



Harrisonburg Redevelopment & Housing Authority

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October 10, 2025

The Regular Meeting of the Harrisonburg Redevelopment and Housing Authority's Board of Commissioners will be held on **Wednesday, October 15, 2025 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
October 15, 2025

- I. Call to order and determination of quorum
- II. Public Comment
- III. Review and Approval of Minutes
 - September 17, 2025
- IV. Financial Reports
 - September 2025

Reports

- A. Executive Director
 - 1. Bond Resolution for Searles Harrisonburg Senior and Multifamily Projects
 - 2. Bond Resolution for Bluestone Town Center
 - 3. Approval of 990's for Shenandoah Housing Corporation and the Lineweaver Annex Corporation
- 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. Housing Choice Voucher
 - 2. Family Self-Sufficiency
 - 3. Maintenance
 - 4. HRHA Owned Properties Utilization (Box Score & Unit Availability)
 - 5. Commerce Village
 - 6. Franklin Heights
 - 7. JR Polly Lineweaver
 - 8. Lineweaver Annex
 - 9. Financial Monthly Report & Quarterly Investment Update

MINUTES

Regular Meeting
September 17, 2025

The Regular Meeting of the Harrisonburg Redevelopment & Housing Authority Board of Commissioners was held on **Wednesday, September 17, at 4:00 p.m.**

Those present were:

Gil Colman, Chair
Luciano Benjamin, Commissioner
Amanda Leech, Commissioner
Shonda Green, Commissioner
Janet Awkard-Rogers

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 was declared present by Gil Colman, Chair.

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

Mr. Wong then presented the August 20th meeting minutes for consideration of approval. After discussion, Commissioner Benjamin, seconded by Commissioner Leech, motioned to approve the August minutes. The motion was unanimously approved.

Mr. Wong then presented the August 2025 financials for consideration of approval. He related the delay in funding of the service coordinator and the VADHCD grants have impacted on the JR Polly, Lineweaver Annex and the local community development budgets. He anticipates receipt of funding for the VADHCD grant will be in October and the Service Coordinator grant in November/December. Overall, he related that the budgets are in line. He did state of having additional capital expenditure i.e. sewer line repair at the Reservoir office, replacement of air handler for the Bridgeport building will have be seen in future budget reports. After discussion, Commissioner Benjamin, seconded by Commissioner Leech, motioned to approve the August financials as presented. The motion was unanimously approved.

Chairperson Colman then opened the floor for public comment on the 2026 Annual Plan, MTW Supplement, Housing Choice Voucher Administrative Plan, Admissions and Continued Occupancy Plans for Franklin Heights, Commerce Village, Commerce Village II, JR Polly Lineweaver and the Lineweaver Annex. No comment was received.

Mr. Wong stated that the 45-day public comment period will end October 6th and if no comments are received, the plan and supplements will be submitted to HUD.

Mr. Wong then presented the Family Self-Sufficiency plan for board information. He related the staff's perspective that the incentive program continues to engage and motivate residents to achieve financial, and education achievement. No action was taken on this agenda item.

Commissioner Benjamin seconded by Commissioner Leech made the motion to go into closed session to discuss the performance and employment of specific local government personnel as authorized by section 2.2-3711(A)(1). A roll call vote was taken:

Gil Colman, Chair	Aye
Kevin Coffman, Vice Chair	Absent
Luciano Benjamin, Commissioner	Aye
Shonda Green, Commissioner	Aye
Janet Awkward-Rogers, Commissioner	Aye
Amanda Leech, Commissioner	Aye

Commissioner Leech, seconded by Commissioner Green, made the motion to go out of closed session. A roll call vote was taken with respect to the just concluded closed session and to the best of each member's knowledge, only public business matters lawfully exempt from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened were heard, discussed or considered in the meeting by the Authority.

Gil Colman, Chair	Aye
Kevin Coffman, Vice Chair	Absent
Luciano Benjamin, Commissioner	Aye
Shonda Green, Commissioner	Aye
Janet Awkward-Rogers, Commissioner	Aye
Amanda Leech, Commissioner	Aye

Chairperson Colman stated that the annual evaluation of Mr. Wong was completed with him meeting the job description and performance standards. The board thanked Mr. Wong for his work.

Mr. Wong then presented the 2024 audit for consideration. He related that the audit did not include the management and discussion component but was overall complete with no findings or recommendations. After a period of discussion, Commissioner Benjamin, seconded by Commissioner Green, made the motion approving the 2024 audit. The motion was unanimously approved.

Mr. Wong related that the BTC will be closing on its LOCUS financing which will take out the owner's financing in late September. He related of weekly meeting being

held to finalize Enterprise funding by the end of the year. He stated of the Lineweaver Annex project needing to revise its building layout due to the building being in the flood plain. He stated that these issues have delayed the development of construction documents, which also impacts the selection of a general contractor for the project. He stated of HRHA partnering with the Harrisonburg Downtown Renaissance to hold community meeting for input on the project. He related the plan to request approval for purchase of the property and development of 16 affordable units from City Council in November.

Mr. Wong then presented August management and financial reports for approval. After discussion, Commissioner Leech, seconded by Commissioner Awkard-Rogers, made the motion approving the reports. The motion was unanimously approved.

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

Michael G. Wong
Executive Director

Gil Colman
Chair

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

January - September 2025

		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	38,486.26	39,387.25	-900.99	350,220.61	354,485.25	-4,264.64	472,647.00
3112-06-000	PBV HAP Subsidy	38,719.00	37,749.67	969.33	341,356.00	339,747.03	1,608.97	452,996.00
3119-00-000	Total Rental Income	77,205.26	77,136.92	68.34	691,576.61	694,232.28	-2,655.67	925,643.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	457.32	333.33	123.99	3,501.65	2,999.97	501.68	4,000.00
3120-03-000	Damages	304.50	541.67	-237.17	16,885.93	4,875.03	12,010.90	6,500.00
3120-04-000	Late Charges	115.00	83.33	31.67	1,610.00	749.97	860.03	1,000.00
3120-08-000	Workorders/Maint Charges	0.00	41.67	-41.67	1,925.00	375.03	1,549.97	500.00
3129-00-000	Total Other Tenant Income	876.82	1,000.00	-123.18	23,922.58	9,000.00	14,922.58	12,000.00
3199-00-000	TOTAL TENANT INCOME	78,082.08	78,136.92	-54.84	715,499.19	703,232.28	12,266.91	937,643.00
3400-00-000	GRANT INCOME							
3410-50-100	VA Homelessness Solutions Program	0.00	4,949.25	-4,949.25	59,391.00	44,543.25	14,847.75	59,391.00
3410-60-200	Homelessness Assistance Grant (HMIS/SNAP)	8,421.07	7,006.00	1,415.07	59,097.80	63,054.00	-3,956.20	84,072.00
3410-61-200	COC Planning Grant	6,446.86	4,168.25	2,278.61	33,439.47	37,514.25	-4,074.78	50,019.00
3499-00-000	TOTAL GRANT INCOME	14,867.93	16,123.50	-1,255.57	151,928.27	145,111.50	6,816.77	193,482.00
3600-00-000	OTHER INCOME							
3610-00-000	Investment Income - Unrestricted	283.97	0.00	283.97	2,512.47	0.00	2,512.47	0.00
3620-00-000	Management Fee Income	1,177.98	1,000.00	177.98	9,997.89	9,000.00	997.89	12,000.00
3621-00-000	Bond Application Fees	0.00	3,750.00	-3,750.00	0.00	33,750.00	-33,750.00	45,000.00
3650-00-000	Miscellaneous Other Income	0.00	16,666.67	-16,666.67	0.00	150,000.03	-150,000.03	200,000.00
3699-00-000	TOTAL OTHER INCOME	1,461.95	21,416.67	-19,954.72	12,510.36	192,750.03	-180,239.67	257,000.00
3999-00-000	TOTAL INCOME	94,411.96	115,677.09	-21,265.13	879,937.82	1,041,093.81	-161,155.99	1,388,125.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	16,400.08	21,132.42	4,732.34	172,451.22	190,191.78	17,740.56	253,589.00
4110-03-000	Compensated Absences	-33.75	0.00	33.75	0.00	0.00	0.00	0.00
4110-04-000	Employee Benefit Contribution-Admin	4,922.36	6,778.92	1,856.56	45,879.89	61,010.28	15,130.39	81,347.00

LOCAL COMMUNITY DEVELOPMENT (incl. BP, LAO, and Grants)								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4110-50-100	Salary-VA Homelessness Solutions Program(VHSP)	2,159.08	3,484.00	1,324.92	26,897.36	31,356.00	4,458.64	41,808.00
4110-50-101	Adm Benefits-VA Homelessness Solutions Program	1,371.20	1,215.25	-155.95	9,950.95	10,937.25	986.30	14,583.00
4110-60-200	Salary-Homelessness Assistance Grant(HMIS)	6,001.73	3,731.75	-2,269.98	35,698.21	33,585.75	-2,112.46	44,781.00
4110-60-201	Adm Benefits-Homelessness Assistance Grant(HMI	1,917.83	1,249.33	-668.50	12,690.47	11,243.97	-1,446.50	14,992.00
4110-61-200	Salary-COC Planning Grant	3,669.22	3,452.67	-216.55	32,777.23	31,074.03	-1,703.20	41,432.00
4110-61-201	Adm Benefits-COC Planning	464.15	715.58	251.43	4,795.61	6,440.22	1,644.61	8,587.00
4110-99-000	Total Administrative Salaries	36,871.90	41,759.92	4,888.02	341,140.94	375,839.28	34,698.34	501,119.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	0.00	66.67	66.67	64.00	600.03	536.03	800.00
4130-02-000	Criminal Background Checks	0.00	16.67	16.67	0.00	150.03	150.03	200.00
4130-04-000	General Legal Expense	-886.00	1,458.33	2,344.33	2,226.81	13,124.97	10,898.16	17,500.00
4131-00-000	Total Legal Expense	-886.00	1,541.67	2,427.67	2,290.81	13,875.03	11,584.22	18,500.00
4140-00-000	Staff Training	0.00	916.66	916.66	7,148.02	8,249.94	1,101.92	11,000.00
4140-50-100	Staff Training-VHSP	0.00	125.00	125.00	0.00	1,125.00	1,125.00	1,500.00
4150-00-000	Travel	300.00	916.66	616.66	19,821.26	8,249.94	-11,571.32	11,000.00
4171-00-000	Auditing Fees	0.00	721.67	721.67	0.00	6,495.03	6,495.03	8,660.00
4189-00-000	Total Other Admin Expenses	300.00	1,763.33	1,463.33	19,821.26	15,869.97	-3,951.29	21,160.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	100.00	100.00	0.00	900.00	900.00	1,200.00
4190-02-000	Publications	0.00	41.67	41.67	213.20	375.03	161.83	500.00
4190-03-000	Advertising	0.00	108.33	108.33	517.57	974.97	457.40	1,300.00
4190-04-000	Office Supplies	24.16	100.00	75.84	267.97	900.00	632.03	1,200.00
4190-06-000	Compliance	180.00	41.67	-138.33	180.00	375.03	195.03	500.00
4190-07-000	Telephone & Internet	914.02	805.00	-109.02	7,511.33	7,245.00	-266.33	9,660.00
4190-08-000	Postage	10.65	208.33	197.68	1,956.78	1,874.97	-81.81	2,500.00
4190-10-000	Copiers	179.49	166.66	-12.83	1,323.91	1,499.94	176.03	2,000.00
4190-12-000	Software	0.00	1,250.00	1,250.00	16,870.24	11,250.00	-5,620.24	15,000.00
4190-13-000	IT/Website Maintenance	877.22	416.67	-460.55	4,803.26	3,750.03	-1,053.23	5,000.00
4190-14-000	Community Donations	0.00	1,000.00	1,000.00	10,976.60	9,000.00	-1,976.60	12,000.00
4190-18-000	Small Office Equipment	1,007.28	250.00	-757.28	2,338.81	2,250.00	-88.81	3,000.00
4190-22-000	Other Misc Admin Expenses	3,498.50	325.00	-3,173.50	6,606.95	2,925.00	-3,681.95	3,900.00
4190-50-100	Other Expenses-VHSP	0.00	125.00	125.00	1,406.84	1,125.00	-281.84	1,500.00
4190-60-200	Equipment (HMIS/SNAP)	3,879.60	202.08	-3,677.52	5,250.10	1,818.72	-3,431.38	2,425.00
4190-60-201	Software (HMIS/SNAP)	0.00	1,065.42	1,065.42	11,536.00	9,588.78	-1,947.22	12,785.00
4190-60-202	Services (HMIS/SNAP)	40.00	757.42	717.42	5,762.18	6,816.78	1,054.60	9,089.00
4191-00-000	Total Miscellaneous Admin Expenses	10,610.92	6,963.25	-3,647.67	77,521.74	62,669.25	-14,852.49	83,559.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	46,896.82	52,944.83	6,048.01	447,922.77	476,503.47	28,580.70	635,338.00
4200-00-000	TENANT SERVICES							

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

January - September 2025

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4220-01-000	Other Tenant Svcs.	99.73	1,833.33	1,733.60	15,622.04	16,499.97	877.93	22,000.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	99.73	1,833.33	1,733.60	15,622.04	16,499.97	877.93	22,000.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	1,045.86	916.66	-129.20	9,359.99	8,249.94	-1,110.05	11,000.00
4320-00-000	Electricity	5,182.80	6,000.00	817.20	54,921.16	54,000.00	-921.16	72,000.00
4330-00-000	Gas	44.33	83.33	39.00	99.52	749.97	650.45	1,000.00
4390-00-000	Sewer & Trash	1,945.18	2,083.33	138.15	18,763.82	18,749.97	-13.85	25,000.00
4399-00-000	TOTAL UTILITY EXPENSES	8,218.17	9,083.32	865.15	83,144.49	81,749.88	-1,394.61	109,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	6,223.45	7,130.75	907.30	63,695.80	64,176.75	480.95	85,569.00
4410-05-000	Employee Benefit Contribution-Maint.	1,905.79	2,569.08	663.29	17,716.86	23,121.72	5,404.86	30,829.00
4419-00-000	Total General Maint Expense	8,129.24	9,699.83	1,570.59	81,412.66	87,298.47	5,885.81	116,398.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	223.38	50.00	-173.38	784.70	450.00	-334.70	600.00
4420-02-000	Supplies-Appliance	61.19	83.33	22.14	904.36	749.97	-154.39	1,000.00
4420-03-000	Supplies-Unit Turnover	0.00	441.67	441.67	5,282.75	3,975.03	-1,307.72	5,300.00
4420-04-000	Supplies-Electrical	147.04	441.67	294.63	1,731.97	3,975.03	2,243.06	5,300.00
4420-05-000	Supplies-Fuel & Parts	71.26	62.50	-8.76	553.81	562.50	8.69	750.00
4420-06-000	Supplies-Janitorial/Cleaning	31.98	166.66	134.68	666.65	1,499.94	833.29	2,000.00
4420-07-000	Supplies-Maint/Repairs	631.54	566.67	-64.87	3,305.82	5,100.03	1,794.21	6,800.00
4420-08-000	Supplies-Plumbing	272.94	375.00	102.06	3,761.88	3,375.00	-386.88	4,500.00
4420-09-000	Tools and Equipment	0.00	50.00	50.00	590.00	450.00	-140.00	600.00
4420-10-000	Maintenance Paper/Supplies	0.00	25.00	25.00	0.00	225.00	225.00	300.00
4420-11-000	Supplies-HVAC	0.00	41.67	41.67	49.62	375.03	325.41	500.00
4420-12-000	Supplies-Exterior Supplies	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4429-00-000	Total Materials	1,439.33	2,345.84	906.51	17,631.56	21,112.56	3,481.00	28,150.00
4430-00-000	Contract Costs							
4430-03-000	Contract-Trash Collection	681.19	416.67	-264.52	4,301.13	3,750.03	-551.10	5,000.00
4430-04-000	Contract-Snow Removal	0.00	166.66	166.66	1,405.00	1,499.94	94.94	2,000.00
4430-05-000	Contract-Unit Turnover	3,519.18	1,250.00	-2,269.18	6,547.83	11,250.00	4,702.17	15,000.00
4430-06-000	Contract-Electrical	120.00	166.67	46.67	612.50	1,500.03	887.53	2,000.00
4430-07-000	Contract-Pest Control	1,050.00	658.34	-391.66	5,110.77	5,925.06	814.29	7,900.00
4430-08-000	Contract-Floor Covering	0.00	83.33	83.33	997.67	749.97	-247.70	1,000.00
4430-09-000	Contract-Grounds	0.00	50.00	50.00	0.00	450.00	450.00	600.00
4430-10-000	Contract-Janitorial/Cleaning	157.00	383.33	226.33	1,781.51	3,449.97	1,668.46	4,600.00
4430-11-000	Contract-Plumbing	510.00	41.67	-468.33	510.00	375.03	-134.97	500.00

LOCAL COMMUNITY DEVELOPMENT (incl. BP, LAO, and Grants)								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4430-12-000	Contract-Inspections	0.00	583.33	583.33	6,800.00	5,249.97	-1,550.03	7,000.00
4430-13-000	Contract-HVAC	0.00	750.00	750.00	3,810.06	6,750.00	2,939.94	9,000.00
4430-15-000	Contract-Video Surveillance	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4430-17-000	Contract-Elevator Maintenance	0.00	1,250.00	1,250.00	12,514.60	11,250.00	-1,264.60	15,000.00
4430-18-000	Contract-Alarm Monitoring	96.30	133.33	37.03	1,038.10	1,199.97	161.87	1,600.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	266.67	266.67	1,350.00	2,400.03	1,050.03	3,200.00
4430-99-000	Contract Costs-Other	393.18	333.34	-59.84	5,004.93	3,000.06	-2,004.87	4,000.00
4439-00-000	Total Contract Costs	6,526.85	6,575.01	48.16	51,784.10	59,175.09	7,390.99	78,900.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	16,095.42	18,620.68	2,525.26	150,828.32	167,586.12	16,757.80	223,448.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	237.92	331.17	93.25	2,424.39	2,980.53	556.14	3,974.00
4510-10-000	Property Insurance	460.36	499.59	39.23	4,021.09	4,496.31	475.22	5,995.00
4510-20-000	Liability Insurance	231.70	241.67	9.97	1,885.75	2,175.03	289.28	2,900.00
4510-30-000	Workmen's Compensation	495.79	494.25	-1.54	4,316.02	4,448.25	132.23	5,931.00
4521-00-000	Misc. Taxes/Licenses/Insurance	-4,266.56	0.00	4,266.56	0.00	0.00	0.00	0.00
4570-00-000	Bad Debt-Tenant Rents	0.00	833.33	833.33	0.00	7,499.97	7,499.97	10,000.00
4599-00-000	TOTAL GENERAL EXPENSES	-2,840.79	2,400.01	5,240.80	12,647.25	21,600.09	8,952.84	28,800.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	5,053.92	4,845.50	-208.42	44,813.31	43,609.50	-1,203.81	58,146.00
4899-00-000	TOTAL FINANCING EXPENSES	5,053.92	4,845.50	-208.42	44,813.31	43,609.50	-1,203.81	58,146.00
8000-00-000	TOTAL EXPENSES	73,523.27	89,727.67	16,204.40	754,978.18	807,549.03	52,570.85	1,076,732.00
9000-00-000	NET INCOME	20,888.69	25,949.42	-5,060.73	124,959.64	233,544.78	-108,585.14	311,393.00

BRIDGEPORT BUILDING								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		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	19,156.26	19,053.92	102.34	171,414.34	171,485.28	-70.94	228,647.00
3119-00-000	Total Rental Income	19,156.26	19,053.92	102.34	171,414.34	171,485.28	-70.94	228,647.00
3199-00-000	TOTAL TENANT INCOME	19,156.26	19,053.92	102.34	171,414.34	171,485.28	-70.94	228,647.00
3999-00-000	TOTAL INCOME	19,156.26	19,053.92	102.34	171,414.34	171,485.28	-70.94	228,647.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4130-00-000	Legal Expense							
4130-04-000	General Legal Expense	0.00	208.33	208.33	0.00	1,874.97	1,874.97	2,500.00
4131-00-000	Total Legal Expense	0.00	208.33	208.33	0.00	1,874.97	1,874.97	2,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-07-000	Telephone & Internet	37.30	55.00	17.70	426.66	495.00	68.34	660.00
4191-00-000	Total Miscellaneous Admin Expenses	37.30	55.00	17.70	426.66	495.00	68.34	660.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	37.30	263.33	226.03	426.66	2,369.97	1,943.31	3,160.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	0.00	83.33	83.33	315.00	749.97	434.97	1,000.00
4399-00-000	TOTAL UTILITY EXPENSES	0.00	83.33	83.33	315.00	749.97	434.97	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	0.00	1,500.03	1,500.03	2,000.00
4429-00-000	Total Materials	0.00	166.67	166.67	0.00	1,500.03	1,500.03	2,000.00
4430-00-000	Contract Costs							
4430-04-000	Contract-Snow Removal	0.00	83.33	83.33	830.00	749.97	-80.03	1,000.00
4430-06-000	Contract-Electrical	0.00	0.00	0.00	410.00	0.00	-410.00	0.00
4430-07-000	Contract-Pest Control	0.00	75.00	75.00	498.29	675.00	176.71	900.00
4430-10-000	Contract-Janitorial/Cleaning	0.00	125.00	125.00	0.00	1,125.00	1,125.00	1,500.00
4430-13-000	Contract-HVAC	0.00	250.00	250.00	593.25	2,250.00	1,656.75	3,000.00
4430-17-000	Contract-Elevator Maintenance	0.00	250.00	250.00	620.00	2,250.00	1,630.00	3,000.00
4430-18-000	Contract-Alarm Monitoring	23.00	20.83	-2.17	207.00	187.47	-19.53	250.00

BRIDGEPORT BUILDING								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4430-19-000	Contract-Sprinkler Monitoring	0.00	166.67	166.67	375.00	1,500.03	1,125.03	2,000.00
4430-99-000	Contract Costs-Other	393.18	125.00	-268.18	1,593.18	1,125.00	-468.18	1,500.00
4439-00-000	Total Contract Costs	416.18	1,095.83	679.65	5,126.72	9,862.47	4,735.75	13,150.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	416.18	1,262.50	846.32	5,126.72	11,362.50	6,235.78	15,150.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	2,335.59	2,328.25	-7.34	21,623.92	20,954.25	-669.67	27,939.00
4899-00-000	TOTAL FINANCING EXPENSES	2,335.59	2,328.25	-7.34	21,623.92	20,954.25	-669.67	27,939.00
8000-00-000	TOTAL EXPENSES	2,789.07	3,937.41	1,148.34	27,492.30	35,436.69	7,944.39	47,249.00
9000-00-000	NET INCOME	16,367.19	15,116.51	1,250.68	143,922.04	136,048.59	7,873.45	181,398.00

LINEWEAVER ANNEX APARTMENTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		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	19,330.00	20,333.33	-1,003.33	178,806.27	182,999.97	-4,193.70	244,000.00
3112-06-000	PBV HAP Subsidy	38,719.00	37,749.67	969.33	341,356.00	339,747.03	1,608.97	452,996.00
3119-00-000	Total Rental Income	58,049.00	58,083.00	-34.00	520,162.27	522,747.00	-2,584.73	696,996.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	457.32	333.33	123.99	3,501.65	2,999.97	501.68	4,000.00
3120-03-000	Damages	304.50	541.67	-237.17	15,187.93	4,875.03	10,312.90	6,500.00
3120-04-000	Late Charges	115.00	83.33	31.67	1,496.00	749.97	746.03	1,000.00
3120-08-000	Workorders/Maint Charges	0.00	41.67	-41.67	1,925.00	375.03	1,549.97	500.00
3129-00-000	Total Other Tenant Income	876.82	1,000.00	-123.18	22,110.58	9,000.00	13,110.58	12,000.00
3199-00-000	TOTAL TENANT INCOME	58,925.82	59,083.00	-157.18	542,272.85	531,747.00	10,525.85	708,996.00
3600-00-000	OTHER INCOME							
3610-00-000	Investment Income - Unrestricted	272.85	0.00	272.85	2,416.15	0.00	2,416.15	0.00
3699-00-000	TOTAL OTHER INCOME	272.85	0.00	272.85	2,416.15	0.00	2,416.15	0.00
3999-00-000	TOTAL INCOME	59,198.67	59,083.00	115.67	544,689.00	531,747.00	12,942.00	708,996.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	4,625.18	5,491.25	866.07	44,382.10	49,421.25	5,039.15	65,895.00
4110-04-000	Employee Benefit Contribution-Admin	1,691.41	1,867.50	176.09	14,365.79	16,807.50	2,441.71	22,410.00
4110-99-000	Total Administrative Salaries	6,316.59	7,358.75	1,042.16	58,747.89	66,228.75	7,480.86	88,305.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	0.00	66.67	66.67	64.00	600.03	536.03	800.00
4130-02-000	Criminal Background Checks	0.00	16.67	16.67	0.00	150.03	150.03	200.00
4130-04-000	General Legal Expense	-886.00	416.67	1,302.67	575.50	3,750.03	3,174.53	5,000.00
4131-00-000	Total Legal Expense	-886.00	500.01	1,386.01	639.50	4,500.09	3,860.59	6,000.00
4140-00-000	Staff Training	0.00	83.33	83.33	119.00	749.97	630.97	1,000.00
4150-00-000	Travel	0.00	83.33	83.33	20.00	749.97	729.97	1,000.00
4171-00-000	Auditing Fees	0.00	166.67	166.67	0.00	1,500.03	1,500.03	2,000.00
4189-00-000	Total Other Admin Expenses	0.00	250.00	250.00	20.00	2,250.00	2,230.00	3,000.00

LINEWEAVER ANNEX APARTMENTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - April 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	16.67	16.67	0.00	150.03	150.03	200.00
4190-03-000	Advertising	0.00	25.00	25.00	218.41	225.00	6.59	300.00
4190-04-000	Office Supplies	24.16	16.67	-7.49	91.18	150.03	58.85	200.00
4190-06-000	Compliance	180.00	41.67	-138.33	180.00	375.03	195.03	500.00
4190-07-000	Telephone & Internet	394.77	250.00	-144.77	2,486.87	2,250.00	-236.87	3,000.00
4190-08-000	Postage	10.65	83.33	72.68	526.85	749.97	223.12	1,000.00
4190-10-000	Copiers	39.07	83.33	44.26	429.55	749.97	320.42	1,000.00
4190-12-000	Software	0.00	416.67	416.67	4,475.48	3,750.03	-725.45	5,000.00
4190-13-000	IT/Website Maintenance	301.61	125.00	-176.61	1,527.77	1,125.00	-402.77	1,500.00
4190-18-000	Small Office Equipment	0.00	41.67	41.67	75.00	375.03	300.03	500.00
4190-22-000	Other Misc Admin Expenses	-814.48	116.67	931.15	505.64	1,050.03	544.39	1,400.00
4191-00-000	Total Miscellaneous Admin Expenses	135.78	1,216.68	1,080.90	10,516.75	10,950.12	433.37	14,600.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	5,566.37	9,408.77	3,842.40	70,043.14	84,678.93	14,635.79	112,905.00
4200-00-000	TENANT SERVICES							
4220-01-000	Other Tenant Svcs.	99.73	1,833.33	1,733.60	15,622.04	16,499.97	877.93	22,000.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	99.73	1,833.33	1,733.60	15,622.04	16,499.97	877.93	22,000.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	1,045.86	833.33	-212.53	9,044.99	7,499.97	-1,545.02	10,000.00
4320-00-000	Electricity	4,691.72	5,833.33	1,141.61	53,345.30	52,499.97	-845.33	70,000.00
4390-00-000	Sewer & Trash	1,945.18	2,083.33	138.15	18,763.82	18,749.97	-13.85	25,000.00
4399-00-000	TOTAL UTILITY EXPENSES	7,682.76	8,749.99	1,067.23	81,154.11	78,749.91	-2,404.20	105,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	4,563.83	5,036.17	472.34	44,609.33	45,325.53	716.20	60,434.00
4410-05-000	Employee Benefit Contribution-Maint.	1,392.25	1,833.33	441.08	12,910.67	16,499.97	3,589.30	22,000.00
4419-00-000	Total General Maint Expense	5,956.08	6,869.50	913.42	57,520.00	61,825.50	4,305.50	82,434.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	223.38	50.00	-173.38	736.39	450.00	-286.39	600.00
4420-02-000	Supplies-Appliance	61.19	83.33	22.14	904.36	749.97	-154.39	1,000.00
4420-03-000	Supplies-Unit Turnover	0.00	441.67	441.67	5,282.75	3,975.03	-1,307.72	5,300.00
4420-04-000	Supplies-Electrical	147.04	416.67	269.63	1,731.97	3,750.03	2,018.06	5,000.00
4420-05-000	Supplies-Fuel & Parts	71.26	62.50	-8.76	553.81	562.50	8.69	750.00
4420-06-000	Supplies-Janitorial/Cleaning	31.98	83.33	51.35	666.65	749.97	83.32	1,000.00
4420-07-000	Supplies-Maint/Repairs	631.54	316.67	-314.87	3,305.82	2,850.03	-455.79	3,800.00
4420-08-000	Supplies-Plumbing	272.94	366.67	93.73	3,761.88	3,300.03	-461.85	4,400.00

LINEWEAVER ANNEX APARTMENTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - April 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4420-09-000	Tools and Equipment	0.00	50.00	50.00	590.00	450.00	-140.00	600.00
4420-11-000	Supplies-HVAC	0.00	41.67	41.67	49.62	375.03	325.41	500.00
4420-12-000	Supplies-Exterior Supplies	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4429-00-000	Total Materials	1,439.33	1,954.18	514.85	17,583.25	17,587.62	4.37	23,450.00
4430-00-000	Contract Costs							
4430-03-000	Contract-Trash Collection	681.19	416.67	-264.52	4,301.13	3,750.03	-551.10	5,000.00
4430-04-000	Contract-Snow Removal	0.00	83.33	83.33	575.00	749.97	174.97	1,000.00
4430-05-000	Contract-Unit Turnover	3,519.18	1,250.00	-2,269.18	6,547.83	11,250.00	4,702.17	15,000.00
4430-06-000	Contract-Electrical	120.00	166.67	46.67	202.50	1,500.03	1,297.53	2,000.00
4430-07-000	Contract-Pest Control	1,050.00	541.67	-508.33	4,185.33	4,875.03	689.70	6,500.00
4430-08-000	Contract-Floor Covering	0.00	83.33	83.33	997.67	749.97	-247.70	1,000.00
4430-09-000	Contract-Grounds	0.00	50.00	50.00	0.00	450.00	450.00	600.00
4430-10-000	Contract-Janitorial/Cleaning	157.00	258.33	101.33	1,781.51	2,324.97	543.46	3,100.00
4430-11-000	Contract-Plumbing	510.00	41.67	-468.33	510.00	375.03	-134.97	500.00
4430-12-000	Contract-Inspections	0.00	583.33	583.33	6,800.00	5,249.97	-1,550.03	7,000.00
4430-13-000	Contract-HVAC	0.00	416.67	416.67	2,850.00	3,750.03	900.03	5,000.00
4430-15-000	Contract-Video Surveillance	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4430-17-000	Contract-Elevator Maintenance	0.00	1,000.00	1,000.00	11,894.60	9,000.00	-2,894.60	12,000.00
4430-18-000	Contract-Alarm Monitoring	15.00	50.00	35.00	568.75	450.00	-118.75	600.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	100.00	100.00	975.00	900.00	-75.00	1,200.00
4430-99-000	Contract Costs-Other	0.00	41.67	41.67	308.75	375.03	66.28	500.00
4439-00-000	Total Contract Costs	6,052.37	5,125.01	-927.36	42,498.07	46,125.09	3,627.02	61,500.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	13,447.78	13,948.69	500.91	117,601.32	125,538.21	7,936.89	167,384.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	138.83	231.17	92.34	1,584.02	2,080.53	496.51	2,774.00
4510-10-000	Property Insurance	398.47	357.92	-40.55	3,232.32	3,221.28	-11.04	4,295.00
4510-20-000	Liability Insurance	215.75	166.67	-49.08	1,691.94	1,500.03	-191.91	2,000.00
4510-30-000	Workmen's Compensation	128.54	119.25	-9.29	1,138.09	1,073.25	-64.84	1,431.00
4570-00-000	Bad Debt-Tenant Rents	0.00	833.33	833.33	0.00	7,499.97	7,499.97	10,000.00
4599-00-000	TOTAL GENERAL EXPENSES	881.59	1,708.34	826.75	7,646.37	15,375.06	7,728.69	20,500.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	2,718.33	2,517.25	-201.08	23,189.39	22,655.25	-534.14	30,207.00
4899-00-000	TOTAL FINANCING EXPENSES	2,718.33	2,517.25	-201.08	23,189.39	22,655.25	-534.14	30,207.00
8000-00-000	TOTAL EXPENSES	30,396.56	38,166.37	7,769.81	315,256.37	343,497.33	28,240.96	457,996.00
9000-00-000	NET INCOME	28,802.11	20,916.63	7,885.48	229,432.63	188,249.67	41,182.96	251,000.00

COMMUNITY GRANTS								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		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	44,543.25	14,847.75	59,391.00
3410-60-200	Homelessness Assistance Grant (HMIS/SNAP)	8,421.07	7,006.00	1,415.07	59,097.80	63,054.00	-3,956.20	84,072.00
3410-61-200	COC Planning Grant	6,446.86	4,168.25	2,278.61	33,439.47	37,514.25	-4,074.78	50,019.00
3499-00-000	TOTAL GRANT INCOME	14,867.93	16,123.50	-1,255.57	151,928.27	145,111.50	6,816.77	193,482.00
3999-00-000	TOTAL INCOME	14,867.93	16,123.50	-1,255.57	151,928.27	145,111.50	6,816.77	193,482.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-50-100	Salary-VA Homelessness Solutions Program(VHSP)	2,159.08	3,484.00	1,324.92	26,897.36	31,356.00	4,458.64	41,808.00
4110-50-101	Adm Benefits-VA Homelessness Solutions Program	1,371.20	1,215.25	-155.95	9,950.95	10,937.25	986.30	14,583.00
4110-60-200	Salary-Homelessness Assistance Grant(HMIS)	6,001.73	3,731.75	-2,269.98	35,698.21	33,585.75	-2,112.46	44,781.00
4110-60-201	Adm Benefits-Homelessness Assistance Grant(HMI	1,917.83	1,249.33	-668.50	12,690.47	11,243.97	-1,446.50	14,992.00
4110-61-200	Salary-COC Planning Grant	3,669.22	3,452.67	-216.55	32,777.23	31,074.03	-1,703.20	41,432.00
4110-61-201	Adm Benefits-COC Planning	464.15	715.58	251.43	4,795.61	6,440.22	1,644.61	8,587.00
4110-99-000	Total Administrative Salaries	15,583.21	13,848.58	-1,734.63	122,809.83	124,637.22	1,827.39	166,183.00
4140-50-100	Staff Training-VHSP	0.00	125.00	125.00	0.00	1,125.00	1,125.00	1,500.00
4189-00-000	Total Other Admin Expenses	0.00	125.00	125.00	0.00	1,125.00	1,125.00	1,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-50-100	Other Expenses-VHSP	0.00	125.00	125.00	1,406.84	1,125.00	-281.84	1,500.00
4190-60-200	Equipment (HMIS/SNAP)	3,879.60	202.08	-3,677.52	5,250.10	1,818.72	-3,431.38	2,425.00
4190-60-201	Software (HMIS/SNAP)	0.00	1,065.42	1,065.42	11,536.00	9,588.78	-1,947.22	12,785.00
4190-60-202	Services (HMIS/SNAP)	40.00	757.42	717.42	5,762.18	6,816.78	1,054.60	9,089.00
4191-00-000	Total Miscellaneous Admin Expenses	3,919.60	2,149.92	-1,769.68	23,955.12	19,349.28	-4,605.84	25,799.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	19,502.81	16,123.50	-3,379.31	146,764.95	145,111.50	-1,653.45	193,482.00
8000-00-000	TOTAL EXPENSES	19,502.81	16,123.50	-3,379.31	146,764.95	145,111.50	-1,653.45	193,482.00
9000-00-000	NET INCOME	-4,634.88	0.00	-4,634.88	5,163.32	0.00	5,163.32	0.00

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

January - September 2025

		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	18,522.00	14,148.33	4,373.67	166,593.20	127,334.97	39,258.23	169,780.00
3112-00-000	50059 HAP Subsidy	24,827.00	26,275.50	-1,448.50	207,936.00	236,479.50	-28,543.50	315,306.00
3119-00-000	Total Rental Income	43,349.00	40,423.83	2,925.17	374,529.20	363,814.47	10,714.73	485,086.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	457.31	416.67	40.64	3,491.66	3,750.03	-258.37	5,000.00
3120-03-000	Damages	376.17	541.67	-165.50	7,751.17	4,875.03	2,876.14	6,500.00
3120-04-000	Late Charges	76.00	83.33	-7.33	1,069.00	749.97	319.03	1,000.00
3120-06-000	NSF Charges	-16.00	0.00	-16.00	9.00	0.00	9.00	0.00
3120-08-000	Workorders/Maint Charges	0.00	250.00	-250.00	65.00	2,250.00	-2,185.00	3,000.00
3129-00-000	Total Other Tenant Income	893.48	1,291.67	-398.19	12,385.83	11,625.03	760.80	15,500.00
3199-00-000	TOTAL TENANT INCOME	44,242.48	41,715.50	2,526.98	386,915.03	375,439.50	11,475.53	500,586.00
3400-00-000	GRANT INCOME							
3410-20-300	Service Coordinator Grant (SC)	0.00	6,526.75	-6,526.75	947.64	58,740.75	-57,793.11	78,321.00
3499-00-000	TOTAL GRANT INCOME	0.00	6,526.75	-6,526.75	947.64	58,740.75	-57,793.11	78,321.00
3999-00-000	TOTAL INCOME	44,242.48	48,242.25	-3,999.77	387,862.67	434,180.25	-46,317.58	578,907.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	3,355.69	3,878.17	522.48	31,959.63	34,903.53	2,943.90	46,538.00
4110-04-000	Employee Benefit Contribution-Admin	1,420.26	1,466.17	45.91	11,793.72	13,195.53	1,401.81	17,594.00
4110-99-000	Total Administrative Salaries	4,775.95	5,344.34	568.39	43,753.35	48,099.06	4,345.71	64,132.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	0.00	33.33	33.33	154.00	299.97	145.97	400.00
4130-02-000	Criminal Background Checks	112.00	25.00	-87.00	398.50	225.00	-173.50	300.00
4130-04-000	General Legal Expense	0.00	333.33	333.33	2,433.00	2,999.97	566.97	4,000.00
4131-00-000	Total Legal Expense	112.00	391.66	279.66	2,985.50	3,524.94	539.44	4,700.00
4140-00-000	Staff Training	0.00	83.33	83.33	219.00	749.97	530.97	1,000.00
4150-00-000	Travel	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4171-00-000	Auditing Fees	0.00	166.67	166.67	0.00	1,500.03	1,500.03	2,000.00

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

January - September 2025

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4189-00-000	Total Other Admin Expenses	0.00	208.34	208.34	0.00	1,875.06	1,875.06	2,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	8.33	8.33	0.00	74.97	74.97	100.00
4190-03-000	Advertising	0.00	25.00	25.00	218.41	225.00	6.59	300.00
4190-04-000	Office Supplies	0.00	41.67	41.67	272.59	375.03	102.44	500.00
4190-06-000	Compliance	10.50	4.17	-6.33	46.00	37.53	-8.47	50.00
4190-07-000	Telephone & Internet	87.92	250.00	162.08	3,006.11	2,250.00	-756.11	3,000.00
4190-08-000	Postage	0.00	41.67	41.67	396.86	375.03	-21.83	500.00
4190-10-000	Copiers	33.34	41.67	8.33	372.26	375.03	2.77	500.00
4190-12-000	Software	0.00	300.00	300.00	3,353.19	2,700.00	-653.19	3,600.00
4190-13-000	IT/Website Maintenance	240.40	125.00	-115.40	1,152.03	1,125.00	-27.03	1,500.00
4190-18-000	Small Office Equipment	0.00	0.00	0.00	30.09	0.00	-30.09	0.00
4190-22-000	Other Misc Admin Expenses	-2,906.00	54.17	2,960.17	-3,656.88	487.53	4,144.41	650.00
4191-00-000	Total Miscellaneous Admin Expenses	-2,533.84	891.68	3,425.52	5,190.66	8,025.12	2,834.46	10,700.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	2,354.11	6,919.35	4,565.24	52,148.51	62,274.15	10,125.64	83,032.00
4200-00-000	TENANT SERVICES							
4210-20-300	Tenant Services-Salaries	4,123.19	4,553.33	430.14	35,861.28	40,979.97	5,118.69	54,640.00
4211-20-300	Tenant Services-Benefits	1,173.36	1,104.58	-68.78	9,200.57	9,941.22	740.65	13,255.00
4220-01-000	Other Tenant Svcs.	99.72	1,833.33	1,733.61	15,662.01	16,499.97	837.96	22,000.00
4240-20-300	Tenant Services-Other Direct Costs	286.42	472.17	185.75	2,429.52	4,249.53	1,820.01	5,666.00
4241-20-300	Tenant Services-Training	0.00	188.33	188.33	1,017.93	1,694.97	677.04	2,260.00
4242-20-300	Tenant Services-Supplies & Materials	0.00	83.33	83.33	444.05	749.97	305.92	1,000.00
4243-20-300	Tenant Services-Travel	0.00	125.00	125.00	0.00	1,125.00	1,125.00	1,500.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	5,682.69	8,360.07	2,677.38	64,615.36	75,240.63	10,625.27	100,321.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	1,077.95	833.33	-244.62	7,910.84	7,499.97	-410.87	10,000.00
4320-00-000	Electricity	5,040.42	5,833.33	792.91	64,539.12	52,499.97	-12,039.15	70,000.00
4390-00-000	Sewer & Trash	2,102.31	2,083.33	-18.98	17,396.43	18,749.97	1,353.54	25,000.00
4399-00-000	TOTAL UTILITY EXPENSES	8,220.68	8,749.99	529.31	89,846.39	78,749.91	-11,096.48	105,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	4,563.83	5,036.17	472.34	44,705.82	45,325.53	619.71	60,434.00
4410-05-000	Employee Benefit Contribution-Maint.	1,392.32	1,833.33	441.01	12,918.88	16,499.97	3,581.09	22,000.00
4419-00-000	Total General Maint Expense	5,956.15	6,869.50	913.35	57,624.70	61,825.50	4,200.80	82,434.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	305.26	54.17	-251.09	925.27	487.53	-437.74	650.00

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

January - September 2025

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4420-02-000	Supplies-Appliance	0.00	83.33	83.33	653.50	749.97	96.47	1,000.00
4420-03-000	Supplies-Unit Turnover	0.00	291.67	291.67	3,328.40	2,625.03	-703.37	3,500.00
4420-04-000	Supplies-Electrical	69.37	416.67	347.30	1,984.07	3,750.03	1,765.96	5,000.00
4420-05-000	Supplies-Fuel & Parts	66.17	41.67	-24.50	514.26	375.03	-139.23	500.00
4420-06-000	Supplies-Janitorial/Cleaning	0.00	83.33	83.33	800.96	749.97	-50.99	1,000.00
4420-07-000	Supplies-Maint/Repairs	43.03	445.83	402.80	3,068.17	4,012.47	944.30	5,350.00
4420-08-000	Supplies-Plumbing	37.97	150.00	112.03	1,676.00	1,350.00	-326.00	1,800.00
4420-09-000	Tools and Equipment	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4420-10-000	Maintenance Paper/Supplies	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4420-11-000	Supplies-HVAC	0.00	41.67	41.67	87.25	375.03	287.78	500.00
4420-12-000	Supplies-Exterior Supplies	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4429-00-000	Total Materials	521.80	1,733.35	1,211.55	13,037.88	15,600.15	2,562.27	20,800.00
4430-00-000	Contract Costs							
4430-03-000	Contract-Trash Collection	681.19	416.67	-264.52	4,140.98	3,750.03	-390.95	5,000.00
4430-04-000	Contract-Snow Removal	0.00	108.33	108.33	1,150.00	974.97	-175.03	1,300.00
4430-05-000	Contract-Unit Turnover	0.00	558.33	558.33	0.00	5,024.97	5,024.97	6,700.00
4430-06-000	Contract-Electrical	0.00	166.67	166.67	1,472.92	1,500.03	27.11	2,000.00
4430-07-000	Contract-Pest Control	0.00	1,166.67	1,166.67	4,749.16	10,500.03	5,750.87	14,000.00
4430-08-000	Contract-Floor Covering	0.00	83.33	83.33	0.00	749.97	749.97	1,000.00
4430-09-000	Contract-Grounds	0.00	50.00	50.00	0.00	450.00	450.00	600.00
4430-10-000	Contract-Janitorial/Cleaning	157.00	216.67	59.67	1,781.53	1,950.03	168.50	2,600.00
4430-11-000	Contract-Plumbing	510.00	41.67	-468.33	510.00	375.03	-134.97	500.00
4430-13-000	Contract-HVAC	0.00	291.67	291.67	3,177.50	2,625.03	-552.47	3,500.00
4430-15-000	Contract-Video Surveillance	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4430-17-000	Contract-Elevator Maintenance	0.00	1,250.00	1,250.00	14,019.98	11,250.00	-2,769.98	15,000.00
4430-18-000	Contract-Alarm Monitoring	15.00	50.00	35.00	568.75	450.00	-118.75	600.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	100.00	100.00	975.00	900.00	-75.00	1,200.00
4430-99-000	Contract Costs-Other	0.00	83.33	83.33	700.00	749.97	49.97	1,000.00
4439-00-000	Total Contract Costs	1,363.19	4,625.01	3,261.82	33,245.82	41,625.09	8,379.27	55,500.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	7,841.14	13,227.86	5,386.72	103,908.40	119,050.74	15,142.34	158,734.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	301.85	306.08	4.23	2,559.27	2,754.72	195.45	3,673.00
4510-10-000	Property Insurance	405.21	433.33	28.12	3,673.87	3,899.97	226.10	5,200.00
4510-20-000	Liability Insurance	219.37	216.67	-2.70	1,926.11	1,950.03	23.92	2,600.00
4510-30-000	Workmen's Compensation	110.17	127.25	17.08	976.59	1,145.25	168.66	1,527.00
4599-00-000	TOTAL GENERAL EXPENSES	1,036.60	1,083.33	46.73	9,135.84	9,749.97	614.13	13,000.00
4800-00-000	FINANCING EXPENSE							

JR POLLY LINEWEAVER APARTMENTS (incl. Service Coordinator Grant)								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4851-00-000	Interest Expense-Loan 1	1,874.72	2,011.58	136.86	17,149.95	18,104.22	954.27	24,139.00
4899-00-000	TOTAL FINANCING EXPENSES	1,874.72	2,011.58	136.86	17,149.95	18,104.22	954.27	24,139.00
8000-00-000	TOTAL EXPENSES	27,009.94	40,352.18	13,342.24	336,804.45	363,169.62	26,365.17	484,226.00
9000-00-000	NET INCOME	17,232.54	7,890.07	9,342.47	51,058.22	71,010.63	-19,952.41	94,681.00

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

January - September 2025

		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							
3410-01-000	Section 8 HAP Earned	751,052.00	591,992.92	159,059.08	6,197,808.00	5,327,936.28	869,871.72	7,103,915.00
3410-02-000	Section 8 Admin. Fee Income	89,680.00	52,501.92	37,178.08	520,997.00	472,517.28	48,479.72	630,023.00
3410-03-000	Section 8 FSS Grant Income	11,532.14	5,512.50	6,019.64	101,375.26	49,612.50	51,762.76	66,150.00
3410-04-000	Port-In Admin Fees Earned	429.21	100.00	329.21	3,260.75	900.00	2,360.75	1,200.00
3410-06-000	Port In HAP Earned	8,867.00	2,500.00	6,367.00	58,969.00	22,500.00	36,469.00	30,000.00
3499-00-000	TOTAL GRANT INCOME	861,560.35	652,607.34	208,953.01	6,882,410.01	5,873,466.06	1,008,943.95	7,831,288.00
3600-00-000	OTHER INCOME							
3640-00-000	Fraud Recovery-HAP	290.00	958.33	-668.33	7,586.28	8,624.97	-1,038.69	11,500.00
3640-01-000	Fraud Recovery-ADM	290.00	958.33	-668.33	7,586.27	8,624.97	-1,038.70	11,500.00
3699-00-000	TOTAL OTHER INCOME	580.00	1,916.66	-1,336.66	15,172.55	17,249.94	-2,077.39	23,000.00
3999-00-000	TOTAL INCOME	862,140.35	654,524.00	207,616.35	6,897,582.56	5,890,716.00	1,006,866.56	7,854,288.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	24,039.21	28,561.92	4,522.71	239,443.88	257,057.28	17,613.40	342,743.00
4110-04-000	Employee Benefit Contribution-Admin	8,062.58	9,609.50	1,546.92	67,541.09	86,485.50	18,944.41	115,314.00
4110-20-400	Administrative Salaries-FSS	8,600.51	4,386.67	-4,213.84	84,994.44	39,480.03	-45,514.41	52,640.00
4110-21-400	Employee Benefits Contribution-FSS	2,911.62	1,042.50	-1,869.12	25,725.41	9,382.50	-16,342.91	12,510.00
4110-30-100	Administrative Salaries-MS5	3,434.89	4,675.67	1,240.78	30,283.98	42,081.03	11,797.05	56,108.00
4110-30-101	Employee Benefits Contribution-MS5	260.13	1,859.00	1,598.87	11,842.44	16,731.00	4,888.56	22,308.00
4110-99-000	Total Administrative Salaries	47,308.94	50,135.26	2,826.32	459,831.24	451,217.34	-8,613.90	601,623.00
4130-00-000	Legal Expense							
4130-02-000	Criminal Background Checks	616.00	333.33	-282.67	4,032.50	2,999.97	-1,032.53	4,000.00
4131-00-000	Total Legal Expense	616.00	333.33	-282.67	4,032.50	2,999.97	-1,032.53	4,000.00
4140-00-000	Staff Training	0.00	833.33	833.33	4,935.06	7,499.97	2,564.91	10,000.00
4140-01-400	Staff Training-FSS	0.00	83.33	83.33	4,000.00	749.97	-3,250.03	1,000.00
4150-00-000	Travel	0.00	666.67	666.67	8,733.86	6,000.03	-2,733.83	8,000.00
4171-00-000	Auditing Fees	0.00	833.33	833.33	0.00	7,499.97	7,499.97	10,000.00
4172-00-000	Port Out Admin Fee Paid	215.24	166.67	-48.57	1,875.60	1,500.03	-375.57	2,000.00
4189-00-000	Total Other Admin Expenses	215.24	1,666.67	1,451.43	10,609.46	15,000.03	4,390.57	20,000.00

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

January - September 2025

		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	0.00	83.33	83.33	799.00	749.97	-49.03	1,000.00
4190-02-000	Publications	0.00	16.67	16.67	0.00	150.03	150.03	200.00
4190-03-000	Advertising	414.63	83.33	-331.30	414.63	749.97	335.34	1,000.00
4190-04-000	Office Supplies	7.61	41.67	34.06	1,869.39	375.03	-1,494.36	500.00
4190-05-000	Fuel-Administrative	101.81	66.67	-35.14	791.17	600.03	-191.14	800.00
4190-06-000	Compliance	1,277.50	833.33	-444.17	6,027.00	7,499.97	1,472.97	10,000.00
4190-07-000	Telephone & Internet	343.11	416.67	73.56	3,897.41	3,750.03	-147.38	5,000.00
4190-08-000	Postage	0.00	166.67	166.67	2,064.80	1,500.03	-564.77	2,000.00
4190-10-000	Copiers	269.34	125.00	-144.34	1,514.69	1,125.00	-389.69	1,500.00
4190-12-000	Software	0.00	2,500.00	2,500.00	20,475.87	22,500.00	2,024.13	30,000.00
4190-13-000	IT/Website Maintenance	85.00	416.67	331.67	5,302.35	3,750.03	-1,552.32	5,000.00
4190-18-000	Small Office Equipment	0.00	166.67	166.67	8,314.67	1,500.03	-6,814.64	2,000.00
4190-22-000	Other Misc Admin Expenses	-1,052.09	0.00	1,052.09	2,160.59	0.00	-2,160.59	0.00
4191-00-000	Total Miscellaneous Admin Expenses	1,446.91	4,916.68	3,469.77	53,631.57	44,250.12	-9,381.45	59,000.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	49,587.09	57,968.60	8,381.51	537,039.83	521,717.40	-15,322.43	695,623.00
4200-00-000	TENANT SERVICES							
4220-01-000	Other Tenant Svcs.	0.00	125.00	125.00	1,770.06	1,125.00	-645.06	1,500.00
4220-02-000	Tenant FSS Goal Incentives	0.00	125.00	125.00	0.00	1,125.00	1,125.00	1,500.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	0.00	250.00	250.00	1,770.06	2,250.00	479.94	3,000.00
4300-00-000	UTILITY EXPENSES							
4320-00-000	Electricity	0.00	0.00	0.00	2,000.00	0.00	-2,000.00	0.00
4330-00-000	Gas	0.00	0.00	0.00	2,000.00	0.00	-2,000.00	0.00
4399-00-000	TOTAL UTILITY EXPENSES	0.00	0.00	0.00	4,000.00	0.00	-4,000.00	0.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	148.59	104.17	-44.42	1,306.67	937.53	-369.14	1,250.00
4510-10-000	Property Insurance	53.01	16.67	-36.34	341.89	150.03	-191.86	200.00
4510-20-000	Liability Insurance	13.56	16.67	3.11	100.57	150.03	49.46	200.00
4510-30-000	Workmen's Compensation	477.42	616.67	139.25	5,937.49	5,550.03	-387.46	7,400.00
4570-01-000	Bad Debt-Other	0.00	0.00	0.00	-0.66	0.00	0.66	0.00
4599-00-000	TOTAL GENERAL EXPENSES	692.58	754.18	61.60	7,685.96	6,787.62	-898.34	9,050.00
4700-00-000	HOUSING ASSISTANCE PAYMENTS							
4715-00-000	Housing Assistance Payments	689,409.00	576,676.25	-112,732.75	6,110,475.00	5,190,086.25	-920,388.75	6,920,115.00
4715-01-000	Tenant Utility Payments-Voucher	7,479.00	8,458.33	979.33	87,455.00	76,124.97	-11,330.03	101,500.00
4715-02-000	Port Out HAP Payments	4,689.00	2,083.33	-2,605.67	39,319.00	18,749.97	-20,569.03	25,000.00

HOUSING CHOICE VOUCHER PROGRAM (MTW, MS5 and FSS Grant)								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4715-07-000	Tenant FSS Goal Incentives	4,175.00	4,166.67	-8.33	26,875.00	37,500.03	10,625.03	50,000.00
4715-08-000	Landlord Incentives	1,000.00	4,166.67	3,166.67	11,627.39	37,500.03	25,872.64	50,000.00
4715-09-000	Local, Non-Traditional (LNT) Program	100,000.00	0.00	-100,000.00	100,000.00	0.00	-100,000.00	0.00
4799-00-000	TOTAL HOUSING ASSISTANCE PAYMENTS	806,752.00	595,551.25	-211,200.75	6,375,751.39	5,359,961.25	-1,015,790.14	7,146,615.00
8000-00-000	TOTAL EXPENSES	857,031.67	654,524.03	-202,507.64	6,926,247.24	5,890,716.27	-1,035,530.97	7,854,288.00
9000-00-000	NET INCOME	5,108.68	-0.03	5,108.71	-28,664.68	-0.27	-28,664.41	0.00

FRANKLIN HEIGHTS LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		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	43,414.00	39,700.33	3,713.67	365,741.90	357,302.97	8,438.93	476,404.00
3112-06-000	PBV HAP Subsidy	161,449.00	148,189.67	13,259.33	1,399,864.00	1,333,707.03	66,156.97	1,778,276.00
3119-00-000	Total Rental Income	204,863.00	187,890.00	16,973.00	1,765,605.90	1,691,010.00	74,595.90	2,254,680.00
3120-00-000	Other Tenant Income							
3120-03-000	Damages	1,567.18	1,666.67	-99.49	21,410.26	15,000.03	6,410.23	20,000.00
3120-04-000	Late Charges	970.00	833.33	136.67	6,010.00	7,499.97	-1,489.97	10,000.00
3120-06-000	NSF Charges	50.00	8.33	41.67	125.00	74.97	50.03	100.00
3120-07-000	Tenant Owed Utilities	90.00	125.00	-35.00	850.00	1,125.00	-275.00	1,500.00
3120-08-000	Workorders/Maint Charges	0.00	166.67	-166.67	0.00	1,500.03	-1,500.03	2,000.00
3120-11-000	Collection Loss-Tenants	0.00	0.00	0.00	5,161.01	0.00	5,161.01	0.00
3129-00-000	Total Other Tenant Income	2,677.18	2,800.00	-122.82	33,556.27	25,200.00	8,356.27	33,600.00
3199-00-000	TOTAL TENANT INCOME	207,540.18	190,690.00	16,850.18	1,799,162.17	1,716,210.00	82,952.17	2,288,280.00
3600-00-000	OTHER INCOME							
3610-00-000	Investment Income - Unrestricted	0.00	166.67	-166.67	6.34	1,500.03	-1,493.69	2,000.00
3699-00-000	TOTAL OTHER INCOME	0.00	166.67	-166.67	6.34	1,500.03	-1,493.69	2,000.00
3999-00-000	TOTAL INCOME	207,540.18	190,856.67	16,683.51	1,799,168.51	1,717,710.03	81,458.48	2,290,280.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	26,366.56	33,344.42	6,977.86	251,010.68	300,099.78	49,089.10	400,133.00
4110-04-000	Employee Benefit Contribution-Admin	7,921.87	11,223.17	3,301.30	75,635.54	101,008.53	25,372.99	134,678.00
4110-99-000	Total Administrative Salaries	34,288.43	44,567.59	10,279.16	326,646.22	401,108.31	74,462.09	534,811.00
4130-00-000	Legal Expense							
4130-01-000	Unlawful Detainers/Writs	-128.00	0.00	128.00	192.00	0.00	-192.00	0.00
4130-02-000	Criminal Background Checks	21.00	0.00	-21.00	368.00	0.00	-368.00	0.00
4130-04-000	General Legal Expense	0.00	1,250.00	1,250.00	6,102.99	11,250.00	5,147.01	15,000.00
4131-00-000	Total Legal Expense	-107.00	1,250.00	1,357.00	6,662.99	11,250.00	4,587.01	15,000.00
4140-00-000	Staff Training	306.02	1,250.00	943.98	5,353.41	11,250.00	5,896.59	15,000.00
4150-00-000	Travel	100.00	1,250.00	1,150.00	11,348.58	11,250.00	-98.58	15,000.00

FRANKLIN HEIGHTS LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4171-00-000	Auditing Fees	0.00	208.33	208.33	0.00	1,874.97	1,874.97	2,500.00
4189-00-000	Total Other Admin Expenses	100.00	1,458.33	1,358.33	11,348.58	13,124.97	1,776.39	17,500.00
4190-00-000	Miscellaneous Admin Expenses							
4190-01-000	Membership and Fees	600.00	100.00	-500.00	1,150.00	900.00	-250.00	1,200.00
4190-02-000	Publications	0.00	50.00	50.00	71.36	450.00	378.64	600.00
4190-04-000	Office Supplies	225.95	333.33	107.38	2,773.86	2,999.97	226.11	4,000.00
4190-06-000	Compliance	180.00	83.33	-96.67	517.00	749.97	232.97	1,000.00
4190-07-000	Telephone & Internet	428.93	383.33	-45.60	4,379.82	3,449.97	-929.85	4,600.00
4190-08-000	Postage	318.92	250.00	-68.92	2,097.21	2,250.00	152.79	3,000.00
4190-10-000	Copiers	140.39	208.33	67.94	1,816.86	1,874.97	58.11	2,500.00
4190-12-000	Software	431.00	1,891.67	1,460.67	23,129.32	17,025.03	-6,104.29	22,700.00
4190-13-000	IT/Website Maintenance	521.10	416.67	-104.43	5,060.00	3,750.03	-1,309.97	5,000.00
4190-18-000	Small Office Equipment	0.00	850.00	850.00	10,172.32	7,650.00	-2,522.32	10,200.00
4190-22-000	Other Misc Admin Expenses	-58.77	25.00	83.77	-2,362.88	225.00	2,587.88	300.00
4191-00-000	Total Miscellaneous Admin Expenses	2,787.52	4,591.66	1,804.14	48,804.87	41,324.94	-7,479.93	55,100.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	37,374.97	53,117.58	15,742.61	398,816.07	478,058.22	79,242.15	637,411.00
4200-00-000	TENANT SERVICES							
4220-01-000	Other Tenant Svcs.	1,003.66	250.00	-753.66	1,348.84	2,250.00	901.16	3,000.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	1,003.66	250.00	-753.66	1,348.84	2,250.00	901.16	3,000.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	3,007.62	2,666.67	-340.95	25,836.38	24,000.03	-1,836.35	32,000.00
4320-00-000	Electricity	511.41	833.33	321.92	8,964.67	7,499.97	-1,464.70	10,000.00
4330-00-000	Gas	47.35	166.67	119.32	593.84	1,500.03	906.19	2,000.00
4390-00-000	Sewer & Trash	2,105.32	3,333.33	1,228.01	24,574.31	29,999.97	5,425.66	40,000.00
4399-00-000	TOTAL UTILITY EXPENSES	5,671.70	7,000.00	1,328.30	59,969.20	63,000.00	3,030.80	84,000.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	16,728.59	20,903.92	4,175.33	159,427.14	188,135.28	28,708.14	250,847.00
4410-05-000	Employee Benefit Contribution-Maint.	4,694.40	7,267.58	2,573.18	44,006.07	65,408.22	21,402.15	87,211.00
4419-00-000	Total General Maint Expense	21,422.99	28,171.50	6,748.51	203,433.21	253,543.50	50,110.29	338,058.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	0.00	291.67	291.67	3,351.14	2,625.03	-726.11	3,500.00
4420-02-000	Supplies-Appliance	0.00	250.00	250.00	2,216.13	2,250.00	33.87	3,000.00
4420-03-000	Supplies-Unit Turnover	26.81	1,500.00	1,473.19	16,396.42	13,500.00	-2,896.42	18,000.00
4420-04-000	Supplies-Electrical	35.98	333.33	297.35	2,858.71	2,999.97	141.26	4,000.00
4420-05-000	Supplies-Fuel & Parts	244.32	250.00	5.68	2,098.15	2,250.00	151.85	3,000.00

FRANKLIN HEIGHTS LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4420-06-000	Supplies-Janitorial/Cleaning	226.67	416.67	190.00	3,062.03	3,750.03	688.00	5,000.00
4420-07-000	Supplies-Maint/Repairs	395.12	791.67	396.55	7,510.08	7,125.03	-385.05	9,500.00
4420-08-000	Supplies-Plumbing	52.20	750.00	697.80	8,565.31	6,750.00	-1,815.31	9,000.00
4420-09-000	Tools and Equipment	41.88	333.33	291.45	2,972.76	2,999.97	27.21	4,000.00
4420-10-000	Maintenance Paper/Supplies	0.00	66.67	66.67	0.00	600.03	600.03	800.00
4420-11-000	Supplies-HVAC	0.00	416.67	416.67	136.87	3,750.03	3,613.16	5,000.00
4420-12-000	Supplies-Exterior Supplies	0.00	83.33	83.33	0.00	749.97	749.97	1,000.00
4429-00-000	Total Materials	1,022.98	5,483.34	4,460.36	49,167.60	49,350.06	182.46	65,800.00
4430-00-000	Contract Costs							
4430-03-000	Contract-Trash Collection	455.13	333.33	-121.80	3,069.14	2,999.97	-69.17	4,000.00
4430-04-000	Contract-Snow Removal	0.00	116.67	116.67	1,310.00	1,050.03	-259.97	1,400.00
4430-05-000	Contract-Unit Turnover	0.00	125.00	125.00	1,040.60	1,125.00	84.40	1,500.00
4430-06-000	Contract-Electrical	0.00	83.33	83.33	0.00	749.97	749.97	1,000.00
4430-07-000	Contract-Pest Control	0.00	500.00	500.00	5,769.44	4,500.00	-1,269.44	6,000.00
4430-08-000	Contract-Floor Covering	0.00	83.33	83.33	466.20	749.97	283.77	1,000.00
4430-09-000	Contract-Grounds	0.00	1,750.00	1,750.00	20,625.00	15,750.00	-4,875.00	21,000.00
4430-10-000	Contract-Janitorial/Cleaning	355.48	416.67	61.19	3,603.67	3,750.03	146.36	5,000.00
4430-11-000	Contract-Plumbing	1,315.00	83.33	-1,231.67	2,300.00	749.97	-1,550.03	1,000.00
4430-12-000	Contract-Inspections	0.00	666.67	666.67	7,520.00	6,000.03	-1,519.97	8,000.00
4430-13-000	Contract-HVAC	0.00	1,333.33	1,333.33	12,186.03	11,999.97	-186.06	16,000.00
4430-14-000	Contract-Vehicle Maintenance	0.00	50.00	50.00	0.00	450.00	450.00	600.00
4430-15-000	Contract-Video Surveillance	0.00	10,000.00	10,000.00	105,000.00	90,000.00	-15,000.00	120,000.00
4430-18-000	Contract-Alarm Monitoring	0.00	25.00	25.00	299.40	225.00	-74.40	300.00
4430-99-000	Contract Costs-Other	0.00	16.67	16.67	187.00	150.03	-36.97	200.00
4439-00-000	Total Contract Costs	2,125.61	15,583.33	13,457.72	163,376.48	140,249.97	-23,126.51	187,000.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	24,571.58	49,238.17	24,666.59	415,977.29	443,143.53	27,166.24	590,858.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	203.09	275.00	71.91	1,559.31	2,475.00	915.69	3,300.00
4510-10-000	Property Insurance	1,345.32	1,358.33	13.01	11,692.94	12,224.97	532.03	16,300.00
4510-20-000	Liability Insurance	715.89	608.33	-107.56	5,584.00	5,474.97	-109.03	7,300.00
4510-30-000	Workmen's Compensation	679.41	550.00	-129.41	6,499.56	4,950.00	-1,549.56	6,600.00
4521-00-000	Misc. Taxes/Licenses/Insurance	0.00	2,666.67	2,666.67	16,841.66	24,000.03	7,158.37	32,000.00
4570-00-000	Bad Debt-Tenant Rents	0.00	2,083.33	2,083.33	0.00	18,749.97	18,749.97	25,000.00
4599-00-000	TOTAL GENERAL EXPENSES	2,943.71	7,541.66	4,597.95	42,177.47	67,874.94	25,697.47	90,500.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	2,834.23	14,346.33	11,512.10	169,852.04	129,116.97	-40,735.07	172,156.00
4899-00-000	TOTAL FINANCING EXPENSES	2,834.23	14,346.33	11,512.10	169,852.04	129,116.97	-40,735.07	172,156.00

FRANKLIN HEIGHTS LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
8000-00-000	TOTAL EXPENSES	74,399.85	131,493.74	57,093.89	1,088,140.91	1,183,443.66	95,302.75	1,577,925.00
9000-00-000	NET INCOME	133,140.33	59,362.93	73,777.40	711,027.60	534,266.37	176,761.23	712,355.00

COMMERCE VILLAGE LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		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	9,461.00	10,919.75	-1,458.75	81,271.00	98,277.75	-17,006.75	131,037.00
3112-06-000	PBV HAP Subsidy	12,934.00	10,919.75	2,014.25	108,803.00	98,277.75	10,525.25	131,037.00
3119-00-000	Total Rental Income	22,395.00	21,839.50	555.50	190,074.00	196,555.50	-6,481.50	262,074.00
3120-00-000	Other Tenant Income							
3120-01-000	Laundry and Vending	220.00	150.00	70.00	1,104.67	1,350.00	-245.33	1,800.00
3120-03-000	Damages	528.00	208.33	319.67	2,798.00	1,874.97	923.03	2,500.00
3120-04-000	Late Charges	0.00	41.67	-41.67	651.00	375.03	275.97	500.00
3120-08-000	Workorders/Maint Charges	-10.00	100.00	-110.00	683.00	900.00	-217.00	1,200.00
3129-00-000	Total Other Tenant Income	738.00	500.00	238.00	5,236.67	4,500.00	736.67	6,000.00
3199-00-000	TOTAL TENANT INCOME	23,133.00	22,339.50	793.50	195,310.67	201,055.50	-5,744.83	268,074.00
3600-00-000	OTHER INCOME							
3611-00-000	Investment Income - Restricted	360.16	416.67	-56.51	3,340.55	3,750.03	-409.48	5,000.00
3699-00-000	TOTAL OTHER INCOME	360.16	416.67	-56.51	3,340.55	3,750.03	-409.48	5,000.00
3999-00-000	TOTAL INCOME	23,493.16	22,756.17	736.99	198,651.22	204,805.53	-6,154.31	273,074.00
4000-00-000	EXPENSES							
4100-00-000	ADMINISTRATIVE EXPENSES							
4100-99-000	Administrative Salaries							
4110-00-000	Administrative Salaries	3,140.92	3,530.67	389.75	30,129.70	31,776.03	1,646.33	42,368.00
4110-04-000	Employee Benefit Contribution-Admin	1,036.55	1,214.83	178.28	10,094.35	10,933.47	839.12	14,578.00
4110-99-000	Total Administrative Salaries	4,177.47	4,745.50	568.03	40,224.05	42,709.50	2,485.45	56,946.00
4130-00-000	Legal Expense							
4130-02-000	Criminal Background Checks	0.00	0.00	0.00	38.50	0.00	-38.50	0.00
4130-04-000	General Legal Expense	0.00	150.00	150.00	0.00	1,350.00	1,350.00	1,800.00
4131-00-000	Total Legal Expense	0.00	150.00	150.00	38.50	1,350.00	1,311.50	1,800.00
4140-00-000	Staff Training	575.00	83.33	-491.67	994.00	749.97	-244.03	1,000.00
4150-00-000	Travel	0.00	100.00	100.00	21.89	900.00	878.11	1,200.00
4173-00-000	Management Fee	1,177.98	1,000.00	-177.98	9,997.89	9,000.00	-997.89	12,000.00
4189-00-000	Total Other Admin Expenses	1,177.98	1,100.00	-77.98	10,019.78	9,900.00	-119.78	13,200.00
4190-00-000	Miscellaneous Admin Expenses							

COMMERCE VILLAGE LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4190-04-000	Office Supplies	0.00	50.00	50.00	50.21	450.00	399.79	600.00
4190-06-000	Compliance	0.00	125.00	125.00	1,400.00	1,125.00	-275.00	1,500.00
4190-07-000	Telephone & Internet	249.55	300.00	50.45	2,122.05	2,700.00	577.95	3,600.00
4190-08-000	Postage	0.00	41.67	41.67	231.73	375.03	143.30	500.00
4190-10-000	Copiers	22.31	83.33	61.02	399.27	749.97	350.70	1,000.00
4190-12-000	Software	0.00	166.67	166.67	1,676.59	1,500.03	-176.56	2,000.00
4190-13-000	IT/Website Maintenance	189.54	83.33	-106.21	634.09	749.97	115.88	1,000.00
4190-21-000	HCC Fees	0.00	666.67	666.67	7,391.18	6,000.03	-1,391.15	8,000.00
4190-22-000	Other Misc Admin Expenses	6.00	41.67	35.67	203.36	375.03	171.67	500.00
4191-00-000	Total Miscellaneous Admin Expenses	467.40	1,558.34	1,090.94	14,108.48	14,025.06	-83.42	18,700.00
4199-00-000	TOTAL ADMINISTRATIVE EXPENSES	6,397.85	7,637.17	1,239.32	65,384.81	68,734.53	3,349.72	91,646.00
4200-00-000	TENANT SERVICES							
4210-00-000	Tenant Services Salaries	5,000.00	1,520.83	-3,479.17	15,000.00	13,687.47	-1,312.53	18,250.00
4220-01-000	Other Tenant Svcs.	750.00	125.00	-625.00	3,619.00	1,125.00	-2,494.00	1,500.00
4299-00-000	TOTAL TENANT SERVICES EXPENSES	5,750.00	1,645.83	-4,104.17	18,619.00	14,812.47	-3,806.53	19,750.00
4300-00-000	UTILITY EXPENSES							
4310-00-000	Water	449.56	358.33	-91.23	3,816.90	3,224.97	-591.93	4,300.00
4320-00-000	Electricity	1,673.09	1,666.67	-6.42	15,816.57	15,000.03	-816.54	20,000.00
4330-00-000	Gas	190.99	200.00	9.01	1,731.18	1,800.00	68.82	2,400.00
4390-00-000	Sewer & Trash	887.70	916.67	28.97	8,098.50	8,250.03	151.53	11,000.00
4399-00-000	TOTAL UTILITY EXPENSES	3,201.34	3,141.67	-59.67	29,463.15	28,275.03	-1,188.12	37,700.00
4400-00-000	MAINTENANCE AND OPERATIONAL EXPENSES							
4400-99-000	General Maint Expense							
4410-00-000	Maintenance Salaries	1,398.25	1,565.25	167.00	13,339.27	14,087.25	747.98	18,783.00
4410-05-000	Employee Benefit Contribution-Maint.	458.97	655.50	196.53	4,132.70	5,899.50	1,766.80	7,866.00
4419-00-000	Total General Maint Expense	1,857.22	2,220.75	363.53	17,471.97	19,986.75	2,514.78	26,649.00
4420-00-000	Materials							
4420-01-000	Supplies-Grounds	0.00	33.33	33.33	378.79	299.97	-78.82	400.00
4420-02-000	Supplies-Appliance	67.36	58.33	-9.03	426.55	524.97	98.42	700.00
4420-03-000	Supplies-Unit Turnover	0.00	83.33	83.33	206.77	749.97	543.20	1,000.00
4420-04-000	Supplies-Electrical	83.40	125.00	41.60	1,387.71	1,125.00	-262.71	1,500.00
4420-05-000	Supplies-Fuel & Parts	25.45	16.67	-8.78	197.79	150.03	-47.76	200.00
4420-06-000	Supplies-Janitorial/Cleaning	6.24	50.00	43.76	124.34	450.00	325.66	600.00
4420-07-000	Supplies-Maint/Repairs	460.16	133.33	-326.83	1,357.87	1,199.97	-157.90	1,600.00
4420-08-000	Supplies-Plumbing	53.24	50.00	-3.24	81.41	450.00	368.59	600.00
4420-10-000	Maintenance Paper/Supplies	0.00	8.33	8.33	0.00	74.97	74.97	100.00

COMMERCE VILLAGE LLC								
Statement of Revenues, Expenditures, and Changes in Fund Net Position								
January - September 2025								
		PTD Actual	PTD Budget	Variance	YTD Actual	YTD Budget	Variance	Annual
4420-11-000	Supplies-HVAC	0.00	150.00	150.00	127.25	1,350.00	1,222.75	1,800.00
4420-12-000	Supplies-Exterior Supplies	0.00	41.67	41.67	0.00	375.03	375.03	500.00
4429-00-000	Total Materials	695.85	749.99	54.14	4,288.48	6,749.91	2,461.43	9,000.00
4430-00-000	Contract Costs							
4430-03-000	Contract-Trash Collection	365.90	258.33	-107.57	3,397.49	2,324.97	-1,072.52	3,100.00
4430-04-000	Contract-Snow Removal	0.00	216.67	216.67	2,545.00	1,950.03	-594.97	2,600.00
4430-07-000	Contract-Pest Control	0.00	41.67	41.67	498.30	375.03	-123.27	500.00
4430-10-000	Contract-Janitorial/Cleaning	162.96	133.33	-29.63	1,608.26	1,199.97	-408.29	1,600.00
4430-12-000	Contract-Inspections	0.00	125.00	125.00	1,335.00	1,125.00	-210.00	1,500.00
4430-13-000	Contract-HVAC	0.00	250.00	250.00	2,820.75	2,250.00	-570.75	3,000.00
4430-15-000	Contract-Video Surveillance	110.00	41.67	-68.33	170.00	375.03	205.03	500.00
4430-18-000	Contract-Alarm Monitoring	0.00	75.00	75.00	824.49	675.00	-149.49	900.00
4430-19-000	Contract-Sprinkler Monitoring	0.00	125.00	125.00	1,425.00	1,125.00	-300.00	1,500.00
4430-99-000	Contract Costs-Other	0.00	0.00	0.00	124.75	0.00	-124.75	0.00
4439-00-000	Total Contract Costs	638.86	1,266.67	627.81	14,749.04	11,400.03	-3,349.01	15,200.00
4499-00-000	TOTAL MAINTENANCE AND OPERATIONAL EXPENSES	3,191.93	4,237.41	1,045.48	36,509.49	38,136.69	1,627.20	50,849.00
4500-00-000	GENERAL EXPENSES							
4510-00-000	Insurance-Other	19.82	15.00	-4.82	151.18	135.00	-16.18	180.00
4510-10-000	Property Insurance	478.52	465.42	-13.10	3,465.87	4,188.78	722.91	5,585.00
4510-20-000	Liability Insurance	119.62	185.00	65.38	893.22	1,665.00	771.78	2,220.00
4510-30-000	Workmen's Compensation	73.45	51.25	-22.20	525.22	461.25	-63.97	615.00
4521-00-000	Misc. Taxes/Licenses/Insurance	42.51	87.50	44.99	382.59	787.50	404.91	1,050.00
4570-00-000	Bad Debt-Tenant Rents	0.00	208.33	208.33	0.00	1,874.97	1,874.97	2,500.00
4599-00-000	TOTAL GENERAL EXPENSES	733.92	1,012.50	278.58	5,418.08	9,112.50	3,694.42	12,150.00
4800-00-000	FINANCING EXPENSE							
4851-00-000	Interest Expense-Loan 1	1,365.00	1,365.00	0.00	12,285.00	12,285.00	0.00	16,380.00
4899-00-000	TOTAL FINANCING EXPENSES	1,365.00	1,365.00	0.00	12,285.00	12,285.00	0.00	16,380.00
8000-00-000	TOTAL EXPENSES	20,640.04	19,039.58	-1,600.46	167,679.53	171,356.22	3,676.69	228,475.00
9000-00-000	NET INCOME	2,853.12	3,716.59	-863.47	30,971.69	33,449.31	-2,477.62	44,599.00

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024 , and ending , 20																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td colspan="2">C Name of organization SHENANDOAH HOUSING CORPORATION</td><td>D Employer identification number 54-1583954</td></tr><tr><td colspan="2">Doing business as</td><td>E Telephone number (540) 434-7386</td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td></td></tr><tr><td colspan="2">P.O. Box 1071</td><td></td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG , VA 22803</td><td>G Gross receipts \$ 32,294.</td></tr><tr><td colspan="2">F Name and address of principal officer: Michael G. Wong, 286 KELLY STREET, HARRISONBURG , VA 22803</td><td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.</td></tr><tr><td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td><td>H(c) Group exemption number</td></tr><tr><td colspan="2">J Website: N/A</td><td></td></tr><tr><td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td><td>L Year of formation: 2001 M State of legal domicile: VA</td></tr></table>	C Name of organization SHENANDOAH HOUSING CORPORATION		D Employer identification number 54-1583954	Doing business as		E Telephone number (540) 434-7386	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		P.O. Box 1071			City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG , VA 22803		G Gross receipts \$ 32,294.	F Name and address of principal officer: Michael G. Wong, 286 KELLY STREET, HARRISONBURG , VA 22803		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: N/A			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2001 M State of legal domicile: VA
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2001 M State of legal domicile: VA																										

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To provide housing for low income families.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 0	
	6	Total number of volunteers (estimate if necessary)	6 0	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,901.	32,294.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,901.	32,294.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,673.	21,950.
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,673.	21,950.
	19	Revenue less expenses. Subtract line 18 from line 12	-10,772.	10,344.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,240.	14,584.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,240.	14,584.

Part II Signature Block

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

Sign Here

Signature of officer

Date

MICHAEL WONG, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Preparer's name Michael H. Vicars	Preparer's signature Michael H. Vicars	Date 10/03/2025	Check <input type="checkbox"/> if self-employed	PTIN P01470822
Firm's name DOOLEY & VICARS CERTIFIED PUBLIC			Firm's EIN 54-1950231	
Firm's address 1100 BOULDERS PARKWAY, NORTH CHESTERFIELD, VA 23225			Phone no. (804) 355-2808	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions. **BAA**

Cat. No. 11282Y

REV 09/03/25 PRO

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:To provide housing for low income families.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 21,950. including grants of \$ 0.) (Revenue \$ 32,294.)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 21,950.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	
17	Section 501(c)(21) organizations. 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.	17	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 Christine Halterman, 286 Kelly Street, , Harrisonburg, , VA 23802 (540)434-7386

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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.	156,467.	21,899.
(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)										
1b Subtotal								0.	156,467.	21,899.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	156,467.	21,899.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	OTHER INCOME	925120	32,294.	32,294.	0.	0.
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . .					
	g	Total. Add lines 2a-2f			32,294.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a	-----					
	b	-----					
	c	-----					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			32,294.	32,294.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE	21,950.	21,950.	0.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,950.	21,950.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	726.	9	710.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,514.	15	13,874.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,240.	16	14,584.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,240.	27	14,584.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,240.	32	14,584.
33 Total liabilities and net assets/fund balances	4,240.	33	14,584.	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,294.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,950.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,240.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,584.

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

SHENANDOAH HOUSING CORPORATION

Employer identification number

54-1583954

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			23,174.			23,174.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			23,174.			23,174.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						23,174.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4			23,174.			23,174.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,713.	2,889.		32,294.	36,896.
11 Total support. Add lines 7 through 10						60,070.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	38.58 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	83.43 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
b 33¹/₃% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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 Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

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. 2024: 32294.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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 questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

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

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

(i) Unrelated organizations? ☐ **3a(i)**

(ii) Related organizations? ☐ **3a(ii)**

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

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

Part VI Land, Buildings, and Equipment

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, 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) _____		
Total. (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) _____		
Total. (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	13,874.
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	13,874.

Part X Other Liabilities

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

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information

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

[illegible]

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**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SHENANDOAH HOUSING CORPORATION

Employer identification number

54-1583954

Part I Questions Regarding Compensation

	Yes	No
1a 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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
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	1b	
2 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?	2	
3 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. <div><input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee</div>		
4 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: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 x x x
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 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: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 x x
6 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 x x
7 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	7	x
8 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	8	x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 1 Vice President	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,467.	0.	0.	2,203.	9,996.	168,666.	0.
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)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE R
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
SHENANDOAH HOUSING CORPORATION	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.

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

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

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Return of Organization Exempt From Income Tax

2024

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning

, 2024, and ending

, 20

B Check if applicable:

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

C Name of organization

Lineweaver Annex Corporation

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

Room/suite

P.O. Box 1071

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

Harrisonburg, VA 22803

D Employer identification number

54-1583973

E Telephone number

5404347386

F Group Exemption

Number

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

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990).K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

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

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Line 16. Stmt	16	1,200.
	17	Total expenses. Add lines 10 through 16	17	1,200.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-1,200.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-44,430.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-45,630.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)	726.	24 710.
25 Total assets	726.	25 710.
26 Total liabilities (describe in Schedule O)	45,156.	26 46,340.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-44,430.	27 -45,630.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Development of Low Income Housing

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

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

28 <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"/>	28a	1,200.
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 <u>Other program services (describe in Schedule O)</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	1,200.

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
Michael G. Wong Vice President	1.00	0.	156,467.	21,899.
Melisa G. Michelsen Secretary/Treasurer	1.00	0.	0.	0.
Gil Colman Director	1.00	0.	0.	0.
Luciano Benjamin Director	1.00	0.	0.	0.
Kevin Coffman Director	1.00	0.	0.	0.
Shonda Green Director	1.00	0.	0.	0.
Kenneth Kettler Director	1.00	0.	0.	0.
Amanda Leech Director	1.00	0.	0.	0.
Janet Rogers 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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: <u>Christine Halterman</u> Telephone no. <u>(540) 434-7386</u> Located at: <u>286 Kelly St, Harrisonburg VA</u> ZIP +4 <u>22803</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

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

48		X
-----------	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
------------	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/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.

Sign Here	Signature of officer Michael G Wong, EXECUTIVE DIRECTOR		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michael H. Vicars	Preparer's signature Michael H. Vicars	Date 10/03/2025	Check <input type="checkbox"/> if self-employed	PTIN P01470822
	Firm's name DOOLEY & VICARS CERTIFIED PUBLIC			Firm's EIN 54-1950231	
	Firm's address 1100 BOULDERS PARKWAY, NORTH CHESTERFIELD, VA 23225			Phone no. (804) 355-2808	
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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	1,200.
Total	1,200.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Lineweaver Annex Corporation

Employer identification number

54-1583973

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	0 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	0 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input checked="" type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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>		
b 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>		
c 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>		
b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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 Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

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.)

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

September 2025

Prepared by Mary Walala, HCV Manager

1. PROGRAM SUMMARY

The project-based voucher (PBV) waitlist will be open for new applications beginning October 20th after successfully working with Yardi to merge the waitlists for Commerce Village, Lineweaver Apartments, Franklin Heights, and Lineweaver Annex. This consolidated waitlist will also serve as the selection pool for Commerce Village II tenants once the new units are added to the system. The merger marks a key milestone in improving program efficiency by eliminating multiple applications, streamlining applicant processing, and creating a more equitable, transparent selection process. Staff are finalizing the integration of Commerce Village II units in Yardi and updating automated messages to reflect the new structure. A public notice will be issued through our website, social media, and community partners to ensure broad community awareness of the opening. The Landlord Bulletin continues to be distributed on a regular basis, and we are pleased to report positive feedback and engagement from local landlords. In September, Mary attended the NAHRO National Conference in Arizona, where she participated in sessions that will help her improve program implementation. The insights gained will inform upcoming process improvements and community, as well as landlord outreach efforts.

2. VOUCHER UTILIZATION

Number of Vouchers Available (includes Ms5 and PBV): 979			
	Under Lease	Issued, Not Leased	Not Issued
Housing Choice Vouchers-MTW (Includes Project Based Vouchers):	697	3	181
Mainstream Vouchers:	47	1	50
Totals	744	4	231
Voucher Utilization Rate: 76%			

3. WAITING LISTS

Number of Applicants on All Waitlists: 4221					
Number of PBV Applicants by Bedroom Size	1	2	3	4	5
	764	456	334	94	13
Total Applicants on PBV Waitlist: 1661					
Total Applicants on TBV Waitlist: 2560					

4. FINANCIAL SUMMARY

Total funding received from HUD for MTW and Mainstream Vouchers:	\$850,579
Housing Assistance Payments (MTW and Mainstream Vouchers):	\$691,747
Administrative Costs:	\$38,177
Landlord and Family Self Sufficiency Incentives	\$5,175
Average HAP cost per unit:	\$988
Projected Variance for All Vouchers Combined:	\$115,480

**** See Variance Table Below**

Variance = Amount Received from HUD <i>minus</i> Actual Expenses	HUD	HRHA	VARIANCE BY CATEGORY
HAP Expense Payments	\$765,037	\$691,747	\$73,290
Administrative Expense Payments	\$85,542	\$38,177	\$47,365
Landlord Incentives	\$0	\$1,000	-\$1,000
Family Self Sufficiency Program Incentives	\$0	\$4,175	-\$4,175
Security Deposit Incentives	\$0	\$0	\$0
TOTAL VARIANCE (all categories)	\$850,579	\$735,099	\$115,480

5. HOUSING QUALITY AND INSPECTIONS

Number of Initial Inspections Completed: 49
Number of Units Passed: 33
Number of Units Failed: 16
Number of failed units that were re-inspected: 7
Number of re-inspected units that passed: 100%
Number of Landlords who have made NSPIRE updates 100%

Common Violations:

Smoke detectors, GFCI outlets, electrical issues

Other:

n/a

6. PROGRAM COMPLIANCE AND REGULATIONS**HUD Regulatory Compliance:**

No significant issues or violations to report.

There are no HUD Monitoring visits scheduled at this time.

Fair Housing Compliance:

All HCV program activities continue to follow fair housing guidelines.

No discrimination complaints or violations were reported this month.

7. LANDLORD PARTICIPATION AND ENGAGEMENT

Number of active landlords: 174

Landlord Outreach Efforts:

Landlords have been invited to "drop their name in a hat" for a drawing to get 2 tickets to the 70th anniversary event. Six landlords have responded with interest. Additionally, landlords were given opportunity to sponsor the event at different levels. one landlord has agreed to become a Gold Sponsor (\$150) for two tickets and mention in the event brochure.

8. SUCCESS AND CHALLENGES**Market Conditions**

As in prior months, market conditions remain unchanged and continue to present challenges.

Technology

No update

9. PROGRAM PERFORMANCE METRICS

Property/Voucher Type	New Admission	Transfer/ Change of Unit	Port-In	Property Total
Franklin Heights	2	0	0	2
Commerce Village	0	0	0	0
Lineweaver	0	0	0	0
Tenant-Based Vouchers	0	5	1	6
TYPE TOTAL	2	5	1	
Interim Certifications		Explanation of "Other" Certification:		
Income Decrease	4	ADDED 50058 FOR THREE CLIENTS TO CHANGE HAP RECIPIENT FROM OWNER TO PROPERTY MANAGER.		
Income Increase	5			
Household Change	2			
Owner-Led (rent change)	22	OTHER: DID NOT MEET THRESHOLD, NO CHANGE MADE, ADJUSTMENTS		
Other	6			
TOTAL	39			
End of Participation / Termination		Explanation of "Other" Certification:		
Didn't Complete Annual	1	0 OTHER: 3 PEOPLE PASSED AWAY, 1 WAS TERMINATED		
Gave Up Voucher	2			
Voucher Expired	2			
Other	4			
TOTAL	9			

MONTHLY REPORT – September 2025

HCV PARTICIPANTS

Employment	Education/Training	Goal Rewards
In Program: 28	Enrolled in GED: 2	Family Wellness.8
Employed: 16	Enrolled in ESL: 0	Financial Activities: 0 Employment. 0
Unemployed/Furlough: 11	Enrolled in Continuing Ed: 3	FSS Activities: 2
Medical Leave/ Disability or Maternity Leave: 9. Elderly:3	Education Activities Goal Reward.	Homebuyer Activity.1 Resume.
New jobs this month:0		Goal Rewards completed: 11

FRANKLIN HEIGHTS PARTICIPANTS

Employment	Education/Training	Goal Rewards
In Program: 60	Enrolled in GED:	Family Wellness. 10
Employed: 31	Enrolled in ESL:	Financial Activities: Employment.
Unemployed/Furlough: 24	Enrolled in Continuing Ed:(5)	FSS Activities.4 Education. 1
Medical Leave/ Disability or Maternity Leave: Elderly: 6	Educational Goal Reward:	Homebuyer Activities:7
New job this month:		Total Goal Rewards completed: 22

HARRISON HEIGHTS

Employment	Education/Training	Goal Rewards
In Program: 6	Enrolled in GED: 0	Family Wellness:0 Resume.0
Employed: 2	Enrolled in ESL:	Financial Activities:
Unemployed: 4	Enrolled in Continuing Ed	FSS Activities.1
Medical Leave/ Disability or Maternity Leave: 0. Elderly.	Education Activities Goal Reward: 1	Homebuyer Activities:1 Education. 0
New jobs these months:		Total Goal Rewards completed: 2

Program Highlights

Recent accomplishments

- **Enrollment:** FSS have enrolled two new residents.
- **Nutritional education:** In Collaboration with JMU, we have hosted The "Learning Kitchen" workshop hosted with JMU Dining Services. The event was designed to teach residents how to prepare healthy meals at home.
- **Homeownership:** In partnership with seven organizations, FSS hosted a homeownership workshop at the Simms Center to provide residents with information and resources on how to purchase their first home.
- **NAHRO Poster Contest:** A young participant in the FSS program won the national "What a Home Means to Me" Poster Contest, earning a spot for their artwork in the NAHRO 2026 calendar. This win will encourage more young people to join the art program.

- **Skills training:** The Sentara grant funds have been disbursed, and FSS staff are already accepting applications from participants who want to enroll in skills training.

FSS Coordinators:

Jacques Mushagasha & Victoria Hill

September 30, 2025

HRHA Maintenance Report

September, 2025

Year to Date

Work Orders

Property	Opening Balance	Created	Closed	Closing Balance
Bridgeport(bport)				
Commerce Village Operating(cvo)	0	<u>13</u>	<u>12</u>	<u>1</u>
Franklin Heights Operating(fho)	<u>3</u>	<u>45</u>	<u>46</u>	<u>2</u>
JR Polly Lineweaver(jrpl)	<u>1</u>	<u>37</u>	<u>35</u>	<u>3</u>
Lineweaver Annex Operating(lao)	<u>7</u>	<u>41</u>	<u>46</u>	<u>2</u>
Pleasant View(plesview)	0	<u>1</u>	<u>1</u>	0
Total	<u>11</u>	<u>137</u>	<u>140</u>	<u>8</u>

Work Orders Created

Property	W.O. created
Bridgeport	<u>3</u>
Commerce Village Operating(cvo)	<u>102</u>
Franklin Heights Operating(fho)	<u>430</u>
JR Polly Lineweaver(jrpl)	<u>352</u>
Lineweaver Annex Operating(lao)	<u>291</u>
Pleasant View(plesview)	<u>13</u>
Total	<u>1191</u>

Unit turns

Property	Opening Balance	Created	Closed	Closing Balance
Commerce Village Operating(cvo)	0	<u>1</u>	<u>1</u>	0
Franklin Heights Operating(fho)	0	<u>1</u>	0	<u>1</u>
JR Polly Lineweaver(jrpl)	0	0	0	0
Lineweaver Annex Operating(lao)	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Total	<u>1</u>	<u>3</u>	<u>2</u>	<u>2</u>

Unit turns

Property	
Commerce Village (cvo)	4
Franklin Heights Operating(fho)	8
JR Polly Lineweaver(jrpl)	8
Lineweaver Annex Operating(lao)	8
Total	28

Emergency Work Orders

Property	Created	Closed	
Commerce Village Operating(cvo)	0	<u>1</u>	<u>1</u> 0
Franklin Heights Operating(fho)	0	<u>1</u>	<u>1</u> 0
JR Polly Lineweaver(jrpl)	0	<u>2</u>	<u>2</u> 0
Lineweaver Annex Operating(lao)	0	<u>3</u>	<u>3</u> 0
Pleasant View	0	0	0 0
Total	0	7	7 0

Emergency Work orders

Property	
Commerce Village Operating(cvo)	2
Franklin Heights Operating(fho)	5
JR Polly Lineweaver(jrpl)	3
Lineweaver Annex Operating(lao)	9
Pleasant View	19
Total	

units off line due to maintenance issues 0

HRHA Maintenance Report - cont.

Contractors used this month:

New Direction

Otis Elevator

Comments on this month

Maintenance staff have been keeping up with work orders and unit turnovers.

Public Works is preparing to work on the sidewalk at Sterling Street. The retaining wall and railing are failing. They are proposing to remove the wall in favor of a small hill from the sidewalk to the existing grade. Public Works has assured us that they are taking new storm water patterns into account.

After some time, Otis Elevator was finally able to procure the parts needed to bring the Annex elevator into compliance with the city's requirements.

Commerce Village Program Management Summary Report

Month of: September 2025

1. Occupancy as of 09-30-2025

	VASH	HCV	Total
# of Leased Units	15	14	29
# of Move Ins	0	0	0
# of Move Outs	0	0	0
# of Evictions	0	1	1
# of Unlawful Detainers Filed	0	0	0

2. Current Tenant Accounts Receivable

Current Total Owed				
Delinquent Accounts	0-30 days	31-60 days	61-90 days	90+ days
	0.00	0.00	0.00	60.00
Current Month Rent/HAP Charged	22,395.00			
Amount Collected (Rent/HAP)	22,519.00			
Late Fees Applied	0			
Late Fee Amount Billed	0.00			

1. Comment on accomplishments and/or challenges experienced during the month

90+ resident who owes for lost keys, no income
November 21, 2025 JMU providing Thanksgiving meal

I hereby certify the above information is true and complete to the best of my knowledge.

Signed: *Sandra Lowther*

Date: 09-30-2025

Franklin Heights Program Management Summary Report

Month of: September 2025

1. Occupancy (as of the last day of the month)

	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5 bdrms	Total
# of Leased Units	18	38	56	12	4	127
# of Move Ins						
# of Move Outs						
# of Evictions						
# of Unlawful Detainers Filed		1				

2. Current Tenant Accounts Receivable

Current Total Owed	\$90,126			
Delinquent Accounts	0-30 days	31-60 days	61-90 days	90+ days
	11,727.29	2,904.00	815.75	74,679.16
Current Month Rent/HAP charged	\$210,360.18			
Amount Collected (Rent/HAP)	\$202,151.32			
Late Fees Applied (date)	9/12/2025			
Late Fee Amount Billed (amount)	\$993.00			

3. Comment on accomplishments and/or challenges experienced during the month.

*Addressing several issues between neighbors

*working with FSS to help tenants with their budgets to make sure rent is being paid on time.

*working court for repayments not being paid

* working with maintenance on cleaning out gutters on Myrtle, Reservoir and Sterling, most are cleaned out

I hereby certify the above information is true and complete to the best of my knowledge.

Signed: Christa Good Date: 10/3/25

JR Polly Lineweaver Program Management Summary Report

Month of: September 2025

1. Occupancy (as of the last day of the month)

	Efficiencies	1 Bedroom	Total
# of Leased Units	47	14	61
# of Move Ins	0	0	0
# of Move Outs	0	0	0
# of Evictions	0	0	0
# of Unlawful Detainers Filed	0	0	0

2. Tenant Accounts Receivable

Current Total Owed	\$11,760.35			
Delinquent Accounts	0-30 days	31-60 days	61-90 days	90+ days
	\$1,536.17	\$1,626.00	\$322.00	\$8,276.18
Current Month Rent/HAP Charged	\$40,879.17			
Amount Collected (Rent/HAP)	\$40,825.00			
Late Fees Applied (date)	09/12/2025			
Late Fee Amount Billed (amount)	\$76.00			

3. Comment on accomplishments and/or challenges experienced during the month

Richard with Strength in Peers has reported that he has had a higher level of engagement with the tenants this month. He stated more people have been coming in to talk one on one with him, which is an improvement from previous months.

I hereby certify the above information is true and complete to the best of my knowledge.

Signed: Natalie Gazzara Date: 10/2/2025

Lineweaver Annex Program Management Summary Report

Month of: September 2025

1. Occupancy (as of the last day of the month)

	1 Bedroom
# of Leased Units	55
# of Move Ins	1
# of Move Outs	1
# of Evictions	1
# of Unlawful Detainers Filed	0

2. Current Tenant Accounts Receivable

Current Total Owed	\$30,121.34			
Delinquent Accounts	0-30 days	31-60 days	61-90 days	90+ days
	\$5,083.50	\$1,226.00	\$190.11	\$23,621.73
Current Month Rent/HAP Charged	\$55,026.00			
Amount Collected (Rent/HAP)	\$54,927.00			
Late Fees Applied (date)	9/12/2025			
Late Fees Applied (amount)	\$115.00			

3. Comment on accomplishments and/or challenges experienced during the month (including resident services provided, delays in contract services, needs for support/welfare checks, etc.)

Richard with Strength in Peers has reported that he has had a higher level of engagement with the tenants this month. He stated more people have been coming in to talk one on one with him, which is an improvement from previous months.

I hereby certify the above information is true and complete to the best of my knowledge.

Signed: Natalie Gazzara Date: 10/03/2025

Harrisonburg Redevelopment & Housing Authority Report

Financial Report as of September 30, 2025

LOCAL COMMUNITY DEVELOPMENT

Cash:	First Bank & Trust-Operating Funds		\$75,339.77
		Total	\$75,339.77
	AR Due from:		
	JR Polly Lineweaver Apartments	\$349,354.30	
	Housing Choice Voucher Program	\$0.00	
	Commerce Village, LLC	\$0.00	
	Franklin Heights, LLC-Operating/Debt Servicing	\$0.00	
	Commerce Village II	\$50,278.44	
	Glen's Fair Price/JRL/LAO	\$20,860.86	
	EPHO	\$122,027.95	
		\$542,521.55	

HOUSING CHOICE VOUCHER PROGRAM

Cash:	Truist-Checking Account		\$157,479.49
		Total	\$157,479.49

J.R. POLLY LINEWEAVER APARTMENTS

Cash:	United Bank-Checking Account		\$4,123.45
		Total	\$4,123.45

ALL PROGRAMS-FH, LW, JRL

Cash:	United Bank-Security Deposit Account		\$222,103.31
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COMPONENT UNITS

Franklin Heights, LLC

Cash:	United Bank-Checking Account		\$574,667.42
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Commerce Village, LLC

Cash:	First Bank & Trust		\$288,003.46
	Virginia Housing-Replacement Reserve Account		\$84,870.43
	Truist-Operating Reseve Account		\$133,974.60

	<u>Grand Total</u>	<u>\$1,540,561.93</u>
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**Harrisonburg Redevelopment & Housing Authority Report
YTD Financial Report as of September 2025**

	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
LOCAL COMMUNITY DEVELOPMENT									
First Bank & Trust	\$58,899.97	\$77,645.45	\$188,131.91	\$39,640.32	\$148,623.75	\$29,070.82	\$18,884.37	\$161,975.54	\$75,339.77
HOUSING CHOICE VOUCHER PROGRAM									
Truist-Checking	\$141,439.33	\$198,290.43	\$127,228.57	\$149,712.83	\$157,142.51	\$164,851.40	\$185,962.96	\$145,720.84	\$157,479.49
J.R. POLLY LINEWEAVER APARTMENTS									
United Bank-Checking	\$2,637.50	\$51,906.91	\$5,673.55	\$45,384.95	\$10,432.34	\$5,158.34	\$13,488.34	\$9,393.45	\$4,123.45
ALL PROGRAMS-FH, LW, JRL, CVO									
United Bank-Security Dep.	\$223,694.66	\$210,179.75	\$209,581.95	\$211,004.87	\$213,888.26	\$217,055.05	\$217,455.88	\$220,180.46	\$222,103.31
COMPONENT UNITS									
Franklin Heights, LLC									
United Bank-Checking	\$359,588.15	\$484,086.17	\$561,374.37	\$555,204.88	\$755,545.19	\$937,822.02	\$496,603.23	\$496,272.55	\$574,667.42
Commerce Village LLC									
First Bank & Trust	\$213,363.26	\$92,773.26	\$260,303.09	\$280,445.09	\$287,455.63	\$289,103.80	\$290,696.02	\$259,138.25	\$288,003.46
VA Housing-Repl Reserve	\$83,224.88	\$77,473.14	\$78,509.94	\$79,574.05	\$80,621.90	\$81,694.14	\$82,748.32	\$83,815.32	\$84,870.43
Truist-Operating Reserve	\$133,531.19	\$133,582.42	\$133,936.16	\$133,694.09	\$133,750.88	\$133,805.86	\$133,862.69	\$133,919.55	\$133,974.60
Total	\$1,216,378.94	\$1,325,937.53	\$1,564,739.54	\$1,494,661.08	\$1,787,460.46	\$1,858,561.43	\$1,439,701.81	\$1,510,415.96	\$1,540,561.93