Internal Revenue(Service

Return of Organization Exempt From Income Tax

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

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

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

2018

Open to Public

Inten	nal Re	venue	Service	▶ Go to	www.irs.gov/Form990 for in	structions a	ind the latest info	matic	n.			nspection	
Α	For	the 2	2018 calend	lar year, or tax year beg	inning	01-	01 , 2018, and e	ending]	12-	-31 ,2018		
В	Chec	k ıf ap	plicable	C Name of organization VIC	CTORIA JENNINGS RESI	DENCES,	LTD.) Employe	er identification no	
	Addr	ess ch	ange	Doing business as							31-151	.4404	
	Nam	e char	nge	Number and street (or PO	box if mail is not delivered to street addi	ess)		Roo	m/suite	E	Telephon	e number	
	Initial	return	1	624 W 61ST ST	REET			OI	rc		(773) 9	94-3690	
	Final	retum	/terminated	City or town, state or province	ce, country, and ZIP or foreign postal co	de		G Gross receipts					
	Ame	nded n	etum	CHICAGO, IL 6	0621						\$	554,970	
	Appli	cation	pending	F Name and address of princi	pal officer LORETTA ARC	ENEAUX		н	(a) is this a group	return for	subordinates?	Yes X No	
				Same as C abo	ve		2	н	(b) Are all subo	rdınates	ıncluded?	Yes No	
<u> </u>	Тах-е	xempt	status X	501(c)(3) 501(c) () 4 (insert no) 4947(a)	(1) or	527		If "No," a	attach a	list (see ins	tructions) .	
<u></u>	Webs	site:	N/A			,	0 -	Н	(c) Group exer	nption n	umber 🕨		
K	Form	of org	panization 🛚	Corporation Trust A	Association Other		L Year of formation	1997	M State	of legal	domicile	IL	
Pa	art l		Summar	у		,							
		1 (Briefly descri	be the organization's miss	sion or most significant activitie	s AFF	ORDABLE HOUS	ING	FOR THE	DIS	ABLED.		
٥		_											
Governance													
Ĕ		_											
Š		2 (Check this be	ox 🕨 🔲 if the organization	on discontinued its operations of	r disposed o	of more than 25% of	its ne	t assets.				
ග නේ		3 1	Number of vo	oting members of the gove	erning body (Part VI, line 1a)					3		12	
Se		4 1	Number of in	dependent voting membe	ers of the governing body (Part '	VI, line 1b)				4		12	
Ϋ́		5	Total number	of individuals employed i	n calendar year 2018 (Part V, I)	ne 2a)				5		6	
Activities	İ	6	Total number	of volunteers (estimate if	necessary) · · · · · ·					6			
٩		7a ¯	Total unrelate	ed business révenue from	Part VIII, column (C), line 12	· · · · P	ECEIVED		7	7a		0	
		b I	Net unrelated	d business taxable income	e from Form 990-T, line 38	1	<u> </u>	<u>. 7</u>		7b		0	
						121 "	111 0 4 0040	्रि	Prior Year		Cu	rrent Year	
		8 (Contributions	s and grants (Part VIII, line	e 1h) • • • • • • • • • • • • • • • • • • •	[[]	JN . 2 4 .2019. [Ö	469	<u>, 258</u>		491,525	
ŭ			•	nce revenue (Part VIII, lin				$\exists \S$	53	<u>, 57</u> 8		62,689	
Revenue	1	0 1	Investment in	ncome (Part VIII, column ((A), lines 3, 4, and 7d) · · ·] · · · O	GDEN, UT∣					0	
æ	1	1 (Other revenu	ie (Part VIII, column (A), li	ines 5, 6d, 8c, 9c, 10c, and 11e	e)			ļ	512		756	
	_ 1	2	Total revenue	e - add lines 8 through 11	(must equal Part VIII, column (A), line 12)			523	,348		554,970	
	1	3 (Grants and s	imilar amounts paid (Part	IX, column (A), lines 1-3)							0	
	1	4 E	Benefits paid	to or for members (Part I	X, column (A), line 4) · · ·							0	
s	1	5 5	Salanes, othe	er compensation, employe	e benefits (Part IX, column (A)	, lines 5-10)			270	,514		283,648	
ıse	1	6a F	Professional	fundraising fees (Part IX,	column (A), line 11e) · · ·							0	
Expenses		Ь	Total fundrais	sing expenses (Part IX, co	olumn (D), line 25)		0						
·Щ	1	7 (Other expens	s (Part IX, column (A), lines 11a-11d, 11f-24e)					278,89			322,595	
				es Add lines 13-17 (mus		549,40				606,243			
		9 F	Revenue less	s expenses Subtract line	18 from line 12				(26	,060)	(51,273)	
Net Assets or	ğ						-	Begini	ning of Current		En	d of Year	
set	<u> </u>			(Part X, line 16)	• • • • • • • • • • • • • • • •		· <i>•</i> • • • • •		2,581	,767		2,549,421	
¥.	[2			s (Part X, line 26)					3,341			3,360,792	
				fund balances Subtract	t line 21 from line 20 · · · ·	• • • • •			(760	,098)	(811,371)	
$\overline{}$	ırt l			re Block									
true	er pei , com	naiues ect, an	d complete>Dec	claration, of preparer (other than c	tum, including accompanying schedules officer) is based on all information of wh	and statement och preparer has	s, and to the best of my (s any knowledge.	diowied	ge and belief, it	ıs			
			Ž		3. 1					1/	-11/	10	
Sig	ın			e of officer	am p					Date	797	7	
He										Date			
nei	E			Y C. BARNES, JR.	, PRESIDENT								
			<u> </u>		T		Date			— ₁			
Pai	d		Pnnt/Type pre		Preparer's signature	_			Check	- 1	TIN		
Pre		or	ROBIN W		1 Work		06-11-2019	т —	self-employe		P0138		
Use			Firm's name		KER GROUP, LLC				's EIN P	2/-(<u> </u>	/5	
Jol	. J	y	Firm's address		INTINGTON DRIVE			Phor				_	
	th-	IDC	diagram 45		CITY IL 60409			1	87	/2-4	<u>65-342.</u> ⊽		
					hown above? (see instructions)	• • • •		• • •		• • •		Yes No	
	rap	erwo	ork Keductio	on Act Notice, see the s	eparate instructions.							orm 990 (2018)	
EEA											5-	26	
											つつ	صم	

	990 (2018) VICTORIA JENNINGS RESIDENCES, LTD. 31-1514404 Page 2									
Ŗа	Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission									
	AFFORDABLE HOUSING FOR THE DISABLED.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?									
	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?									
	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.									
	the total expenses, and revenue, if any, for each program service reported.									
•	(Out) (Community of the control of t									
4a	(Code) (Expenses \$606,243 including grants of \$) (Revenue \$62,689)									
	PROGRAM PROVIDES SERVICES TO DISABLED CITIZENS INCLUDING 23 UNITS OF HOUSING, SPECIAL									
	ACTIVITIES AND REFERRAL SERVICES FOR APPROXIMATELY 67 RESIDENTS.									
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)									
4-	/O-d- \/\(\text{Consequence}\)									
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)									
A-1	Other program convece (Decembers Schedule O.)									
4d	Other program services (Describe in Schedule O)									
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses 606,243									



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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Х assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Ycs," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," their complete Schiedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

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Form 990 (2018) VICTORIA JENNINGS RESIDENCES, LTD. 31-1514404 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ PartJX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ employees? If "Yes," complete Schedule J 23 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 Х 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Χ 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? Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 21 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family momber of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b c An entity of which a current or former officer, director, tructee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a ь controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V

			res	IAO		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?	1c	Х			

Form 990 (2018) VICTORIA JENNINGS RESIDENCES, LTD.

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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
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 chantable 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		
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u></u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
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			
	sponsoning organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			- }
b	Gross income from other sources (Do not net amounts due or paid to other sources			}
	against amounts due or received from them)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		_	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		j	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		Ī	
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Page 6 VICTORIA JENNINGS RESIDENCES, LTD. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section, A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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 Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 8a Х The governing body? Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Illinois 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 X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records LORETTA ARCENEAUX (773)994-3690, 624 W. 61ST STREET, CHICAGO, IL 60621

om 990 (201	8) VICTORIA JENNINGS RESIDENCES, LTD.	31-1514404	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employees	, an
	Independent Contractors		

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related	d organization o	compe	nsat			urrent	offic	er, director, or trust	ee.	
(A) Name and Title	(B) Average hours per week (list any hours for	box	unle: er an	Po: eck m ss per	son !	han one s both ar /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee ' - '	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LEROY C. BARNES, JR.	- 									
PRESIDENT		Х						0	0	0
(2) BERNARD P. MCCANN, SR.	_									
1ST VICE PRESIDENT		Х	L					0	0	0
(3) DOLLIE J. SHAW	_					•			-	
SECRETARY		Х						0	0	0
(4) ROSIE J. CARTER	_									
ASSISTANT SECRETARY		Х						0	0	0_
(5) REGINA BRADSHAW-GIBSON										
TREASURER		Х						0	0	0
(6) ELDER ARTHUR L. THOMPSON	_									
ASSISTANT TREASURER		X						0	0	0
(7) RUTH HAMILTON										
DIRECTOR		X						0	0	0
(8) ALICE F. MCCANN										
DIRECTOR		X						0	0	0
(9) JESSIE RAGSDALE										
DIRECTOR		X						. 0	0	0
(10)ELDER LESLIE BULLOCK										
DIRECTOR		Х						0	0	0_
(11)DAVID_WILSON_										
SERGEANT AT ARMS		Х						0	0	0
(12)ROSE BELL										
DIRECTOR		Х						0	0	0_
(13)LORETTA ARCENEAUX	40.00									
PROJECT MANAGER	- [X				58,396	0	19,488
(14)										
•							لـــا			

Page 8

Part	VII Section A. Officers, Directors, Trustees,	Key Employe	es, ar	nd Hi	ighe	st C	ompe	ensa	ted Employees (co	ontinued)			
	(A) Name and title	(B) Average hours per week (list any	box, u	inless ir and	pers	ition ore tha on is l	an one both an rustee)	_	(D) Reportable compensation from	(E) Reportable compensation from related	l .	(F) slimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensati from the ganization nd relate janizatio	e on edi
							•						
(15)													
<u>(16)</u>													
<u>(17)</u> _													
<u>(18)</u>							·						
<u>(19)</u>													
(20)_													
(21)_							-						
<u>(22)</u>													
(23)_													
(24)_												, ,	-
(25)_													
1b	Sub-total							•					
c d	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)							>	58,396	0		197,4	488
2	Total number of individuals (including but not limited t												100
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director, or	r trustee, key	employ	yee,	or hi	ghes	st com	pens	sated				
ā	employee on line 1a? If "Yes," complete Schedule J fo										3		X
4	For any individual listed on line 1a, is the sum of repo organization and related organizations greater than \$1	•					•						
	ındıvıdual										4		Χ
5	Did any person listed on line 1a receive or accrue con	•		•			•						-
Secti	for services rendered to the organization? If "Yes," co. on B. Independent Contractors	mpiete Scried	dule J i	ior si	ucn	pers	OH			· · · · · · · ·	5		X
1	Complete this table for your five highest compensated compensation from the organization. Report compens												
	year (A)	- ,=							(B)			(C)	
	Name and business address								Description of s	services	Comp	ensatio	n
								<u>-</u>					
2	Total number of independent contractors (including bi			e lis	ted a	abov	e) who	D	1.				

	l l	(I) Neai	(U) I CISOREI	1		1	I
6a	Gross rents			_			
b	Less rental expenses · · · ·			1			
C	Rental income or (loss)						
d	Net rental income or (loss) -		.				
7a	Gross amount from sales of assets other than inventory	(ı) Secuntes	(ii) Other	- -			
b	Less cost or other basis and sales expenses						
	Gain or (loss)						
¯ d	Net gain or (loss) · · · · · ·		<u> </u>	-	-		-
8a	Gross income from fundraising						
	events (not including \$			•			
	of contributions reported on line	1c)					
	See Part IV, line 18 · · · · ·	a					

Other Revenue

b Less direct expenses · · · · · · b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold b c Net income or (loss) from sales of inventory · · · · · · ▶

See Part IV, line 19 a

c Net income or (loss) from fundraising events

9a Gross income from gaming activities

Miscellaneous Revenue	Business Code				
11a INTEREST INCOME	900099	209	209		
b TENANT CHARGES	900099	547	547		
c					
d All other revenue				•	
e Total. Add lines 11a-11d		756			
12 Total revenue. See instructions	▶ 「	554,970	63,445	0	

Form 990 (2018) VICTORIA JENNINGS RESIDENCES, LTD. 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)

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign			-	
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,994	77,994		
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 salanes and wages	146,119	146,119		
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	43,464	43,464		
0	Payroll taxes	16,071	16,071		
1	Fees for services (non-employees)			T	
а	Management	21,012	21,012		
þ	Legal				
C	Accounting	16,484	16,484		
d	Lobbying · · · · · · · [
е	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.)	90,346	90,346		
2	Advertising and promotion				
3	Office expenses	36,907	36,907		•
4	Information technology				
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6	Occupancy	48,179	48,179		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,145	3,145		
0	Interest · · · · · · · · · · · · · · · · · · ·	244	244		•
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	91,476	91,476		· · · · · · · · · · · · · · · · · · ·
3	Insurance	13,612	13,612		
4	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	RENTING EXPENSES	668	668		
ь	MISCELLANEOUS TAXES, LICENSES	210	210	-	
c	FINANCIAL EXPENSES	312	312		
ď		312	312		
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	606,243	606,243	0	
5	Joint costs. Complete this line only if the	000,243	000,243	- 0	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ 🔲 if				

Form 990 (2018) VICTORIA JENNINGS RESIDENCES, LTD. 31-1514404 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 1 Cash - non-interest-bearing 2,596 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 10,305 4 4 1,406 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 7 Inventones for sale or use 8 9 9 12,635 Prepaid expenses and deferred charges 10,193 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 3,435,208 2,229,302 10c 2,173,264 1,261,944 11 Investments - publicly traded securities 11 12 12 Investments - other securities | See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 15 340,866 15 350,621 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,549,421 2,581,767 17 Accounts payable and accrued expenses 17 23,093 35,800 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 6,432 6,400 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 3,237,020 23 3,237,020 24 Unsecured notes and loans payable to unrelated third parties 24 6,252 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 75,320 75,320 26 Total liabilities. Add lines 17 through 25 26 3,360,792 3,341,865

Organizations that follow SFAS 117 (ASC 958), check here > X and

Organizations that do not follow SFAS 117 (ASC 958), check here

| and |

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Temporanly restricted net assets

complete lines 30 through 34.

Form 990 (2018)

(811,371)

(760,098)

(760,098)

2,581,767

27

28

29

30

31

32

Net Assets or Fund Balances

27

28

29

30

31

32

33

		1-151440	4	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		554,	970
2	Total expenses (must equal Part IX, column (A), line 25)	2	(506,2	243
3	Revenue less expenses. Subtract line 2 from line 1	3		(51,	<u> 273)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(760,0	98)
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses · · · · · · · · · · · · · · · · · ·	7			
8	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	'			
	33, column (B))	10	(8	311,3	371)
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. U </u>
				Yes	No
1	Accounting method used to prepare the Form 990	_			
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis]
b	Were the organization's financial statements audited by an independent accountant?	• • • • •	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				}
	separate basis, consolidated basis, or both:				}
	Separate basis Consolidated basis Both consolidated and separate basis				1
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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	• • • • • •	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Χ	
EEA	•		Form	990 (2	2018)

SCHEDULE A

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.

2018

Open to Public

OMB No 1545-0047

Inspection

(Form 990 or 990-EZ) Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Employer identification number Name of the organization VICTORIA JENNINGS RESIDENCES, LTD 31-1514404 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (v) Amount of monetary (i) Name of supported organization (ii) EIN (III) Type of organization (IV) is the organization (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

990 or 990-EZ) 2018 VICTORIA JENNINGS RESIDENCES, LTD. 31-1514404
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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

	mon ku i dane eappen						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	374,573	420,935	435,542	469,258	491,525	2,191,833
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 · · · · · ·	374,573	420,935	435,542	469,258	491,525	2,191,833
5	The portion of total contributions by		120,000				
	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						2,191,833
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · · ·	374,573	420,935	435,542	469,258	491,525	2,191,833
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,562	48,839	52,017	53,578	62,689	276,685
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,943	215	2,445	2,471	756	24,830
11	Total support. Add lines 7 through 10 .						2,493,348
12 ~	Gross receipts from related activities, etc (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>		section 501(c)(3)		
	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2018 (line 6, co	• • • • •)			87.91 % <u> </u>
15	Public support percentage from 2017 Schedu						37.14 %
16a	33 1/3% support test - 2018. If the organization						. 🗊
	hox and stop here . The organization qualifies		-				· · · ▶ 🛚
b	33 1/3% support test - 2017. If the organizat						. 🗖
	this box and stop here . The organization qua						••• ▶ ⊔
17a	10%-facts-and-circumstances test - 2018.	•					
	10% or more, and if the organization meets th		•	•	•		
	Part VI how the organization meets the "facts						. п
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017.	-					
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meets			-			
40							· · · · • 📙
18	Private foundation. If the organization did no						、 □
	instructions					· · · · · · · · · · · · · · · · · · ·	··· • <u> </u>

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation, If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

31-1514404

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	
---	--

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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in 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 (b) and (c) bolow (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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		Yes	No
	1		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
-	5с		
	6		
	-	,	
	7		
	9a	_	
	9b		
	9c		
	10a		<u> </u>
	10b		

Pa	rt IV Supporting Organizations (continued)			
-			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	bolow, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations			·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			i 1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	•		. 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			لـــــا
	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			i
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	۲,		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	,		
	supervised, or controlled the supporting organization.	2	L	L
Sec	ction 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			لـــــا
	the supported organization(s).	1		
Sec	ction 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			i
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		لـــــا
	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		
	Description of the sector of sector (0) and the assessmentical assessment assessment assessment belong to the sector of the sect	,		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Car	supported organizations played in this regard.	<u> </u>		<u> </u>
	ction E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tree.f	ionsi	
1)u acti	ionsj	
a				
		caa in	etruct	(enor
_	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test Answer (a) and (b) below. 	300 111	Yes	
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
č	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,			1 1
	how the organization was responsive to those supported organizations, and how the organization determined			-
	that these activities constituted substantially all of its activities	2a		-
٠	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> </u>	<u> </u>	1
•	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	1		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? <i>Provide details in Part VI.</i>	3a		
ŀ	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 Organia	naniza	ations	1 age 1
Check here if the organization satisfied the Integral Part Test as a qualifying the Integra			ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
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)
Aggregate fair market value of all non-exempt-use assets (see	1'-		
instructions for short tax year or assets held for part of year).	,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· · · · · · · · · · · · · · · · · · ·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	,		
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	*		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 ,		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Sched	ule A (Form 990 or 990-EZ) 2018 VICTORIA JENNINGS RESIDER T V Type III Non-Functionally Integrated 509(a)(3	NCES, LTD. B) Supporting Organia	. 31-15: zations (continued)	.4404 Page 7	
Sec	ction D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions		
4	Amounts paid to acquire exempt-use assets			•	
	Qualified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in Part VI). See instructions.	-			
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·			
			(ii)	(iii)	
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6	织			
2	Underdistributions, if any, for years prior to 2018	e de la companya de l			
	(reasonable cause required - explain in Part VI). See	1			
	instructions	þ .		1	
3	Excess distributions carryover, if any, to 2018	<u> </u>		i	
	From 2013				
b	From 2014				
	From 2015				
	From 2016				
е	From 2017				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	Carryover from 2013 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7: \$				
- a	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount	•	1 =		
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018 Subtract lines 3h		1,	•	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2019. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016		· · · · · · · · · · · · · · · · · · ·	<u>'</u>	
	Excess from 2017			-	
	Excess from 2018			<u>.'</u>	

Schedule A (Form 990 or 990-EZ) 2018 VICTORIA JENNINGS RESIDENCES, LTD. 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.)
01. Other income (Part II, line 10 or Part III, line 12)
DESCRIPTION: TENANT CHARGES 2015: 50. 2016: 446. 2017: 5. 2018: 547. DESCRIPTION: INTEREST
INCOME 2013: 193. 2014: 215. 2015: 192. 2016: 254. 2017: 257. 2018: 209. DEDSCRIPTION:
REMOVAL OF IRS PENALTIES DESCRIPTION: MISC REVENUE 2013: 18750. 2015: 2203. 2016: 1771.
2017: 250
,

EEA

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

31-1514404 VICTORIA JENNINGS RESIDENCES, LTD. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 **▶** \$

	ule D (Form 990) 2018 VICTORIA JENNII	NGS RESIDENCES	, LTD.			31-151		Page 2
Pa	rt III Organizations Maintaining C						sets (con	tinued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its							
	collection items (check all that apply)	_						
а	Public exhibition		or exchange progr					
b	Scholarly research	e 🗌 Othe	er					
C	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how t	hey further the orga	anızatıon's exer	mpt purpo	se in Part		
	XIII							
5	During the year, did the organization solicit or rec							
	assets to be sold to raise funds rather than to be		the organization's c	ollection?	• • • •		<u>·· ∐ Y</u>	es No
Pa	rt IV Escrow and Custodial Arrang							
	Complete if the organization ar	nswered "Yes" on	Form 990, Pai	rt IV, line 9,	or repo	orted an amou	unt on Fo	rm
	990, Part X, line 21.	.						
1a	Is the organization an agent, trustee, custodian o							=
	included on Form 990, Part X?						Y	es 🛚 No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	table					
						Ar	nount	
C	Dogiming Datanes							
d	5 .,							
е								
f	Ending balance					.l	<u></u>	
2a	Did the organization include an amount on Form							
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the explana	tion has been provide	ded on Part XI	<u> </u>		• • • • •	· · · 🛚
Pa	rt V Endowment Funds.	1.057 . 0	F 000 D		_			
	Complete if the organization ar	nswered "Yes" on	Form 990, Pai	rt IV, line 10	J.	.,	<u> </u>	
		(a) Current year	(b) Pnor year	(c) Two years	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions			ļ				
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships			-				
е	Other expenditures for facilities and				- [
	programs · · · · · · · · · · · · · · · · · · ·							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current y		1g, column (a)) hek	d as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment							
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possession	n of the organization the	nat are held and adr	ministered for t	the			
	organization by						[<u></u>	Yes No
	(i) unrelated organizations · · · · · · ·						- 3a(i)	
	(ii) related organizations · · · · · · · ·	• • • • • • • • • •	. 				• 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			· · · · · · ·			- 3b	
4	Describe in Part XIII the intended uses of the org		it 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 othe	1 , ,	or other basis		Accumulated	(d) Book	c value
		(investme	ny	(other)	de	preciation		
1a	Land	•••		51,692	ļ	100		51,692
b	Buildings	• • •	3,	,152,380	1	1,123,707	2,0	28,673
c	Leasehold improvements	• • •						
d	Equipment	• • •		92,464	ļ	56,726		35,738
e_	Other · · · · · · · STMD1			138,672		81,511		57,161
Total	 Add lines 1a through 1e (Column (d) must equal 	al Form 990, Part X, c	olumn (B), line 10c.)		▶	2,1	.73,264

Schedule D (Form		NGS RESIDENCES, LTD	. 31-151	.4404 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, F	art 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 v	
(1) Financial of	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				<u> </u>
(D)				
(E)				• • •
(F)				
(G)				
(H)				
Part VIII	must equal Form 990, Part X, col (B) line 12) Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, P	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 v	
(1)				
(2)				
(3)			1	
(4)				
(5)				
(6)		•		
(7)				
(8)				
(9)		•		
Total (Column (b)	must equal Form 990, Part X, ∞l (B) line 13)		h c	·
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11d. See Form 990,	Part X, line 15.
	(a) D	Pescription		(b) Book value
(1) TENAN	T DEPOSITS			9,286
	CEMENT RESERVE			334,963
	RESERVES			5,175
(4) OTHER	NON-CURRENT ASSETS			1,197
(5)				
(6)				
(8)				
(9)	(1)			
	n (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.			350,621
Part X	Complete if the organization answere line 25.	d "Yes" on Form 990, P	art IV, line 11e or 11f. See Form	า 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal II		(b) Dook value		i
	CE ON LONG-TERM CONTRACT	75,32	<u> </u>	·
(3)	CE ON BONG-TERM CONTRACT	73,32	ř	
(4)				!
(5)			· ,	•
(6)				
(7)				'
(8)				
(9)				'
	must equal Form 990, Part X, col (B) line 25)	75,32	o	1

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2018 VICTORIA JENNINGS RESIDENCES, LTD.			1-1514404	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	579,612
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	24,642	1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d			2e	24,642
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·			3	554,970
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			334,310
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
a	Other (Describe in Part XIII)	4b		1	
b	Add lines 4a and 4b			4c	
_ C	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	EE4 070
5 Dai	t XII Reconciliation of Expenses per Audited Financial State			1 - 1	554,970
rai				ei Retuili.	
	Complete if the organization answered "Yes" on Form 990, I	alti	v, iiile iza.		
1	Total expenses and losses per audited financial statements			1	630,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _	1		
а	Donated services and use of facilities	2a	24,642	4	
b	Prior year adjustments	2b		-	
С	Other losses · · · · · · · · · · · · · · · · · ·	2c		4 1	
d	Other (Describe in Part XIII.)	2d		I	
е	Add lines 2a through 2d			2e	24,642
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·			3	606,243
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	}			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 1	
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	606,243
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	1b an	d 2b, Part V, line 4; Part 2	X, line	
2; Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ldıtıona	l information		
01.	Escrow account liability (Part IV, line 2	2b)			
'he	organization is a custodian for a tenant security deposi	t acc	count.		
		,			
			·-·		
	•				
		_			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

2018 Opento Rublic Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

VICTORIA JENNINGS RESIDENCES, LTD.	31-1514404
01. Committee meeting documentation (Part VI, line 8b)	
There are no committees authorized to act on behalf of the governing bo	dy.
02. Form 990 governing body review (Part VI, line 11)	
Prior to filing, the auditor provides a draft and final copy of Form 99	0 to the entity.
The President of the Board of Directors signs the Form.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
Management's salary is subject to Department of Housing and Urban Devel	opment approval
that includes merit and cost-of-living increments.	
04. Governing documents, etc, available to public (Part VI, line 19)	
The governing documents and financial statements are available to the p	ublic, upon written
request, at the corporate office location.	
05. List of other fees for services expenses (Part IX, line 11g)	
DESCRIPTION MAINTENANCE CONTRACTS: 45399. SECURITY: 31892. OTHER REPAIR	S: 13055.