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	16,579.80	13,043.26	-3,536.54	139,896.34	130,432.60	-9,463.74	156,519.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	269.46	288.67	19.21	2,917.87	2,886.70	-31.17	3,464.00
4510-10-000	Property Insurance	421.85	417.25	-4.60	4,043.57	4,172.50	128.93	5,007.00
4510-20-000	Liability Insurance	221.25	189.42	-31.83	2,008.04	1,894.20	-113.84	2,273.00
4510-30-000	Workmen's Compensation	104.18	148.83	44.65	1,235.51	1,488.30	252.79	1,786.00
4570-00-000	Bad Debt-Tenant Rents	0.00	416.67	416.67	0.00	4,166.70	4,166.70	5,000.00
4599-00-000	TOTAL GENERAL EXPENSES	1,016.74	1,460.84	444.10	10,204.99	14,608.40	4,403.41	17,530.00

**JR POLLY LINEWEAVER APARTMENTS (incl. Service Coordinator Grant)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	2,045.37	2,283.33	237.96	21,730.97	22,833.30	1,102.33	27,400.00
4899-00-000	TOTAL FINANCING EXPENSES	2,045.37	2,283.33	237.96	21,730.97	22,833.30	1,102.33	27,400.00
8000-00-000	TOTAL EXPENSES	35,896.96	39,902.59	4,005.63	379,468.88	399,025.90	19,557.02	478,831.00
9000-00-000	NET INCOME	21,328.21	7,740.91	13,587.30	81,264.47	77,409.10	3,855.37	92,891.00

**FRANKLIN HEIGHTS LLC (incl. CDBG Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3100-00-000	TENANT INCOME							
3101-00-000	Rental Income							
3111-00-000	Tenant Rent	41,054.00	47,522.60	-6,468.60	415,874.31	475,226.00	-59,351.69	570,271.20
3112-06-000	PBV HAP Subsidy	142,319.00	110,886.07	31,432.93	1,265,445.00	1,108,860.70	156,584.30	1,330,632.80
3119-00-000	Total Rental Income	183,373.00	158,408.67	24,964.33	1,681,319.31	1,584,086.70	97,232.61	1,900,904.00
3120-00-000	Other Tenant Income							
3120-03-000	Damages	1,634.67	2,083.33	-448.66	26,067.65	20,833.30	5,234.35	25,000.00
3120-04-000	Late Charges	724.00	666.67	57.33	9,489.00	6,666.70	2,822.30	8,000.00
3120-05-000	Legal Fees - Tenant	0.00	83.33	-83.33	0.00	833.30	-833.30	1,000.00
3120-06-000	NSF Charges	0.00	8.33	-8.33	25.00	83.30	-58.30	100.00
3120-07-000	Tenant Owed Utilities	100.00	166.67	-66.67	1,642.14	1,666.70	-24.56	2,000.00
3120-08-000	Workorders/Maint Charges	0.00	325.00	-325.00	0.00	3,250.00	-3,250.00	3,900.00
3120-11-000	Collection Loss-Tenants	0.00	0.00	0.00	310.92	0.00	310.92	0.00
3129-00-000	Total Other Tenant Income	2,458.67	3,333.33	-874.66	37,534.71	33,333.30	4,201.41	40,000.00
3199-00-000	TOTAL TENANT INCOME	185,831.67	161,742.00	24,089.67	1,718,854.02	1,617,420.00	101,434.02	1,940,904.00
3400-00-000	GRANT INCOME							
3415-00-000	Other Government Grants	0.00	7,916.67	-7,916.67	70,000.00	79,166.70	-9,166.70	95,000.00
3499-00-000	TOTAL GRANT INCOME	0.00	7,916.67	-7,916.67	70,000.00	79,166.70	-9,166.70	95,000.00
3600-00-000	OTHER INCOME							
3610-00-000	Investment Income - Unrestricted	0.00	208.33	-208.33	995.85	2,083.30	-1,087.45	2,500.00
3699-00-000	TOTAL OTHER INCOME	0.00	208.33	-208.33	995.85	2,083.30	-1,087.45	2,500.00
3999-00-000	TOTAL INCOME	185,831.67	169,867.00	15,964.67	1,789,849.87	1,698,670.00	91,179.87	2,038,404.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	20,435.98	23,977.25	3,541.27	234,528.22	239,772.50	5,244.28	287,727.00
4110-04-000	Employee Benefit Contribution-Admin	6,107.52	7,334.83	1,227.31	65,954.85	73,348.30	7,393.45	88,018.00
4110-99-000	Total Administrative Salaries	26,543.50	31,312.08	4,768.58	300,483.07	313,120.80	12,637.73	375,745.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	0.00	41.67	41.67	125.94	416.70	290.76	500.00

**FRANKLIN HEIGHTS LLC (incl. CDBG Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4130-02-000	Criminal Background Checks	21.00	0.00	-21.00	199.50	0.00	-199.50	0.00
4130-04-000	General Legal Expense	0.00	1,250.00	1,250.00	10,193.85	12,500.00	2,306.15	15,000.00
4131-00-000	Total Legal Expense	21.00	1,291.67	1,270.67	10,519.29	12,916.70	2,397.41	15,500.00
4140-00-000	Staff Training	560.47	1,250.00	689.53	7,836.72	12,500.00	4,663.28	15,000.00
4150-00-000	Travel	2,488.50	833.33	-1,655.17	12,541.50	8,333.30	-4,208.20	10,000.00
4171-00-000	Auditing Fees	0.00	208.33	208.33	0.00	2,083.30	2,083.30	2,500.00
4189-00-000	Total Other Admin Expenses	2,488.50	1,041.66	-1,446.84	12,541.50	10,416.60	-2,124.90	12,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	100.00	100.00	2,044.44	1,000.00	-1,044.44	1,200.00
4190-02-000	Publications	71.36	66.67	-4.69	561.38	666.70	105.32	800.00
4190-03-000	Advertising	108.64	83.33	-25.31	108.64	833.30	724.66	1,000.00
4190-04-000	Office Supplies	1,414.98	333.33	-1,081.65	3,627.39	3,333.30	-294.09	4,000.00
4190-06-000	Compliance	0.00	208.33	208.33	172.30	2,083.30	1,911.00	2,500.00
4190-07-000	Telephone & Internet	564.75	416.67	-148.08	4,713.81	4,166.70	-547.11	5,000.00
4190-08-000	Postage	0.00	500.00	500.00	1,553.97	5,000.00	3,446.03	6,000.00
4190-10-000	Copiers	105.92	208.33	102.41	1,165.93	2,083.30	917.37	2,500.00
4190-12-000	Software	1,217.13	1,666.67	449.54	24,207.75	16,666.70	-7,541.05	20,000.00
4190-13-000	IT/Website Maintenance	308.08	416.67	108.59	4,542.10	4,166.70	-375.40	5,000.00
4190-18-000	Small Office Equipment	0.00	250.00	250.00	3,481.69	2,500.00	-981.69	3,000.00
4190-22-000	Other Misc Admin Expenses	0.00	833.33	833.33	-3,288.99	8,333.30	11,622.29	10,000.00
4191-00-000	Total Miscellaneous Admin Expenses	3,790.86	5,083.33	1,292.47	42,890.41	50,833.30	7,942.89	61,000.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	33,404.33	39,978.74	6,574.41	374,270.99	399,787.40	25,516.41	479,745.00
4200-00-000	TENANT SERVICES							
4220-01-000	Other Tenant Svcs.	0.00	125.00	125.00	1,085.78	1,250.00	164.22	1,500.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	0.00	125.00	125.00	1,085.78	1,250.00	164.22	1,500.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	98.05	2,666.67	2,568.62	20,568.69	26,666.70	6,098.01	32,000.00
4320-00-000	Electricity	588.13	833.33	245.20	6,848.82	8,333.30	1,484.48	10,000.00
4330-00-000	Gas	0.00	166.67	166.67	334.10	1,666.70	1,332.60	2,000.00
4390-00-000	Sewer & Trash	0.00	3,333.33	3,333.33	21,427.35	33,333.30	11,905.95	40,000.00
4399-00-000	TOTAL UTILITY EXPENSES	686.18	7,000.00	6,313.82	49,178.96	70,000.00	20,821.04	84,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	16,460.45	17,226.17	765.72	162,995.47	172,261.70	9,266.23	206,714.00
4410-05-000	Employee Benefit Contribution-Maint.	4,966.25	5,722.92	756.67	49,810.08	57,229.20	7,419.12	68,675.00
4419-00-000	Total General Maint Expense	21,426.70	22,949.09	1,522.39	212,805.55	229,490.90	16,685.35	275,389.00



**FRANKLIN HEIGHTS LLC (incl. CDBG Grants)**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	165.28	141.67	-23.61	1,889.84	1,416.70	-473.14	1,700.00
4420-02-000	Supplies-Appliance	251.97	208.33	-43.64	2,932.96	2,083.30	-849.66	2,500.00
4420-03-000	Supplies-Unit Turnover	412.13	458.33	46.20	1,773.65	4,583.30	2,809.65	5,500.00
4420-04-000	Supplies-Electrical	1,049.91	1,250.00	200.09	9,308.60	12,500.00	3,191.40	15,000.00
4420-05-000	Supplies-Fuel & Parts	339.37	291.67	-47.70	2,807.13	2,916.70	109.57	3,500.00
4420-06-000	Supplies-Janitorial/Cleaning	871.62	333.33	-538.29	3,520.98	3,333.30	-187.68	4,000.00
4420-07-000	Supplies-Maint/Repairs	2,103.30	1,250.00	-853.30	18,249.22	12,500.00	-5,749.22	15,000.00
4420-08-000	Supplies-Plumbing	1,051.80	416.67	-635.13	5,202.71	4,166.70	-1,036.01	5,000.00
4420-09-000	Tools and Equipment	880.10	291.67	-588.43	4,247.55	2,916.70	-1,330.85	3,500.00
4420-10-000	Maintenance Paper/Supplies	0.00	66.67	66.67	0.00	666.70	666.70	800.00
4420-11-000	Supplies-HVAC	0.00	0.00	0.00	791.95	0.00	-791.95	0.00
4429-00-000	Total Materials	7,125.48	4,708.34	-2,417.14	50,724.59	47,083.40	-3,641.19	56,500.00
4430-00-000	Contract Costs							
4430-01-000	Contract-Routine Maintenance	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00
4430-03-000	Contract-Trash Collection	189.31	250.00	60.69	2,824.32	2,500.00	-324.32	3,000.00
4430-04-000	Contract-Snow Removal	0.00	83.33	83.33	270.00	833.30	563.30	1,000.00
4430-05-000	Contract-Unit Turnover	0.00	1,666.67	1,666.67	6,520.44	16,666.70	10,146.26	20,000.00
4430-06-000	Contract-Electrical	27.31	83.33	56.02	555.09	833.30	278.21	1,000.00
4430-07-000	Contract-Pest Control	68.09	1,000.00	931.91	2,541.54	10,000.00	7,458.46	12,000.00
4430-08-000	Contract-Floor Covering	0.00	333.33	333.33	225.00	3,333.30	3,108.30	4,000.00
4430-09-000	Contract-Grounds	0.00	833.33	833.33	0.00	8,333.30	8,333.30	10,000.00
4430-10-000	Contract-Janitorial/Cleaning	415.00	333.33	-81.67	3,604.17	3,333.30	-270.87	4,000.00
4430-11-000	Contract-Plumbing	0.00	250.00	250.00	835.00	2,500.00	1,665.00	3,000.00
4430-12-000	Contract-Inspections	3,615.00	1,166.67	-2,448.33	6,960.00	11,666.70	4,706.70	14,000.00
4430-13-000	Contract-HVAC	0.00	1,666.67	1,666.67	6,553.77	16,666.70	10,112.93	20,000.00
4430-14-000	Contract-Vehicle Maintenance	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00
4430-15-000	Contract-Video Surveillance	120.00	7,583.33	7,463.33	120.00	75,833.30	75,713.30	91,000.00
4430-99-000	Contract Costs-Other	0.00	0.00	0.00	2,240.00	0.00	-2,240.00	0.00
4439-00-000	Total Contract Costs	4,434.71	15,416.65	10,981.94	33,249.33	154,166.50	120,917.17	185,000.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	32,986.89	43,074.08	10,087.19	296,779.47	430,740.80	133,961.33	516,889.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	157.52	184.00	26.48	1,625.86	1,840.00	214.14	2,208.00
4510-10-000	Property Insurance	1,282.64	1,239.42	-43.22	12,146.90	12,394.20	247.30	14,873.00
4510-20-000	Liability Insurance	588.45	549.33	-39.12	5,576.12	5,493.30	-82.82	6,592.00
4510-30-000	Workmen's Compensation	555.60	520.83	-34.77	5,108.88	5,208.30	99.42	6,250.00
4521-00-000	Misc. Taxes/Licenses/Insurance	0.00	2,500.00	2,500.00	15,942.35	25,000.00	9,057.65	30,000.00
4570-00-000	Bad Debt-Tenant Rents	0.00	2,083.33	2,083.33	0.00	20,833.30	20,833.30	25,000.00

FRANKLIN HEIGHTS LLC (incl. CDBG Grants)								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4599-00-000	TOTAL GENERAL EXPENSES	2,584.21	7,076.91	4,492.70	40,400.11	70,769.10	30,368.99	84,923.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	3,285.72	10,592.04	7,306.32	122,064.75	105,920.40	-16,144.35	127,104.53
4852-00-000	Interest Expense-Loan 2	0.00	5,833.33	5,833.33	70,000.00	58,333.30	-11,666.70	70,000.00
4899-00-000	TOTAL FINANCING EXPENSES	3,285.72	16,425.37	13,139.65	192,064.75	164,253.70	-27,811.05	197,104.53
8000-00-000	TOTAL EXPENSES	72,947.33	113,680.10	40,732.77	953,780.06	1,136,801.00	183,020.94	1,364,161.53
9000-00-000	NET INCOME	112,884.34	56,186.90	56,697.44	836,069.81	561,869.00	274,200.81	674,242.47

**COMMERCE VILLAGE LLC**  
**Statement of Revenues, Expenditures, and Changes in Fund Net Position**

January - October 2024

		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
2999-99-999	Revenue & Expenses							
3000-00-000	INCOME							
3100-00-000	TENANT INCOME							
3101-00-000	Rental Income							
3111-00-000	Tenant Rent	9,232.00	10,142.55	-910.55	95,051.00	101,425.50	-6,374.50	121,710.60
3112-06-000	PBV HAP Subsidy	10,433.00	10,142.55	290.45	99,559.00	101,425.50	-1,866.50	121,710.60
3119-00-000	Total Rental Income	19,665.00	20,285.10	-620.10	194,610.00	202,851.00	-8,241.00	243,421.20
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	167.89	150.00	17.89	1,428.94	1,500.00	-71.06	1,800.00
3120-03-000	Damages	0.00	208.33	-208.33	3,567.00	2,083.30	1,483.70	2,500.00
3120-04-000	Late Charges	25.00	25.00	0.00	405.00	250.00	155.00	300.00
3120-05-000	Legal Fees - Tenant	0.00	21.67	-21.67	0.00	216.70	-216.70	260.00
3120-08-000	Workorders/Maint Charges	30.00	100.00	-70.00	126.00	1,000.00	-874.00	1,200.00
3120-09-000	Misc.Tenant Income	250.00	0.00	250.00	250.00	0.00	250.00	0.00
3129-00-000	Total Other Tenant Income	472.89	505.00	-32.11	5,776.94	5,050.00	726.94	6,060.00
3199-00-000	TOTAL TENANT INCOME	20,137.89	20,790.10	-652.21	200,386.94	207,901.00	-7,514.06	249,481.20
3600-00-000	OTHER INCOME							
3611-00-000	Investment Income - Restricted	541.05	250.00	291.05	5,715.42	2,500.00	3,215.42	3,000.00
3699-00-000	TOTAL OTHER INCOME	541.05	250.00	291.05	5,715.42	2,500.00	3,215.42	3,000.00
3999-00-000	TOTAL INCOME	20,678.94	21,040.10	-361.16	206,102.36	210,401.00	-4,298.64	252,481.20
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	2,886.76	3,127.33	240.57	30,310.98	31,273.30	962.32	37,528.00
4110-04-000	Employee Benefit Contribution-Admin	863.61	974.00	110.39	8,879.57	9,740.00	860.43	11,688.00
4110-99-000	Total Administrative Salaries	3,750.37	4,101.33	350.96	39,190.55	41,013.30	1,822.75	49,216.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	64.00	0.00	-64.00	39.00	0.00	-39.00	0.00
4130-02-000	Criminal Background Checks	0.00	0.00	0.00	21.00	0.00	-21.00	0.00
4130-04-000	General Legal Expense	0.00	0.00	0.00	4,991.72	0.00	-4,991.72	0.00
4131-00-000	Total Legal Expense	64.00	0.00	-64.00	5,051.72	0.00	-5,051.72	0.00
4140-00-000	Staff Training	644.46	125.00	-519.46	947.21	1,250.00	302.79	1,500.00
4150-00-000	Travel	0.00	83.33	83.33	103.08	833.30	730.22	1,000.00

<b>COMMERCE VILLAGE LLC</b>								
<b>Statement of Revenues, Expenditures, and Changes in Fund Net Position</b>								
January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4173-00-000	Management Fee	1,034.38	958.33	-76.05	10,268.41	9,583.30	-685.11	11,500.00
4189-00-000	Total Other Admin Expenses	1,034.38	1,041.66	7.28	10,371.49	10,416.60	45.11	12,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	8.33	8.33	0.00	83.30	83.30	100.00
4190-02-000	Publications	0.00	8.33	8.33	0.00	83.30	83.30	100.00
4190-04-000	Office Supplies	0.00	50.00	50.00	70.03	500.00	429.97	600.00
4190-06-000	Compliance	0.00	125.00	125.00	1,400.00	1,250.00	-150.00	1,500.00
4190-07-000	Telephone & Internet	180.95	300.00	119.05	1,902.56	3,000.00	1,097.44	3,600.00
4190-08-000	Postage	0.00	41.67	41.67	299.62	416.70	117.08	500.00
4190-10-000	Copiers	34.98	100.00	65.02	406.31	1,000.00	593.69	1,200.00
4190-12-000	Software	2.76	166.67	163.91	1,681.08	1,666.70	-14.38	2,000.00
4190-13-000	IT/Website Maintenance	33.12	91.67	58.55	1,734.45	916.70	-817.75	1,100.00
4190-18-000	Small Office Equipment	0.00	0.00	0.00	99.99	0.00	-99.99	0.00
4190-21-000	HCC Fees	0.00	625.00	625.00	7,175.91	6,250.00	-925.91	7,500.00
4190-22-000	Other Misc Admin Expenses	-2,550.00	83.33	2,633.33	-1,819.04	833.30	2,652.34	1,000.00
4191-00-000	Total Miscellaneous Admin Expenses	-2,298.19	1,600.00	3,898.19	12,950.91	16,000.00	3,049.09	19,200.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	3,195.02	6,867.99	3,672.97	68,511.88	68,679.90	168.02	82,416.00
4200-00-000	TENANT SERVICES							
4210-00-000	Tenant Services Salaries	5,000.00	1,520.83	-3,479.17	10,000.00	15,208.30	5,208.30	18,250.00
4210-01-000	Employee Benefit Contributions-Tenant Svcs.	750.00	0.00	-750.00	1,500.00	0.00	-1,500.00	0.00
4220-01-000	Other Tenant Svcs.	0.00	125.00	125.00	1,285.20	1,250.00	-35.20	1,500.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	5,750.00	1,645.83	-4,104.17	12,785.20	16,458.30	3,673.10	19,750.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	0.00	358.33	358.33	2,825.63	3,583.30	757.67	4,300.00
4320-00-000	Electricity	1,502.92	1,666.67	163.75	15,316.00	16,666.70	1,350.70	20,000.00
4330-00-000	Gas	163.14	200.00	36.86	1,645.94	2,000.00	354.06	2,400.00
4390-00-000	Sewer & Trash	0.00	916.67	916.67	6,242.10	9,166.70	2,924.60	11,000.00
4399-00-000	TOTAL UTILITY EXPENSES	1,666.06	3,141.67	1,475.61	26,029.67	31,416.70	5,387.03	37,700.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	736.07	994.33	258.26	7,734.79	9,943.30	2,208.51	11,932.00
4410-05-000	Employee Benefit Contribution-Maint.	382.76	355.58	-27.18	3,591.05	3,555.80	-35.25	4,267.00
4419-00-000	Total General Maint Expense	1,118.83	1,349.91	231.08	11,325.84	13,499.10	2,173.26	16,199.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	0.00	8.33	8.33	18.16	83.30	65.14	100.00
4420-02-000	Supplies-Appliance	267.39	8.33	-259.06	1,382.18	83.30	-1,298.88	100.00

<b>COMMERCE VILLAGE LLC</b> <b>Statement of Revenues, Expenditures, and Changes in Fund Net Position</b> January - October 2024								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4420-03-000	Supplies-Unit Turnover	26.54	16.67	-9.87	985.18	166.70	-818.48	200.00
4420-04-000	Supplies-Electrical	3.17	50.00	46.83	3,122.62	500.00	-2,622.62	600.00
4420-05-000	Supplies-Fuel & Parts	35.36	16.67	-18.69	173.97	166.70	-7.27	200.00
4420-06-000	Supplies-Janitorial/Cleaning	0.00	50.00	50.00	363.84	500.00	136.16	600.00
4420-07-000	Supplies-Maint/Repairs	2.19	108.33	106.14	1,462.20	1,083.30	-378.90	1,300.00
4420-08-000	Supplies-Plumbing	1,242.71	25.00	-1,217.71	1,975.06	250.00	-1,725.06	300.00
4420-09-000	Tools and Equipment	0.00	0.00	0.00	96.48	0.00	-96.48	0.00
4420-10-000	Maintenance Paper/Supplies	0.00	8.33	8.33	0.00	83.30	83.30	100.00
4420-11-000	Supplies-HVAC	163.36	0.00	-163.36	2,233.48	0.00	-2,233.48	0.00
4429-00-000	Total Materials	1,740.72	291.66	-1,449.06	11,813.17	2,916.60	-8,896.57	3,500.00
4430-00-000	Contract Costs							
4430-01-000	Contract-Routine Maintenance	0.00	0.00	0.00	1,188.65	0.00	-1,188.65	0.00
4430-03-000	Contract-Trash Collection	326.58	225.00	-101.58	2,843.69	2,250.00	-593.69	2,700.00
4430-04-000	Contract-Snow Removal	0.00	83.33	83.33	2,000.00	833.30	-1,166.70	1,000.00
4430-05-000	Contract-Unit Turnover	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00
4430-06-000	Contract-Electrical	5.48	0.00	-5.48	291.48	0.00	-291.48	0.00
4430-07-000	Contract-Pest Control	68.09	91.67	23.58	3,608.54	916.70	-2,691.84	1,100.00
4430-08-000	Contract-Floor Covering	0.00	0.00	0.00	554.54	0.00	-554.54	0.00
4430-10-000	Contract-Janitorial/Cleaning	145.20	133.33	-11.87	2,404.50	1,333.30	-1,071.20	1,600.00
4430-11-000	Contract-Plumbing	0.00	41.67	41.67	690.00	416.70	-273.30	500.00
4430-12-000	Contract-Inspections	500.00	291.67	-208.33	1,600.00	2,916.70	1,316.70	3,500.00
4430-13-000	Contract-HVAC	0.00	333.33	333.33	2,622.12	3,333.30	711.18	4,000.00
4430-15-000	Contract-Video Surveillance	0.00	83.33	83.33	0.00	833.30	833.30	1,000.00
4430-18-000	Contract-Alarm Monitoring	323.18	50.00	-273.18	802.22	500.00	-302.22	600.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	83.33	83.33	1,425.00	833.30	-591.70	1,000.00
4439-00-000	Total Contract Costs	1,368.53	1,499.99	131.46	20,030.74	14,999.90	-5,030.84	18,000.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	4,228.08	3,141.56	-1,086.52	43,169.75	31,415.60	-11,754.15	37,699.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	14.76	21.00	6.24	173.22	210.00	36.78	252.00
4510-10-000	Property Insurance	507.94	477.92	-30.02	4,949.55	4,779.20	-170.35	5,735.00
4510-20-000	Liability Insurance	143.27	214.17	70.90	1,407.16	2,141.70	734.54	2,570.00
4510-30-000	Workmen's Compensation	52.09	55.83	3.74	507.40	558.30	50.90	670.00
4521-00-000	Misc. Taxes/Licenses/Insurance	42.51	2.00	-40.51	632.06	20.00	-612.06	24.00
4570-00-000	Bad Debt-Tenant Rents	0.00	208.33	208.33	0.00	2,083.30	2,083.30	2,500.00
4599-00-000	TOTAL GENERAL EXPENSES	760.57	979.25	218.68	7,669.39	9,792.50	2,123.11	11,751.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	1,365.00	1,365.00	0.00	13,650.00	13,650.00	0.00	16,380.00

<b>COMMERCE VILLAGE LLC</b>								
<b>Statement of Revenues, Expenditures, and Changes in Fund Net Position</b>								
January - October 2024								
		<b>PTD Actual</b>	<b>PTD Budget</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Annual</b>
4899-00-000	TOTAL FINANCING EXPENSES	1,365.00	1,365.00	0.00	13,650.00	13,650.00	0.00	16,380.00
8000-00-000	TOTAL EXPENSES	16,964.73	17,141.30	176.57	171,815.89	171,413.00	-402.89	205,696.00
9000-00-000	NET INCOME	3,714.21	3,898.80	-184.59	34,286.47	38,988.00	-4,701.53	46,785.20

**INDUCEMENT RESOLUTION OF THE HARRISONBURG  
REDEVELOPMENT AND HOUSING AUTHORITY FOR THE ISSUANCE  
OF ITS MULTIFAMILY HOUSING REVENUE BONDS ON BEHALF OF  
THE BEVERLY J. SEARLES FOUNDATION AND ITS AFFILIATES**

WHEREAS, there has been submitted to the Harrisonburg Redevelopment and Housing Authority (the “Authority”) the application of the Beverly J. Searles Foundation, a Georgia non-profit corporation (the “Foundation”), whose address is 5030 Nesbit Ferry Lane, Sandy Springs, Georgia 30350, for the issuance by the Authority of its Multifamily Housing Revenue Bonds (BJS Harrisonburg Family I, LLC Project) (the “Bonds”), in an aggregate principal amount not to exceed \$20,000,000, the proceeds of which would be loaned to a limited partnership controlled by BJS Harrisonburg Family I, LLC, a Virginia limited liability company, or other affiliates of the Foundation (the “Borrower”), to be used, together with other funds, to (i) finance the acquisition, construction, development, furnishing and equipping of an approximately 80-unit multifamily housing facility to be located on approximately 6 acres of land of the Borrower in the City of Harrisonburg, Virginia (the “City”), at 280 W. Mosby Road, Harrisonburg, Virginia 22801 (the “Project”); (ii) fund capitalized interest on the Bonds during the construction of the Project and for a limited period thereafter; (iii) fund one or more reserve funds for the Bonds, if deemed necessary or desirable; and (iv) pay certain costs of issuing the Bonds (collectively, the “Plan of Finance”);

WHEREAS, the Foundation has represented that the Project will be established and maintained as a “qualified residential rental project” within the meaning of Section 142(d) of the Internal Revenue Code of 1986, as amended (the “Code”);

WHEREAS, the Authority is empowered, pursuant to the Virginia Housing Authorities Law, Chapter 1, Title 36 of the Code of Virginia of 1950, as amended (the “Act”), to issue its bonds and make loans for the purpose, among others, of assisting in the construction by private sponsors of residential rental housing projects such as the Project, located within the territorial boundaries of the City;

WHEREAS, the Borrower has requested that the Authority agree to issue the Bonds and loan the Borrower the proceeds from the sale of the Bonds to assist the Borrower in undertaking the Plan of Finance as permitted under the Act; and

WHEREAS, a public hearing has been held with respect to the Project and the Bonds in accordance with Section 147(f) of the Code and Section 36-29 of the Act on the date of adoption of this Resolution.

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

1. It is hereby found and determined that the issuance of the Bonds and the use of the proceeds thereof to undertake the Project and the Plan of Finance will further the public purposes of the Act by promoting the provision of decent, safe and sanitary housing for persons of low and moderate income in the City. It is hereby found and determined that the facilities comprising the Project will constitute a “housing project” as that term is defined in the Act.

2. The Authority hereby agrees to cooperate with the Borrower in the implementation of the Plan of Finance and, subject to the Authority's final approval of the terms and conditions of the Bonds and the documents to be executed and delivered in connection therewith, which would occur at a future meeting of the Authority, the Authority agrees to undertake the issuance of the Bonds in a principal amount of up to \$20,000,000, and to loan the proceeds of the Bonds to the Borrower upon terms and conditions to be agreed upon by the Authority and the Borrower.

3. The Authority hereby recommends and requests that the City Council approve the issuance of the Bonds in accordance with the Act and the Code and hereby directs any officer of the Authority to submit to the City Council a reasonably detailed summary of the comments expressed at the public hearing, a copy of this Resolution, and such other documents as may be required by the Act.

4. It having been represented to the Authority that it is necessary for the Borrower to proceed immediately with certain expenditures in connection with the Project and the Plan of Finance, the Authority hereby agrees that the Borrower may proceed with plans, enter into contracts for acquisition, construction and equipping of the Project, and take such other steps as it may deem appropriate in connection with the Project and the Plan of Finance and, subject to the limitations of the Code and the Treasury Regulations promulgated thereunder, the Borrower may be reimbursed from the proceeds of the Bonds for all costs so incurred by it. In adopting this Resolution, the Authority intends to evidence its "official intent" to reimburse the Project expenditures with proceeds from the issuance of the Bonds within the meaning of Section 1.150-2 of the Treasury Regulations, including, without limitation, such expenditures with respect to the Project as are incurred prior to the issuance of the Bonds but not more than sixty (60) days before the date of this Resolution.

5. The Bonds shall be limited obligations of the Authority and shall be payable solely from the Borrower's revenues and funds specifically pledged therefor. Neither the commissioners, officers, agents, or employees of the Authority, past, present and future, nor any person executing the Bonds, shall be personally liable on the Bonds by reason of the issuance thereof. The Bonds shall not be deemed to constitute a general obligation debt or a pledge of the faith and credit of the Commonwealth of Virginia or any political subdivision thereof, including the Authority and the City, and neither the Commonwealth of Virginia nor any such political subdivision thereof shall be personally liable thereon, nor in any event shall the Bonds be payable out of any funds or properties other than the special funds and sources provided therefor. Neither the faith and credit nor the taxing power of the Commonwealth of Virginia, or any political subdivision thereof, shall be pledged to the payment of the principal of the Bonds or the interest thereon or other costs incident thereto. The Authority has no taxing power.

6. No covenant, condition or agreement contained in the Bonds or in any financing instrument with respect to the Bonds shall be deemed to be a covenant, agreement or obligation of any past, present or future commissioner, officer, employee or agent of the Authority in his or her individual capacity, and neither the commissioners of the Authority nor any officers or employees thereof shall be personally liable thereon or subject to any personal liability or accountability by reason of the issuance or execution thereof.



7. The Authority hereby agrees to the recommendation of the Borrower that Butler Snow LLP, be appointed as bond counsel and hereby appoints such firm to supervise the proceedings and approve the issuance of the Bonds.

8. All costs and expenses in connection with the financing and the acquisition and rehabilitation of the Project, including the fees and expenses of bond counsel, counsel for the Authority, counsel for the Borrower, and counsel for any underwriter, placement agent or purchaser of the Bonds shall be paid from the proceeds of the Bonds (but only to the extent permitted by applicable law) or by the Borrower. If for any reason the Bonds are not issued, it is understood that all such costs and expenses shall be paid by the Borrower and that the Authority shall have no responsibility therefor.

9. Any officer of the Authority is authorized and directed to execute and deliver on behalf of the Authority such instruments, documents or certificates and to do and perform such things and acts as they are advised by counsel shall be necessary or appropriate in carrying out the transactions authorized by this Resolution, including, without limitation, executing and delivering any documents required in connection with a request for allocation of the State Ceiling (as defined in Section 15.2-5000 of the Code of Virginia of 1950, as amended) with respect to the Bonds.

10. No Bonds may be issued pursuant to this Resolution until such time as (a) the issuance of the Bonds has been approved by City Council, and (b) the final terms and details of the Bonds have been approved by subsequent resolution of the Authority.

11. All other acts of the officers and agents of the Authority which are in conformity with the purposes and intent of this Resolution and in furtherance of the Plan of Finance are hereby approved and confirmed.

12. This Resolution shall take effect immediately upon its adoption.

Adopted: November 20, 2024

\* \* \*

**CERTIFICATE OF VOTES**

Record of the roll-call vote by the Harrisonburg Redevelopment and Housing Authority, upon reading on a Resolution titled **“INDUCEMENT RESOLUTION OF THE HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY FOR THE ISSUANCE OF ITS MULTIFAMILY HOUSING REVENUE BONDS ON BEHALF OF THE BEVERLY J. SEARLES FOUNDATION AND ITS AFFILIATES”** taken at a meeting of the Authority held on November 20, 2024:

	<b>AYE</b>	<b>NAY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>

Dated: November 20, 2024

**(SEAL)**

\_\_\_\_\_   
 Chair

**ATTEST:** \_\_\_\_\_   
 Secretary

The undersigned Secretary of the Harrisonburg Redevelopment and Housing Authority (the “Issuer”) hereby certifies that the foregoing is a true, correct, and complete copy of a Resolution adopted by the Authority’s commissioners present and voting at a meeting duly called and held on November 20, 2024, in accordance with law, and that such Resolution has not been repealed, revoked, rescinded, or amended, but is in full force and effect on the date hereof.

**WITNESS** my hand and the seal of the Authority this 20<sup>th</sup> day of November 2024.

**HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY**

By: \_\_\_\_\_   
 Secretary

**INDUCEMENT RESOLUTION OF THE HARRISONBURG  
REDEVELOPMENT AND HOUSING AUTHORITY FOR THE ISSUANCE  
OF ITS SENIOR HOUSING FACILITY REVENUE BONDS ON BEHALF OF  
THE BEVERLY J. SEARLES FOUNDATION AND ITS AFFILIATES**

WHEREAS, there has been submitted to the Harrisonburg Redevelopment and Housing Authority (the “Authority”) the application of the Beverly J. Searles Foundation, a Georgia non-profit corporation (the “Foundation”), whose address is 5030 Nesbit Ferry Lane, Sandy Springs, Georgia 30350, for the issuance by the Authority of its Senior Housing Facility Revenue Bonds (BJS Harrisonburg Senior I, LLC Project) (the “Bonds”), in an aggregate principal amount not to exceed \$20,000,000, the proceeds of which would be loaned to a limited partnership controlled by BJS Harrisonburg Senior I, LLC, a Virginia limited liability company, or other affiliates of the Foundation (the “Borrower”), to be used, together with other funds, to (i) finance the acquisition, construction, development, furnishing and equipping of an approximately 84-unit age-restricted senior living housing facility to be located on approximately 6 acres of land of the Borrower in the City of Harrisonburg, Virginia (the “City”), at 210 W. Mosby Road, Harrisonburg, Virginia 22801 (the “Project”); (ii) fund capitalized interest on the Bonds during the construction of the Project and for a limited period thereafter; (iii) fund one or more reserve funds for the Bonds, if deemed necessary or desirable; and (iv) pay certain costs of issuing the Bonds (collectively, the “Plan of Finance”);

WHEREAS, the Foundation has represented that the Project will be established and maintained as a “qualified residential rental project” within the meaning of Section 142(d) of the Internal Revenue Code of 1986, as amended (the “Code”);

WHEREAS, the Authority is empowered, pursuant to the Virginia Housing Authorities Law, Chapter 1, Title 36 of the Code of Virginia of 1950, as amended (the “Act”), to issue its bonds and make loans for the purpose, among others, of assisting in the construction by private sponsors of residential rental housing projects such as the Project, located within the territorial boundaries of the City;

WHEREAS, the Borrower has requested that the Authority agree to issue the Bonds and loan the Borrower the proceeds from the sale of the Bonds to assist the Borrower in undertaking the Plan of Finance as permitted under the Act; and

WHEREAS, a public hearing has been held with respect to the Project and the Bonds in accordance with Section 147(f) of the Code and Section 36-29 of the Act on the date of adoption of this Resolution.

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

1. It is hereby found and determined that the issuance of the Bonds and the use of the proceeds thereof to undertake the Project and the Plan of Finance will further the public purposes of the Act by promoting the provision of decent, safe and sanitary housing for persons of low and

moderate income in the City. It is hereby found and determined that the facilities comprising the Project will constitute a “housing project” as that term is defined in the Act.

2. The Authority hereby agrees to cooperate with the Borrower in the implementation of the Plan of Finance and, subject to the Authority’s final approval of the terms and conditions of the Bonds and the documents to be executed and delivered in connection therewith, which would occur at a future meeting of the Authority, the Authority agrees to undertake the issuance of the Bonds in a principal amount of up to \$20,000,000, and to loan the proceeds of the Bonds to the Borrower upon terms and conditions to be agreed upon by the Authority and the Borrower.

3. The Authority hereby recommends and requests that the City Council approve the issuance of the Bonds in accordance with the Act and the Code and hereby directs any officer of the Authority to submit to the City Council a reasonably detailed summary of the comments expressed at the public hearing, a copy of this Resolution, and such other documents as may be required by the Act.

4. It having been represented to the Authority that it is necessary for the Borrower to proceed immediately with certain expenditures in connection with the Project and the Plan of Finance, the Authority hereby agrees that the Borrower may proceed with plans, enter into contracts for acquisition, construction and equipping of the Project, and take such other steps as it may deem appropriate in connection with the Project and the Plan of Finance and, subject to the limitations of the Code and the Treasury Regulations promulgated thereunder, the Borrower may be reimbursed from the proceeds of the Bonds for all costs so incurred by it. In adopting this Resolution, the Authority intends to evidence its “official intent” to reimburse the Project expenditures with proceeds from the issuance of the Bonds within the meaning of Section 1.150-2 of the Treasury Regulations, including, without limitation, such expenditures with respect to the Project as are incurred prior to the issuance of the Bonds but not more than sixty (60) days before the date of this Resolution.

5. The Bonds shall be limited obligations of the Authority and shall be payable solely from the Borrower’s revenues and funds specifically pledged therefor. Neither the commissioners, officers, agents, or employees of the Authority, past, present and future, nor any person executing the Bonds, shall be personally liable on the Bonds by reason of the issuance thereof. The Bonds shall not be deemed to constitute a general obligation debt or a pledge of the faith and credit of the Commonwealth of Virginia or any political subdivision thereof, including the Authority and the City, and neither the Commonwealth of Virginia nor any such political subdivision thereof shall be personally liable thereon, nor in any event shall the Bonds be payable out of any funds or properties other than the special funds and sources provided therefor. Neither the faith and credit nor the taxing power of the Commonwealth of Virginia, or any political subdivision thereof, shall be pledged to the payment of the principal of the Bonds or the interest thereon or other costs incident thereto. The Authority has no taxing power.

6. No covenant, condition or agreement contained in the Bonds or in any financing instrument with respect to the Bonds shall be deemed to be a covenant, agreement or obligation of any past, present or future commissioner, officer, employee or agent of the Authority in his or her individual capacity, and neither the commissioners of the Authority nor any officers or employees

thereof shall be personally liable thereon or subject to any personal liability or accountability by reason of the issuance or execution thereof.

7. The Authority hereby agrees to the recommendation of the Borrower that Butler Snow LLP, be appointed as bond counsel and hereby appoints such firm to supervise the proceedings and approve the issuance of the Bonds.

8. All costs and expenses in connection with the financing and the acquisition and rehabilitation of the Project, including the fees and expenses of bond counsel, counsel for the Authority, counsel for the Borrower, and counsel for any underwriter, placement agent or purchaser of the Bonds shall be paid from the proceeds of the Bonds (but only to the extent permitted by applicable law) or by the Borrower. If for any reason the Bonds are not issued, it is understood that all such costs and expenses shall be paid by the Borrower and that the Authority shall have no responsibility therefor.

9. Any officer of the Authority is authorized and directed to execute and deliver on behalf of the Authority such instruments, documents or certificates and to do and perform such things and acts as they are advised by counsel shall be necessary or appropriate in carrying out the transactions authorized by this Resolution, including, without limitation, executing and delivering any documents required in connection with a request for allocation of the State Ceiling (as defined in Section 15.2-5000 of the Code of Virginia of 1950, as amended) with respect to the Bonds.

10. No Bonds may be issued pursuant to this Resolution until such time as (a) the issuance of the Bonds has been approved by City Council, and (b) the final terms and details of the Bonds have been approved by subsequent resolution of the Authority.

11. All other acts of the officers and agents of the Authority which are in conformity with the purposes and intent of this Resolution and in furtherance of the Plan of Finance are hereby approved and confirmed.

12. This Resolution shall take effect immediately upon its adoption.

Adopted: November 20, 2024

\* \* \*

**CERTIFICATE OF VOTES**

Record of the roll-call vote by the Harrisonburg Redevelopment and Housing Authority, upon reading on a Resolution titled **“INDUCEMENT RESOLUTION OF THE HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY FOR THE ISSUANCE OF ITS SENIOR HOUSING FACILITY REVENUE BONDS ON BEHALF OF THE BEVERLY J. SEARLES FOUNDATION AND ITS AFFILIATES”** taken at a meeting of the Authority held on November 20, 2024:

	<b>AYE</b>	<b>NAY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>

Dated: November 20, 2024

**(SEAL)**

\_\_\_\_\_   
 Chair

**ATTEST:** \_\_\_\_\_   
 Secretary

The undersigned Secretary of the Harrisonburg Redevelopment and Housing Authority (the “Issuer”) hereby certifies that the foregoing is a true, correct, and complete copy of a Resolution adopted by the Authority’s commissioners present and voting at a meeting duly called and held on November 20, 2024, in accordance with law, and that such Resolution has not been repealed, revoked, rescinded, or amended, but is in full force and effect on the date hereof.

**WITNESS** my hand and the seal of the Authority this 20<sup>th</sup> day of November 2024.

**HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY**

By: \_\_\_\_\_   
 Secretary

## **HARRISONBURG ARPA AFFORDABLE HOUSING FUNDS AGREEMENT**

This Agreement is made and entered into on this \_\_\_ day of \_\_\_\_\_, 2024, by and between the City of Harrisonburg, Virginia ("City"), a municipal corporation, and the Harrisonburg Redevelopment and Housing Authority ("HRHA") a political subdivision of the Commonwealth of Virginia.

### **RECITALS**

- A. In 2021, the City was notified of its allocation of \$23,834,094 in American Rescue Plan Act ("ARPA") funding.
- B. Following a robust public outreach process, the expansion of accessible, affordable housing was identified as one of six priority areas.
- C. On December 27, 2022, City Council voted to appropriate the City's ARPA funds toward several projects, including an allocation of \$2,000,000.00 for affordable housing efforts.
- D. The City, through its Housing Coordinator, published a Notice of Funding Opportunity ("NOFO") on August 8, 2023, seeking affordable housing proposals.
- E. The use of ARPA funding for these purposes is authorized by Virginia Code Section 15.2-956.
- F. HRHA submitted a proposal to use funds for the development of Commerce Village II Annex PSH ("Development"), consisting of sixteen (16) new affordable rental units.
- G. The Virginia Department of Housing and Community Development ("DHCD") has approved a funding request from HRHA for the Development in the form of a loan ("DHCD Loan").
- H. HRHA has accepted the obligation of funds and agreed to the programmatic terms and conditions of the DHCD Loan.
- I. The City desires to allocate \$1,300,000.00 solely from the City's ARPA funds to the Development to further support the construction of new affordable housing units in the City in the form of a loan, under similar terms to those of the DHCD Loan, with interest accrual, interest payment, and forgiveness of the loan principal to follow the same calendar as the DHCD Loan.

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. Loan Amount. The City hereby awards a loan of \$1,300,000.00 to HRHA to be used toward the Development. The loan will be memorialized in a note reflecting the terms set forth herein.

2. Interest Payments. The loan repayment period will be for a term of 30 years (360 months) at 3% interest, structured as an interest-only loan consisting of equal monthly interest payments. Payments shall be made on the same schedule and for the same period as the DHCD Loan. Upon disbursement of the DHCD Loan, HRHA shall notify the City and provide the City with any information necessary to finalize a payment schedule.
3. Disbursement of Funds. The City shall disburse the funds associated with this Agreement upon request from HRHA. Should HRHA request disbursement of the funds prior to the disbursement of the DHCD Loan, no interest shall accrue nor payment be required until the DHCD Loan is disbursed and interest on the DHCD Loan begins to accrue.
4. Principal Forgiveness. The principal amount of this loan shall be forgiven upon receipt of the final interest payment, contingent upon HRHA's compliance with the terms of this Agreement.
5. Cross-Default.
  - a. DHCD Loan Compliance. Any failure by HRHA to comply with the terms and conditions of its DHCD Loan shall constitute an event of default under this Agreement.
  - b. Termination or Default on DHCD Loan. If the DHCD Loan is terminated or if HRHA defaults on its DHCD Loan, such termination or default shall automatically be considered a default on the loan provided pursuant to this Agreement.
  - c. Curing of Default on DHCD Loan. If HRHA cures the default on the DHCD Loan, the cure will automatically be considered a cure on the loan pursuant to this agreement. In case of any default, HRHA agrees to meet in-person.
6. Effect of Default. If through any cause, HRHA fails to comply with the terms, conditions, or requirements of this Agreement, the City may find HRHA in default and terminate or suspend this Agreement by giving written notice of the same and specifying the effective date of termination or suspension at least thirty days prior to such action. In the event of default, the City shall have the right to declare the entire principal amount of the loan immediately due and payable, or to take any actions permitted by law to enforce its rights under this Agreement.
7. Documentation. HRHA shall provide the City with any other documentation reasonably requested by the City to verify compliance with this Agreement and the DHCD Loan.
8. Additional Assurances and Conditions. HRHA hereby assures and certifies that:
  - a. It possesses legal authority to execute this Agreement;
  - b. It will ensure that resources are available to construct and operate the Development as envisioned for at least a period of thirty years; and



- c. That any additional funds needed to complete the Development are committed and available for use.

9. Reporting Requirements.

- a. HRHA shall provide the City with progress reports on or before the 15th day of the first month of each quarter upon the disbursement of funding and continue until the receipt of certificate of occupancy and the closing of the DHCD loan. The quarterly report must include a narrative on HRHA's construction progress and HRHA's use of funds. In addition, no later than 30 days after the project receipt of the certificate of occupancy permits or exhaustion of ARPA available funding, whichever shall occur first HRHA must provide a Final Report that includes the following:
  - i. Narrative of outcomes of the affordable housing development project
  - ii. Photos of completed work
- b. In addition to the reporting requirements detailed above, HRHA shall comply with all reporting obligations established by the Treasury as they relate to this Agreement, including the Treasury's Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds, as it may be amended. HRHA agrees to comply with any other additional Treasury's reporting requirements during the agreement time period.

10. Compliance with Applicable Laws and Regulations. HRHA shall comply with applicable laws, ordinances, and codes of the Federal, State, and local governments, as well as the program guidelines in the NOFO. HRHA acknowledges that, among other things, it is responsible for:

- a. Completing the HRHA Monitoring Questionnaire included as Appendix I to this agreement prior to receiving the awarded funds.
- b. Ensuring all costs are allowable under the U.S. Department of Treasury's State and Local Fiscal Recovery Funds Final Rule and other applicable federal and state regulations and are reasonable and necessary to provide program services;
- c. Ensuring that staff are knowledgeable of compliance requirements related to federal financial assistance under the federal Uniform Guidance (2 CFR Part 200).
- d. Complying with all requirements of the federal Uniform Guidance that pertain to subrecipients of federal financial assistance. Among other things, the Uniform Guidance requires a subrecipient who expends total federal financial assistance equal to or in excess of \$750,000 during their annual financial reporting period to obtain an audit of all federal financial assistance expenditures for that reporting period.
- e. Holding an active SAM.gov registration and UEI number.

11. Federal Financial Assistance Information. This subgrant award is being funded through federal financial assistance as indicated below:

Federal Awarding Agency: Department of Treasury  
City of Harrisonburg Identifying Number: A2.15001  
Federal Assistance Listing Number (ALN): 21.027  
ALN Program Title: Coronavirus State and Local Fiscal Recovery Funds

12. Entire Agreement. This Agreement constitutes the entire and final Agreement between the parties with respect to the loaned funds and supersedes all prior negotiations and agreements. This Agreement shall be construed in accordance with the laws of the Commonwealth of Virginia. All provisions contained herein are severable and should any provision be held invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

IN WITNESS WHEREOF, the City of Harrisonburg, Virginia and Harrisonburg Redevelopment and Housing Authority have executed this Agreement the date first above written.

**CITY OF HARRISONBURG, VIRGINIA**

BY: \_\_\_\_\_  
Alexander Banks, VI, City Manager

**HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY**

BY: \_\_\_\_\_  
Michael Wong, Executive Director

**Appendix I**  
**City of Harrisonburg Subrecipient**  
**Financial Certifications and Questionnaire**

<b>Grantee Legal Name:</b>	
<b>EIN:</b>	<b>SAM.GOV UNIQUE ENTITY IDENTIFIER (UEI):</b>
Name of Authorized Representative:	
Address:	
Email:	Phone:
Most Recently Completed Fiscal Year:	

The City of Harrisonburg (City) is required under 2 CFR 200, Subpart F to monitor the Single Audit requirements of its subrecipients. This requirement ensures that federal funds are used for their authorized purposes and confirms that non-federal entities **expending** \$750,000 or more within a single fiscal year **in federal funds from all federal sources** have submitted a Single Audit.

**Directions:** Your organization must certify whether or not it is subject to the Single Audit requirement by checking the appropriate boxes and signing and dating the form.

<b>SECTION A</b> Please Check Appropriate Box:
<input type="checkbox"/> We <b>did not</b> meet the \$750,000 federal expenditure threshold for our most recently completed fiscal year. A Single Audit or a Program Specific Audit is not required for this fiscal year.
<input type="checkbox"/> We <b>have met</b> the \$750,000 federal expenditure threshold for our most recently completed fiscal year.

<b>SECTION B</b> Please Check Appropriate Box.
<input type="checkbox"/> Yes <input type="checkbox"/> No – Does your organization have an accounting/financial management system in place that meets the standards of accurately recording, tracing, retaining and accessing the receipt and expenditure of awarded funds, including any required match, to establish that such funds have been used according to the Federal statutes, regulations, and the Uniform Guidance? (See 2 CFR 200.302 – Financial Management)
<input type="checkbox"/> Yes <input type="checkbox"/> No – Does your organization have policies and procedures in place that provide effective control over, and accountability for, all funds, property and assets sufficient to meet audit requirements and the financial management standards in 2 CFR 200.302?
<input type="checkbox"/> Yes <input type="checkbox"/> No – Does your organization have staff that is knowledgeable of compliance requirements related to federal financial assistance and determining whether costs are allowable expenses under federal grant programs that is sufficient to meet the financial management standards in 2 CFR 200.302?

Yes  No – Were your organization’s most recently completed fiscal year’s financial statements audited?

**If Yes selected, complete the following questions.**

Yes  No – If your organization met the \$750,000 federal expenditure threshold for your most recently completed fiscal year as checked in Section A, was a Single Audit completed?

Yes  No – Were there findings related to any federal awards from the Single Audit?

I hereby certify that I am an individual authorized to complete this form. Further, I certify that the above information, on all pages, is true and correct and all relevant material findings contained in audit reports and/or statements have been disclosed.

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

## Delinquent Rents and Charges for Write-Off in 2024

### Resolution # \_\_\_\_\_

#### **Franklin Heights, LLC**

Adbullah, Hasana	XXX-XX-XXXX		\$	291.00
Acevedo, Wanda	XXX-XX-XXXX		\$	454.00
Breeden, Brandon	XXX-XX-XXXX		\$	495.00
Elijah-Gaspar, Jasmine	XXX-XX-XXXX		\$	4,676.00
Ibrahim, Maha	XXX-XX-XXXX		\$	3,936.00
Moats, Erika	XXX-XX-XXXX		\$	4,696.00
Santos, Alina	XXX-XX-XXXX		\$	2,536.00
Smith, Deanna	XXX-XX-XXXX		\$	1,780.30
Veney, Tara	XXX-XX-XXXX		\$	3,269.75
Waller, Amie	XXX-XX-XXXX		\$	2,726.00
Zirkle, Kara	XXX-XX-XXXX		\$	715.08

**Sub-total**      \$      **25,575.13**

#### **JR "Polly" Lineweaver Apartments**

Barksdale, George	XXX-XX-XXXX		\$	1,591.00
Becks, Jessica	XXX-XX-XXXX		\$	684.00
Dickey, Brittany	XXX-XX-XXXX		\$	42.08
Genier, Matthew	XXX-XX-XXXX		\$	415.00
Knowles, Richard	XXX-XX-XXXX		\$	334.00
McDaniel, Erin	XXX-XX-XXXX		\$	464.00
Mello, Kathleen	XXX-XX-XXXX		\$	309.00
Miller, Gregory	XXX-XX-XXXX		\$	248.00
Revercomb, John	XXX-XX-XXXX		\$	679.51
Rodriguez Rolon, Angel	XXX-XX-XXXX		\$	192.00
Weese, Jackie	XXX-XX-XXXX		\$	247.79

**Sub-total**      \$      **5,206.38**

#### **Lineweaver Annex Apartments**

Anderson, Daniel	XXX-XX-XXXX		\$	234.00
Curry, Nancy	XXX-XX-XXXX		\$	635.58
Heiston, Millard	XXX-XX-XXXX		\$	1,169.50
Miller, Rose	XXX-XX-XXXX		\$	779.00
Rivera, Jose	XXX-XX-XXXX		\$	618.78
Simms, Lucruasia	XXX-XX-XXXX		\$	529.10
Watson, Amanda	XXX-XX-XXXX		\$	220.00
Wimer, Roy	XXX-XX-XXXX		\$	4,037.00

**Sub-total**      \$      **8,222.96**

#### **Commerce Village, LLC**

Curry, Eric	XXX-XX-XXXX		\$	461.00
Dotson, Larry	XXX-XX-XXXX		\$	773.00
Enos, Shelia	XXX-XX-XXXX		\$	6,494.00
Swearengin, John	XXX-XX-XXXX		\$	919.00

**Sub-total**      \$      **8,647.00**

**Total**      \$      **47,651.47**

## Attachment A-2024

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 Housing Choice Voucher Program for the reasons stated:

### **Bankruptcies:**

None in 2024

### **Deceased:**

Banks, Paradise	XXX-XX-XXXX	Franklin Heights, LLC	\$2,425.00
Caul, John	XXX-XX-XXXX	JR Polly Lineweaver Apts.	\$ 434.70
Halterman, Mary	XXX-XX-XXXX	Franklin Heights, LLC	\$2,481.00
Harmison, Barbara	XXX-XX-XXXX	Lineweaver Annex Apts.	\$3,090.60
Hedrick, Earl	XXX-XX-XXXX	JR Polly Lineweaver Apts.	\$2,114.17
Lewis, Stephen	XXX-XX-XXXX	Lineweaver Annex Apts.	\$ 828.00
Showalter, Robert	XXX-XX-XXXX	Housing Choice Voucher	\$1,478.00
Stover, Lee	XXX-XX-XXXX	Lineweaver Annex Apts	\$6,673.00
Yancey, Connie	XXX-XX-XXXX	Lineweaver Annex Apts	\$ 782.11

### **Below \$5 Limit:**

Loiz Gonzalez, Edgar	XXX-XX-XXXX	Franklin Heights, LLC	\$1.88
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### **Balance below \$35 after adm fee was applied**

Breeden, Kelly	XXX-XX-XXXX	Franklin Heights, LLC	\$12.33
Cordon, Grace	XXX-XX-XXXX	Franklin Heights, LLC	\$15.88
Davis, Christie	XXX-XX-XXXX	Housing Choice Voucher	\$10.41
Long, Crystal	XXX-XX-XXXX	Franklin Heights, LLC	\$22.62
Madden, Sarah	XXX-XX-XXXX	Housing Choice Voucher	\$13.27
Magsi, Sobia	XXX-XX-XXXX	Housing Choice Voucher	\$15.81
Walker, Shelia	XXX-XX-XXXX	Franklin Heights, LLC	\$ 5.60
Weathers, James	XXX-XX-XXXX	Lineweaver Annex Apts.	\$25.63

**Total** **\$20,430.01**



FH	1400-08-003	692	MONITOR, 20 INCH V/W 900 LINE		KM2000MH		M0080153	11/15/2000	27121	\$	769.00
FH	UNDER \$5000-OFC	173	RACK, COAT	JRL ACT-1ST FLOOR				12/17/1993	PHC01127	\$	19.95
FH	UNDER \$5000-OFC	632	COMPUTER HARDWARE	MAINT SHOP			CABLES REWIRED	7/21/1999	25465	\$	2,110.10
FH	UNDER \$5000-OFC	414	CHAIR, BLUE GLOBAL #995		ROYAL BLUE			10/15/1981	PHC01120	\$	102.00
FH	UNDER \$5000-OFC	413	CHAIR, BLUE GLOBAL #995		ROYAL BLUE			10/15/1981	PHC01120	\$	102.00
FH	UNDER \$5000-OFC	415	CHAIR, BLUE GLOBAL #995		ROYAL BLUE			10/15/1981	PHC01120	\$	102.00
FH	UNDER \$5000-OFC	416	CHAIR, BLUE GLOBAL #995		ROYAL BLUE			10/15/1981	PHC01120	\$	102.00
FH	UNDER \$5000-OFC	1135	SCANNER		FUJITSU FI-7160	PA03670-B085	C10A324438	6/17/2020	34309	\$	879.99
										\$	3,418.04
										<b>FH Total</b>	<b>\$ 22,520.55</b>
CVO	CVO.1400.08.000		MONITOR	CVO MGR	SAMSUNG	S24D300HL	22D2HYZH814305T	3/9/2016	31132		\$219.00
CVO	CVO.1400.08.000		CHAIR, GUEST, CHARCOAL FABRIC	CV-1ST FLR	LORELL	LLR-68551		3/9/2016	31132		\$169.00
										<b>CV Total</b>	<b>\$388.00</b>
HCV	UNDER \$5000-OFC	163	SCANNER		FUJITSU	FI-7160	C10A569030	7/4/1997	35615		\$873.61
HCV	UNDER \$5000-OFC	140	PRINTER LASER JET	286/DEPUTY DIR-Tiffany	HP	PROM203DW	VNB3B52109	9/10/2017	32254		\$128.99
HCV	UNDER \$5000-OFC	103	FILE CABINET, 4D, LEGAL		HON	S380		7/11/2006	34869		\$159.99
HCV	UNDER \$5000-OFC	153	MONITOR, 24"		ACER	K242HYLA	1808524342	9/25/2020	34474		\$89.99
										<b>HCV Total</b>	<b>\$1,252.58</b>
JRL	1400-07-001	61	RANGE	JRL # 103	HOTPOINT-GE	RA511J4WH	SA121577H	10/13/1989			\$208.00
JRL	1400-07-001	268	RANGE		GE	RA620FWH	FF103040H	5/6/2003	1888		\$329.00
JRL	1400-07-001	282	RANGE		GE	RA620FWH	HH111359N	6/18/2003	30231		\$311.42
JRL	1400-07-001	316	RANGE		GE	RA620FWH	HF109956H	6/18/2003	30231		\$311.42
											<b>\$1,159.84</b>
JRL	1400-07-002	419	REFRIGERATOR		GE	GTE16DTHCRWW	GH764500	6/12/2017	32146		\$511.10
JRL	1400-07-002	348	REFRIGERATOR		GE	HTS15BBMRWW	LF769614	6/26/2003	30231		\$338.45
JRL	1400-07-002	343	REFRIGERATOR		GE	CTX14CYZCLAD	TS744661	6/26/2003	30231		\$338.45
JRL	1400-07-002	358	REFRIGERATOR		GE	HTS15BBMRWW	LF769602	6/26/2003	30231		\$338.45
JRL	1400-07-002	337	REFRIGERATOR		GE	HTS15BBMRWW	LF769587	6/26/2003	30231		\$338.45
JRL	1400-07-002	262	REFRIGERATOR		HOTPOINT	CTX14AYBRAA	RZ772019	1/12/2001	1819		\$370.00
JRL	1400-07-002	361	REFRIGERATOR		GE	HTS15BBMRWW	GH776302	6/26/2003	30231		\$338.45
JRL	1400-07-002	326	REFRIGERATOR		GE	HTS15BBMRWW	LF777672	6/26/2003	30231		\$338.45
										\$	2,911.80
										<b>JRL Total</b>	<b>\$4,071.64</b>
LCD/LW	1400-07-001	1 FLR*83	RANGE	LW # 120	GENERAL ELECT		HH110964N	10/1/1993		\$	240.00
LCD/LW	1400-07-001	1 FLR*79	RANGE		GENERAL ELECT		TG117762N	10/1/1993		\$	240.00
LCD/LW	1400-07-001	4 FLR*123	RANGE		GENERAL ELECT	JASO2R2AD	TG117755N	10/1/1993		\$	240.00
										\$	720.00
LCD/LW	1400-07-002	145	REFRIGERATOR	LW # 117	HOTPOINT	HTS15BBMFRWW	ZF755647	3/29/2004	3522	\$	379.00
LCD/LW	1400-07-002	153	REFRIGERATOR		HOTPOINT	HTS16GBRFRWW	MG779354	8/17/2004	4009	\$	439.00
LCD/LW	1400-07-002	163	REFRIGERATOR		HOTPOINT	HTR16ABSELCC	TH872319	1/4/2006	4098	\$	449.78
LCD/LW	1400-07-002	159	REFRIGERATOR		HOTPOINT	HTR16ABSELCC	SR738241	10/24/2005	4091	\$	463.50
LCD/LW	1400-07-002	142	REFRIGERATOR		HOTPOINT	HTR16ABSARCC	GF790977	9/23/2003	0	\$	369.00
LCD/LW	1400-07-002	149	REFRIGERATOR		HOTPOINT	HTS15BBMFRWW	VF745658	5/4/2004	4006	\$	379.00
LCD/LW	1400-07-002	146	REFRIGERATOR		HOTPOINT	HTS15BBMFRWW	VF745519	4/13/2004	3528	\$	379.00



LCD/LW	1400-07-002	374	REFRIGERATOR		FRIGIDAIRE	LFHT1713LWC	BA40610413	4/17/2004	12981	\$	443.74
LCD/LW	1400-07-002	186	REFRIGERATOR		HOTPOINT	HTR16ABSELCC	VH756029	8/3/2006	4117	\$	419.97
LCD/LW	1400-07-002	161	REFRIGERATOR		HOTPOINT	HTS16BBSELCC	HH751309N	7/8/2005	4072	\$	463.45
										\$	<b>4,185.44</b>
LCD/LW	1400-08-000	220	TABLE, FOLDING 96X30					2/5/2008	4185	\$	<b>113.00</b>
										<b>LOA Total</b>	<b>\$ 5,018.44</b>
LCD	UNDER \$5000-OFC	444	IPAD W/ WIFI, 32 GB	Christine Fasching M	APPLE	MVL92LL/A	GG7DGPJQ1GC	11/13/2020		\$	329.00
LCD	UNDER \$5000-OFC	440	IPAD W/ WIFI, 32 GB	DANY FLEMING	APPLE	MW742LL/A	SDMPZKD4WMF3M	2/19/2020		\$	249.00
LCD	UNDER \$5000-OFC	447	IPAD W/ WIFI, 32 GB	Jody Johannessen	APPLE	MVL92LL/A	GG7DGP3DQ1GC	11/13/2020		\$	329.00
LCD	UNDER \$5000-OFC	418	SCANNER	286/FAX AREA	FUJITSU	FI-7160	A36DH47927	5/2/2017	331993	\$	874.26
LCD	UNDER \$5000-OFC	392	MICROWAVE		DAEWOOD			1/28/2014	12804	\$	49.00
LCD	UNDER \$5000-OFC	137	COMPUTER, DESKTOP	286/ACCT PAYABLE-BETH	NEXLINK/DELL	15-ASUS	1486127	11/9/2016	31630	\$	845.00
LCD	UNDER \$5000-OFC	296	CALCULATOR		SHARP	EL-1801P III	5D115353	6/6/2005	4793	\$	31.49
LCD	UNDER \$5000-OFC	45	CHAIR, ARMLESS GREY GLOBAL					10/31/1991	LCDC0720	\$	77.00
LCD	UNDER \$5000-OFC	138	MONITOR, 22"		ACER	VGA/DVI	5061	11/9/2016	31630	\$	165.00
LCD	UNDER \$5000-OFC	295	CALCULATOR - EXTRA		SHARP	EL-1801P III	5D075792	3/24/2005		\$	31.49
LCD	UNDER \$5000-OFC	135	CALCULATOR		SHARP	EL-1801V		3/9/2016	21130	\$	41.15
										\$	<b>3,021.99</b>
LCD	1400-08-000	373	COMPUTER SOFTWARE, HOSTING	FAX AREA	TENMAST			3/20/2014		\$	12,947.00
LCD	1400-08-000	416	COMPUTER SOFTWARE, MOBILE INSP	FAX AREA	TENMAST			1/12/2017		\$	1,950.00
LCD	1400-08-000	417	COMPUTER SOFTWARE, MOBILE W/O	FAX AREA	TENMAST			1/12/2017		\$	2,650.00
LCD	1400-08-000	408	COMPUTER SOFTWARE, ONLINE APPLICATIONS	FAX AREA	TENMAST			1/22/2015		\$	4,870.00
LCD	1400-08-000	374	COMPUTER SOFTWARE, TENDOCs	FAX AREA	TENMAST			3/24/2014		\$	13,000.00
LCD	1400-08-000	387	COMPUTER, DESKTOP	286/ACCT OFC-Christine	DELL	OPTIPLEX 310	43013825282	5/15/2014	13026	\$	925.13
LCD	1400-08-000	401	SCANNER		FUJITSU	FI-7160		8/15/2014	13210	\$	873.62
										\$	<b>37,215.75</b>
										<b>LCD Total</b>	<b>\$ 40,237.74</b>
										<b>ALL PROGRAMS TOTAL</b>	<b>\$ 73,488.95</b>

Return of Organization Exempt From Income Tax

2023

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.

Open to Public Inspection

Header section containing organization name (SHENANDOAH HOUSING CORPORATION), EIN (54-1583954), address (HARRISONBURG, VA 22803), and principal officer (Michael G. Wong).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 3,901), expenses (Total: 14,673), and net assets (Total: 4,240).

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.

Signature area for Michael H. Vicars, Executive Director, dated 10/24/2024.

Paid Preparer Use Only section with fields for preparer name (Michael H. Vicars), firm name (DOOLEY & VICARS), and address (21 S SHEPPARD ST, RICHMOND, VA 23221).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
To provide housing for low income families.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 14,673. including grants of \$ 0.) (Revenue \$ 3,901.)  
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 14,673.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b>	X
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	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
<b>23</b>	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	
<b>24a</b>	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
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b>	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
<b>27</b>	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
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b>	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
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b>	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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	
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<b>2a</b>	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	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</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)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
Christine Halterman, 286 Kelly Street, , Harrisonburg, , VA 23802 (540)434-7386

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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.	150,714.	20,698.
(2) Melisa Michelsen Secretary/Treasurer	1.00	X		X				0.	0.	0.
(3) Shonda Green Director	1.00	X						0.	0.	0.
(4) Gil Colman Director	1.00	X						0.	0.	0.
(5) Kenneth Kettler Director	1.00	X						0.	0.	0.
(6) Kevin Coffman Director	1.00	X						0.	0.	0.
(7) Luciano Benjamin Director	1.00	X						0.	0.	0.
(8) Amanda Leech Director	1.00	X						0.	0.	0.
(9) Janet Rogers 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							0.	150,714.	20,698.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							0.	150,714.	20,698.	

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>b</b>	Membership dues . . . . .					
	<b>c</b>	Fundraising events . . . . .					
	<b>d</b>	Related organizations . . . . .					
	<b>e</b>	Government grants (contributions)					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>	<b>2a</b>	OTHER INCOME	Business Code				
			925120	3,901.	3,901.	0.	
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	-----					
	<b>e</b>	-----					
	<b>f</b>	All other program service revenue . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,901.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss)					
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	-----	Business Code				
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		3,901.	3,901.	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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> 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.) . . . . .				
<b>a</b> ADMINISTRATIVE . . . . .	14,673.	14,673.	0.	0.
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	14,673.	14,673.	0.	0.
<b>26</b> <b>Joint costs.</b> 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 Sheet**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>9</b>	726.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>15</b>	3,514.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	<b>16</b>	4,240.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>17</b>	
	<b>18</b> Grants payable . . . . .	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
	<b>27</b> Net assets without donor restrictions . . . . .	<b>27</b>	4,240.
	<b>28</b> Net assets with donor restrictions . . . . .	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>		
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	<b>32</b>	4,240.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	<b>33</b>	4,240.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,901.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,673.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-10,772.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-10,772.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

<b>Name of the organization</b> SHENANDOAH HOUSING CORPORATION	<b>Employer identification number</b> 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).)
- 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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .				23,174.		23,174.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .				23,174.		23,174.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						23,174.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .				23,174.		23,174.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .			1,713.	2,889.		4,602.
<b>11 Total support.</b> Add lines 7 through 10						27,776.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	83.43 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	83.49 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

**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** . . . .

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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>b</b> Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> Excess from 2023 . . . . .			

**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 2021: 1713.

2022: 2889.

Series of horizontal dashed lines for supplemental information.

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

2023

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

Part II Conservation Easements

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

Form for Part II with multiple sections: Purpose(s) of conservation easements, Conservation contribution details, Monitoring and enforcement, and Accounting for 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.

Form for Part III with sections for reporting on art and historical treasures, including revenue and asset amounts.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements**

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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 in Part XIII

**Part V Endowment Funds**

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

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

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

- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?  **Yes**  **No**
- (ii)** Related organizations?  **Yes**  **No**

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

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

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**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) INTERFUND	3,514.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	3,514.

**Part X Other Liabilities**

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

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

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 .







**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

SHENANDOAH HOUSING CORPORATION

Employer identification number

54-1583954

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>4b</b>
		<b>4c</b>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>5b</b>
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>6b</b>
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael G. Wong	(i)	0.	0.	0.	0.	0.	0.	
1 Vice President	(ii)	150,714.	0.	0.	11,464.	9,234.	171,412.	
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**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

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

SHENANDOAH HOUSING CORPORATION

Employer identification number

54-1583954

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

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

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

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

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

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

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

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



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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		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) .....													



# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <u>SHENANDOAH HOUSING CORPORATION</u>	Taxpayer identification number (TIN) <u>54-1583954</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>P.O. Box 1071</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>HARRISONBURG VA 22803</u>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Christine Halterman  
 Telephone No. (540) 434-7386 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Nov 15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.



# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>SHENANDOAH HOUSING CORPORATION</b>	EIN or SSN <b>54-1583954</b>
Name and title of officer or person subject to tax <b>MICHAEL WONG, EXECUTIVE DIRECTOR</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b> <u>3,901.</u>
<b>2a</b> Form 990-EZ check here . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize DOOLEY & VICARS to enter my PIN 

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

 as my signature

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

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

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

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

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 10/24/2024

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



**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2023**

**Part I – Identifying Information**

Employer Identification Number . 54-1583954

Name . . . . . SHENANDOAH HOUSING CORPORATION

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . P.O. Box 1071 Room/Suite . \_\_\_\_\_

City . . . . . HARRISONBURG State . . . VA ZIP Code . . 22803

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number (540) 434-7386 Extension. \_\_\_\_\_ Foreign Phone No. \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . chalterman@harrisonburgrha.com

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

**IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- |                                                          |                                                                       |
|----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Form 990-EZ <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>and</b> Form 990-T            |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>and</b> Form 990-T               |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990-T <b>only</b>          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |                                                                    |                                                  |                                             |
|--------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number)                     | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | _____ (subsection number)                        | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |                                                  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |                                                  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |                                                  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Public College or University              | Corporation/Association <input type="checkbox"/> | <input type="checkbox"/> 527 Organization   |
| <input type="checkbox"/> Other _____ (describe)                    | Or Trust . . . . . <input type="checkbox"/>      | <input type="checkbox"/> 501(c) Association |
| <input type="checkbox"/> 6417(d)(1)(A) Applicable Entity           |                                                  |                                             |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . \_\_\_\_\_
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Change of Accounting Period \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)



**Part V – 2023 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2022 overpayment credited to 2023 estimated tax . . . . . \_\_\_\_\_

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/18/23				
2nd Quarter Payment	06/15/23				
3rd Quarter Payment	09/15/23				
4th Quarter Payment	12/15/23				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . MICHAEL WONG  
 Officer's SSN . . . . . 000-00-0000      Officer's Title . . . . . EXECUTIVE DIRECTOR  
 Officer's Phone number . . . . . \_\_\_\_\_

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**Choose Returns to be Filed Electronically:**

**Note:** Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
<b>Federal Filings</b>							
990, 990-EZ, 990-PF, or 990-N . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
990-T . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 114 (FBAR). . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State Filings</b>							
<i>Information Only: Selection of state/city return(s) was made . . . ▶</i>							
California Form 199 . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Form 109 . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to the Form 8868 Electronic Filing Information Worksheet . . . . . ▶ \_\_\_\_\_

**Practitioner PIN program:**

Sign this return electronically using the Practitioner PIN  
 ERO entered PIN  
 Officer's PIN (enter any 5 numbers) . . 11111  
 Date PIN entered . . . . . \_\_\_\_\_

**Responsible Party Information:**

**Yes No**  
  Is Form 8822-B required to report a change of responsible party?

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)

Yes No

- Use electronic funds withdrawal of Form 990-PF Return balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Extension Form 8868 balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Amended balance due (EF Only)?
Use electronic funds withdrawal of Form 990-T Return balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Extension Form 8868 balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Amended balance due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . .
Name of Financial Institution (optional) . . .
Check the appropriate box . . . Checking Savings
Routing number . . .
Account number . . .

Form 990-PF Payment Information

Enter the Form 990-PF payment date . . .
Balance due amount from this Form 990-PF return . . .
Enter an amount to withdraw tax payment . . .
If partial payment is made, the remaining balance due . . .
Enter the Form 990-PF Extension payment date . . .
Balance-due amount from this 990-PF Extension . . .
Payment date for amended Form 990-PF returns . . .
Balance due amount for amended Form 990-PF return . . .

Form 990-T Payment Information

Enter the Form 990-T payment date . . .
Balance-due amount from this 990-T return . . .
Enter the Form 990-T Extension payment date . . .
Balance-due amount from this 990-T Extension . . .
Enter the amended Form 990-T payment date . . .
Balance-due amount from Form 990-T amended . . .
Date 990-T Exempt Organization Return was EFiled . . .
Date 990-T Exempt Organization Return was accepted . . .
Date 990-T Exempt Organization Extension was EFiled . . .
Date 990-T Exempt Organization Extension was accepted . . .
Date 990-T Exempt Organization Amended Return was EFiled . . .
Date 990-T Exempt Organization Amended Return was accepted . . .

Part IX – Information for Client Letter

Table with 4 columns: Description, Form 990-EZ or Form 990, Form 990-PF, Form 990-T. Row 1: Extended Due Date, 11/15/24, empty, empty.

Letter Salutation . . .

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 1
QuickZoom to Firm/Preparer Info . . .
QuickZoom to Form 990-EZ, Pages 1 through 4 . . .
QuickZoom to Form 990, Page 1 . . .
QuickZoom to Form 990-PF, Page 1 . . .
QuickZoom to Form 990-T, Page 1 . . .
QuickZoom to Form 990-N, e-PostCard . . .
QuickZoom to Client Status . . .

IRS e-file Authentication Statement

2023

Keep for your records

Name(s) Shown on Return
SHENANDOAH HOUSING CORPORATION

Employer ID No.
54-1583954

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN
ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN544103 Self-Select PIN 92419

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2023 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN
Date

Electronic Filing Information Worksheet

Keep for your records

2023

Name(s) shown on return
SHENANDOAH HOUSING CORPORATION

Identifying number
54-1583954

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return . . . . . 544103

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name DOOLEY & VICARS ERO Electronic Filers Identification Number (EFIN) 544103
ERO Address 1100 Boulders Parkway Suite 600 ERO Employer Identification Number 54-1950231
City North Chesterfield State VA ZIP Code 23225 ERO Social Security Number or PTIN
Country

Part III - Paid Preparer Information

Firm Name DOOLEY & VICARS Preparer Social Security Number or PTIN P01470822
Preparer Name Michael H. Vicars Employer Identification Number 54-1950231
Address 21 S SHEPPARD ST Phone Number (804)355-2808 Fax Number (804)359-3897
City RICHMOND State VA ZIP Code 23221
Country Preparer E-mail Address mike@dvcpas.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . .
Amount you are paying with the amended return . . . . .

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and a list of options including California State Exempt.

Part V - Name Control

Name Control, enter here to override default . . . . . SHEN

## Smart Worksheets From 2023 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet

<b>Line 11d - All Other Revenue Smart Worksheet</b>				
The total of the following items carry to line 11d below:				
	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
MISC				

Form 8868: Application for Extension of Time to File an Exempt Organization Return -- Smart Worksheet

<b>Filing Address Smart Worksheet</b>	
Send Form 8868 to:	<u>Department of the Treasury</u> <u>Internal Revenue Service Center</u> <u>Ogden, UT 84201-0045</u>

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, 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
D Employer identification number: 54-1583973
E Telephone number: 5404347386
F Group Exemption Number

G Accounting Method: [ ] Cash [X] Accrual Other (specify):
H Check [X] if the organization is not required to attach Schedule B (Form 990).

I Website: N/A

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] 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 [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Contributions, program service revenue, membership dues, investment income, gaming and fundraising events, sales of inventory, other revenue). Rows 10-17: Expenses (Grants, benefits, salaries, professional fees, occupancy, printing, other expenses). Rows 18-21: Net Assets (Excess or deficit, beginning/end of year balances).

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

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

	(A) Beginning of year	(B) End of year	
<b>22</b> Cash, savings, and investments		<b>22</b>	
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)	782.	<b>24</b>	726.
<b>25 Total assets</b>	782.	<b>25</b>	726.
<b>26 Total liabilities</b> (describe in Schedule O)	43,989.	<b>26</b>	45,156.
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	-43,207.	<b>27</b>	-44,430.

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

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

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

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

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

<b>28</b> <u>Assisted the parent organization, Harrisonburg Redevelopment and Housing Authority with future development of low income housing.</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	1,223.
<b>29</b> _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	1,223.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Michael G. Wong</u> Vice President	1.00	150,714.	20,698.	0.
<u>Melisa G. Michelsen</u> Secretary/Treasurer	1.00	0.	0.	0.
<u>Gil Colman</u> Director	1.00	0.	0.	0.
<u>Luciano Benjamin</u> Director	1.00	0.	0.	0.
<u>Kevin Coffman</u> Director	1.00	0.	0.	0.
<u>Shonda Green</u> Director	1.00	0.	0.	0.
<u>Kenneth Kettler</u> Director	1.00	0.	0.	0.
<u>Amanda Leech</u> Director	1.00	0.	0.	0.
<u>Janet Rogers</u> Director	0.00	0.	0.	0.
_____				
_____				

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

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed:
42a The organization's books are in care of: Christine Halterman Telephone no. (540) 434-7386
Located at: 286 Kelly St, Harrisonburg VA ZIP + 22803
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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



	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>50</b> 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/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . \_\_\_\_\_

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

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

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

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

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

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Michael H. Vicars	Preparer's signature Michael H. Vicars	Date 10/24/2024	Check <input type="checkbox"/> if self-employed	PTIN P01470822
	Firm's name DOOLEY & VICARS	Firm's EIN 54-1950231		Phone no. (804) 355-2808	
	Firm's address 21 S SHEPPARD ST, RICHMOND, VA 23221				

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

**Additional Information From 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	1,223.
<b>Total</b>	1,223.

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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

**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).)
- 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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0.					0.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0.					0.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						0.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0.					0.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						0.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	0 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input checked="" type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

**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** . . . .

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> Excess from 2023 . . . . .			



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Lineweaver Annex Corporation

Employer identification number

54-1583973

Pt I, Line 16:

Description: Administrative \$1,223

Pt II, Line 24:

Description: Investment In LLP Beginning of Year: \$782 End of Year: \$726

Pt II, Line 26:

Description: Accounts Payable To HRHA Beginning of Year: \$43,989 End of Year: \$45,156

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <u>Lineweaver Annex Corporation</u>	Taxpayer identification number (TIN) <u>54-1583973</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>P.O. Box 1071</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Harrisonburg VA 22803</u>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Christine Halterman  
 Telephone No. (540) 434-7386 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Nov 15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.



# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <u>Lineweaver Annex Corporation</u>	EIN or SSN <u>54-1583973</u>
Name and title of officer or person subject to tax <u>Michael G Wong, EXECUTIVE DIRECTOR</u>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize DOOLEY & VICARS to enter my PIN 

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

 as my signature

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

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

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

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 10/24/2024

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



990-EZ, 990, 990-T and 990-PF  
Information Worksheet

2023

Part I – Identifying Information

Employer Identification Number . 54-1583973  
Name . . . . . Lineweaver Annex Corporation  
Doing Business As . . . . .  
Address . . . . . P.O. Box 1071 Room/Suite .  
City . . . . . Harrisonburg State . . . VA ZIP Code . . 22803  
Province/State . . . . . Foreign Postal Code . .  
Foreign Code . . . . . Foreign Country  
Telephone Number (540) 434-7386 Extension. Foreign Phone No.  
Fax . . . . . E-Mail Address . .

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- Form 990-EZ only
 Form 990 only
 Form 990-PF only
 Form 990-T only
 Form 990-EZ and Form 990-T
 Form 990 and Form 990-T
 Form 990-PF and Form 990-T
 Form 990-N (gross receipts \$50,000 or less)

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- 501(c) Corporation/Association 3 (subsection number)
 501(c) Trust (subsection number)
 4947(a)(1) Trust
 408(e) Trust
 401(a) Trust
 Public College or University Corporation/Association
 Other (describe) Or Trust
 6417(d)(1)(A) Applicable Entity
 220(e) Trust
 408A Trust
 529(a) Corporation
 529(a) Trust
 530(a) Trust
 527 Organization
 501(c) Association

Part IV – Tax Year and Filing Information

- Calendar year
 Fiscal year — Ending month . . .
 Short year — Beginning date . . . Ending date . . .
 Change of Accounting Period
 Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)



Part V – 2023 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2022 overpayment credited to 2023 estimated tax

Table with 6 columns: Payment Quarters, Due Date, Date Paid, Amount Paid (Form 990-T), Date Paid, Amount Paid (Form 990-PF). Rows include 1st-4th Quarter Payments and Additional Payments 1-4.

Part VI - Taxpayer Signature Information

Officer's Name Michael G Wong
Officer's SSN 000-00-0000 Officer's Title EXECUTIVE DIRECTOR
Officer's Phone number

Part VII – Electronic Filing Information

IMPORTANT: Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Table for electronic filing selection with columns: Filings To, Original Return, Extension, Amended Return, and Estimated Payments (1-4). Rows include Federal Filings (990, 990-EZ, 990-PF, 990-N, 990-T, Form 114) and State Filings (California Form 199, California Form 109).

QuickZoom to the Electronic Filing Information Worksheet
QuickZoom to the Form 8868 Electronic Filing Information Worksheet

Practitioner PIN program:

Sign this return electronically using the Practitioner PIN
ERO entered PIN
Officer's PIN (enter any 5 numbers) 11111
Date PIN entered

Responsible Party Information:

Yes No
Is Form 8822-B required to report a change of responsible party?

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)

Yes No

- Use electronic funds withdrawal of Form 990-PF Return balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Extension Form 8868 balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Amended balance due (EF Only)?
Use electronic funds withdrawal of Form 990-T Return balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Extension Form 8868 balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Amended balance due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . .
Name of Financial Institution (optional) . . .
Check the appropriate box . . . Checking Savings
Routing number . . .
Account number . . .

Form 990-PF Payment Information

Enter the Form 990-PF payment date . . .
Balance due amount from this Form 990-PF return . . .
Enter an amount to withdraw tax payment . . .
If partial payment is made, the remaining balance due . . .
Enter the Form 990-PF Extension payment date . . .
Balance-due amount from this 990-PF Extension . . .
Payment date for amended Form 990-PF returns . . .
Balance due amount for amended Form 990-PF return . . .

Form 990-T Payment Information

Enter the Form 990-T payment date . . .
Balance-due amount from this 990-T return . . .
Enter the Form 990-T Extension payment date . . .
Balance-due amount from this 990-T Extension . . .
Enter the amended Form 990-T payment date . . .
Balance-due amount from Form 990-T amended . . .
Date 990-T Exempt Organization Return was EFiled . . .
Date 990-T Exempt Organization Return was accepted . . .
Date 990-T Exempt Organization Extension was EFiled . . .
Date 990-T Exempt Organization Extension was accepted . . .
Date 990-T Exempt Organization Amended Return was EFiled . . .
Date 990-T Exempt Organization Amended Return was accepted . . .

Part IX – Information for Client Letter

Table with 4 columns: Description, Form 990-EZ or Form 990, Form 990-PF, Form 990-T. Row 1: Extended Due Date, 11/15/24, empty, empty.

Letter Salutation . . .

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 1
QuickZoom to Firm/Preparer Info . . .
QuickZoom to Form 990-EZ, Pages 1 through 4 . . .
QuickZoom to Form 990, Page 1 . . .
QuickZoom to Form 990-PF, Page 1 . . .
QuickZoom to Form 990-T, Page 1 . . .
QuickZoom to Form 990-N, e-PostCard . . .
QuickZoom to Client Status . . .

IRS e-file Authentication Statement

2023

Keep for your records

Name(s) Shown on Return

Lineweaver Annex Corporation

Employer ID No.

54-1583973

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN
ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN544103 Self-Select PIN 92419

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2023 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 11111
Date

Electronic Filing Information Worksheet

Keep for your records

2023

Name(s) shown on return: Lineweaver Annex Corporation; Identifying number: 54-1583973

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically [ ]

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . 544103

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name: DOOLEY & VICARS; ERO Address: 1100 Boulders Parkway Suite 600; City: North Chesterfield; State: VA; ZIP Code: 23225; ERO Electronic Filers Identification Number (EFIN): 544103; ERO Employer Identification Number: 54-1950231; ERO Social Security Number or PTIN: [ ]

Part III - Paid Preparer Information

Firm Name: DOOLEY & VICARS; Preparer Name: Michael H. Vicars; Address: 21 S SHEPPARD ST; City: RICHMOND; State: VA; ZIP Code: 23221; Preparer Social Security Number or PTIN: P01470822; Employer Identification Number: 54-1950231; Phone Number: (804)355-2808; Fax Number: (804)359-3897; Preparer E-mail Address: mike@dvcpas.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . .; Amount you are paying with the amended return . . . . .

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and a list of entries including California State Exempt.

Part V - Name Control

Name Control, enter here to override default . . . . . LINE

## Smart Worksheets From 2023 Federal Exempt Tax Return

Form 8868: Application for Extension of Time to File an Exempt Organization Return -- Smart Worksheet

### Filing Address Smart Worksheet

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

# BoxScore Summary

For Selected Properties

Date = 10/01/2024-10/31/2024

Availability																	
Code	Name	Avg. Sq Ft.	Avg. Rent	Units	Occupied No Notice	Vacant Rented	Vacant Unrented	Notice Rented	Notice Unrented	Avail	Model	Down	Admin	% Occ	% Occ w/NonRev	% Leased	% Trend
0b1b-JRP	JR Polly Lineweaver effici	0	673	47	45	1	0	0	1	1	0	0	0	97.87	97.87	100.00	97.87
1b1b-FH	Franklin Heights-one bedro	896	0	18	18	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
1b1b-JRP	JR Polly Lineweaver One be	0	714	14	14	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
1bed-CV	Commerce Village	600	160	30	29	0	1	0	0	1	0	0	0	96.66	96.66	96.66	96.66
1bed-LA	Lineweaver Annex-one bedro	414	68	60	57	0	2	0	1	3	0	0	0	96.66	96.66	96.66	95.00
2b1b-FH	Franklin Heights-twobedroo	988	0	38	36	0	1	0	1	2	0	0	0	97.36	97.36	97.36	94.73
3b1b-FH	Franklin Heights-three bed	977	0	24	24	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
3b2b-FH	Franklin Heights-three bed	1,248	0	32	32	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
4b2b-FH	Franklin Heights-four bed	1,192	0	13	13	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
5b2b-FH	Franklin Heighths 5bed2bath	1,680	0	4	4	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
waitjr0		0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>650</b>	<b>180</b>	<b>280</b>	<b>272</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98.21</b>	<b>98.21</b>	<b>98.57</b>	<b>97.50</b>

## Resident Activity

Code	Name	Units	Move In	Reverse Move In	Move Out	Cancel Move Out	Notice/Skip/Early Term	Cancel Notice	Rented	On-Site Transfer	Month To Month	Renewal	Cancel Move In	Evict	Cancel Eviction
0b1b-JRP	JR Polly Lineweaver effici	47	1	0	0	0	1	0	1	0	0	0	0	0	0
1b1b-FH	Franklin Heights-one bedro	18	0	0	0	0	0	0	0	0	0	0	0	0	0
1b1b-JRP	JR Polly Lineweaver One be	14	0	0	0	0	0	0	0	0	0	0	0	0	0
1bed-CV	Commerce Village	30	0	0	0	0	0	0	0	0	0	0	0	0	0
1bed-LA	Lineweaver Annex-one bedro	60	0	0	0	0	0	0	0	0	0	0	0	0	0
2b1b-FH	Franklin Heights-twobedroo	38	0	0	2	1	2	1	0	0	0	0	0	0	0
3b1b-FH	Franklin Heights-three bed	24	0	0	0	0	0	0	0	0	0	0	0	0	0
3b2b-FH	Franklin Heights-three bed	32	0	0	0	0	0	0	0	0	0	0	0	0	0
4b2b-FH	Franklin Heights-four bed	13	0	0	0	0	0	0	0	0	0	0	0	0	0
5b2b-FH	Franklin Heighths 5bed2bath	4	0	0	0	0	0	0	0	0	0	0	0	0	0
waitjr0		0	0	0	0	0	0	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>280</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Conversion Ratios

Code	Name	First Contact								Unq. First Contact	Show	Applied	Approved	% Gross Conv Ratio	Unq. Shows	% Qual. Conv Ratio	Denied	Cancels	Re-Apply	% Net Conv Ratio
		Calls	Walk-in	Email	Other	SMS	Web	Chat												

# BoxScore Summary

For Selected Properties

Date = 10/01/2024-10/31/2024

Not Specified	Not Specified	0	0	0	0	0	7	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
0b1b-JRP	JR Polly Lineweaver effici	0	0	0	0	0	0	0	0	0	1	1	100.00	0	100.00	0	0	0	100.00
1b1b-FH	Franklin Heights-one bedro	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
1b1b-JRP	JR Polly Lineweaver One be	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
1bed-CV	Commerce Village	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
1bed-LA	Lineweaver Annex-one bedro	0	0	0	1	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
2b1b-FH	Franklin Heights-twobedroo	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
3b1b-FH	Franklin Heights-three bed	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
3b2b-FH	Franklin Heights-three bed	0	0	0	1	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
4b2b-FH	Franklin Heights-four bed	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
5b2b-FH	Franklin Heighths 5bed2bath	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00	0	0	0	0.00
waitjr0		0	0	0	0	0	46	0	0	0	21	1	100.00	0	100.00	20	0	0	100.00
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>2</b>	<b>200.00</b>	<b>0</b>	<b>200.00</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>200.00</b>

# Unit Availability

For Selected Properties

As Of = 10/31/2024

Unit Type	Avg. Sq Ft	Avg. Rent	Units	Occupied No Notice	Vacant Rented	Vacant Unrented	Notice Rented	Notice Unrented	Avail	Model	Down	Admin	% Occ	% Occ w/NonRev	% Leased	% Trend
JR Polly Lineweaver effici	0	673	47	45	1	0	0	1	1	0	0	0	97.87	97.87	100.00	97.87
Franklin Heights-one bedro	896	0	18	18	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
JR Polly Lineweaver One be	0	714	14	14	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
Commerce Village	600	160	30	29	0	1	0	0	1	0	0	0	96.67	96.67	96.67	96.67
Lineweaver Annex-one bedro	414	68	60	57	0	2	0	1	3	0	0	0	96.67	96.67	96.67	95.00
Franklin Heights-twobedroo	988	0	38	36	0	1	0	1	2	0	0	0	97.37	97.37	97.37	94.74
Franklin Heights-three bed	977	0	24	24	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
Franklin Heights-three bed	1,248	0	32	32	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
Franklin Heights-four bed	1,192	0	13	13	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
Franklin Heighths 5bed2bath	1,680	0	4	4	0	0	0	0	0	0	0	0	100.00	100.00	100.00	100.00
	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00	0.00
<b>Total</b>	<b>650</b>	<b>180</b>	<b>280</b>	<b>272</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98.21</b>	<b>98.21</b>	<b>98.57</b>	<b>97.50</b>



MONTHLY REPORT – OCTOBER 2024

HCV PARTICIPANTS

Employment	Education/Training	Goal Rewards
In Program: 30	Enrolled in GED:	Family Wellness Activities: 2
Employed: 16	Enrolled in ESL: 1	Financial Activities:1 Maintained work for 12 months: 0
Unemployed/Furlough: 14	Enrolled in Continuing Ed: 5	FSS Activities: Attend two event:1
Medical Leave/ Disability or Maternity Leave: 10 Elderly:3	Education Activities Goal Reward.	Homebuyer Activities:1 EDUCATION Associate Degree. 1 GED.1
New jobs this month:		Goal Rewards completed: 6

FRANKLIN HEIGHTS PARTICIPANTS

Employment	Education/Training	Goal Rewards
In Program: 61	Enrolled in GED:	Family Wellness Activities: 4
Employed: 27	Enrolled in ESL: 1	Financial Activities:0
Unemployed/Furlough: 34	Enrolled in Continuing Ed:(6)	FSS Activities:1 Drivers Licence.2

Employment	Education/Training	Goal Rewards
Medical Leave/ Disability or Maternity Leave: Elderly: 6	Educational Goal Reward: 1	Homebuyer Activities:2
New job this month:		Total Goal Rewards completed:10

## HARRISON HEIGHTS

Employment	Education/Training	Goal Rewards
In Program: 7	Enrolled in GED: 0	Family Wellness Activities: 1
Employed: 5	Enrolled in ESL:	Financial Activities:
Unemployed: 4	Enrolled in Continuing Ed: 1	FSS Activities Goal sheet: Resume:
Medical Leave/ Disability or Maternity Leave: 0 Elderly.1	Education Activities Goal Reward: 0	Homebuyer Activities:
New jobs this months:		Total Goal Rewards completed: 1

## Program Highlights

In September, FSS had 2 enrollments, and 16 goals reward completed. FSS saw a family move to homeownership after signing a contract on a home at the end of the month of September. FSS hold a credit building and repair workshop in collaboration with TRUIST bank. FSS saws a participant obtain her associate degree. On participants obtained her GED, one

participant registered and started the medical coding program toward an associate degree

FSS Coordinator:

Jacques Mushagasha & Victoria Hill

10/01/2024

**Harrisonburg Redevelopment & Housing Authority Report  
Financial Report as of October 31, 2024**

**LOCAL COMMUNITY DEVELOPMENT**

Cash:	First Bank & Trust-Operating Funds	\$43,114.58
	Total	<b>\$43,114.58</b>
	<b>AR Due from:</b>	
	JR Polly Lineweaver Apartments	\$312,980.54
	Housing Choice Voucher Program	\$10,017.86
	Commerce Village, LLC	\$7,546.95
	Franklin Heights, LLC-Operating/Debt Servicing	\$1,103.00
	Commerce Village II	\$326,661.60
		<b>\$658,309.95</b>

**HOUSING CHOICE VOUCHER PROGRAM**

Cash:	Truist/SunTrust-Checking Account	\$123,893.97
	United Bank-FSS Escrow for participants	\$6.34
	Total	<b>\$123,900.31</b>

**J.R. POLLY LINEWEAVER APARTMENTS**

Cash:	United Bank-Checking Account	\$17,981.50
	Total	<b>\$17,981.50</b>

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

Cash:	United Bank-Security Deposit Account	<b>\$217,654.00</b>
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**COMPONENT UNITS**

**Franklin Heights, LLC**

Cash:	United Bank-Checking Account	<b>\$297,768.00</b>
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**Commerce Village, LLC**

Cash:	First Bank & Trust	<b>\$269,464.02</b>
	Virginia Housing-Replacement Reserve Account	<b>\$79,898.60</b>
	Truist/BB&T-Operating Reseve Account	<b>\$133,304.96</b>

	<b><u>Grand Total</u></b>	<b><u>\$1,183,085.97</u></b>
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**Harrisonburg Redevelopment & Housing Authority Report  
YTD Financial Report as of October 31, 2024**

	Cash Balance as of 1/31	Cash Balance as of 2/29	Cash Balance as of 3/31	Cash Balance as of 4/30	Cash Balance as of 5/31	Cash Balance as of 6/30	Cash Balance as of 7/31	Cash Balance as of 8/31	Cash Balance as of 9/30	Cash Balance as of 10/31
<b>LOCAL COMMUNITY DEVELOPMENT</b>										
First Bank & Trust	\$290,608.08	\$334,345.09	\$245,842.86	\$221,120.05	\$80,817.58	\$109,118.75	\$60,363.33	\$0.00	\$23,725.86	\$43,114.58
<b>HOUSING CHOICE VOUCHER PROGRAM</b>										
Truist-Checking	\$550,596.80	\$643,268.46	\$1,227,135.89	\$569,712.90	\$139,561.99	\$202,783.73	\$249,885.01	\$237,999.62	\$165,880.89	\$123,893.97
United Bank-FSS Escrow	\$6.34	\$6.34	\$6.34	\$6.34	\$6.34	\$6.34	\$6.34	\$6.34	\$6.34	\$6.34
<b>J.R. POLLY LINEWEAVER APARTMENTS</b>										
United Bank-Checking	\$37,081.56	\$4,684.56	\$5,073.43	\$18,992.69	\$26,499.64	\$27,827.07	\$17,285.07	\$4,874.07	\$19,878.27	\$17,981.50
<b>ALL PROGRAMS-FH, LW, JRL, CVO</b>										
United Bank-Security Dep.	\$197,194.54	\$200,145.89	\$205,382.20	\$212,636.35	\$197,890.50	\$199,493.30	\$204,396.36	\$204,775.62	\$213,949.13	\$217,654.00
<b>COMPONENT UNITS</b>										
<b>Franklin Heights, LLC</b>										
United Bank-Checking	\$255,601.73	\$331,246.32	\$412,092.39	\$477,485.59	\$552,540.56	\$622,851.18	\$135,970.15	\$161,611.12	\$230,935.82	\$297,768.00
<b>Commerce Village LLC</b>										
First Bank & Trust	\$272,162.43	\$266,164.68	\$274,292.51	\$264,206.07	\$274,378.01	\$280,471.69	\$276,812.74	\$281,847.86	\$279,630.01	\$269,464.02
VA Housing-Repl Reserve	\$77,628.06	\$78,023.41	\$80,639.18	\$81,056.22	\$82,237.95	\$83,433.05	\$76,468.04	\$77,643.85	\$78,775.67	\$79,898.60
Truist-Operating Reserve	\$131,826.28	\$131,982.00	\$132,148.67	\$132,310.16	\$132,477.24	\$132,639.13	\$132,806.63	\$132,974.34	\$133,136.84	\$133,304.96
<b>Total</b>	<b>\$1,812,705.82</b>	<b>\$1,989,866.75</b>	<b>\$2,582,613.47</b>	<b>\$1,977,526.37</b>	<b>\$1,486,409.81</b>	<b>\$1,658,624.24</b>	<b>\$1,153,993.67</b>	<b>\$1,101,732.82</b>	<b>\$1,145,918.83</b>	<b>\$1,183,085.97</b>