efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493310011048 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

	ment of the Treast l Revenue Service	Information about	ial security numbers on this f ut Form 990 and its instructio					n to Public spection		
A F	or the 2017 c	alendar year, or tax year begir	nning 01-01-2017 , and e	nding 12-31	-2017					
□ Ad	ck ıf applicable dress change me change	C Name of organization VIRGINIA NONPROFIT HOUSING CC	PALITION			D Employer 62-14294		on number		
	tial return	Doing business as								
	al return/terminated nended return	Number and street (or P O box if m	nail is not delivered to street addr	ess) Room/suit	te	E Telephone r	number			
	plication pending	1111 E MAIN STREET NO 1100				(804) 644	-1020			
		City or town, state or province, coul RICHMOND, VA 23219	ntry, and ZIP or foreign postal co	de		G Gross recei	pts \$ 22,37!	5,004		
		F Name and address of principal ROBERT W SCHABERG	al officer		H(a) Is th	nis a group retui				
		1111 E MAIN STREET NO 1100				ordinates? all subordinates		□Yes ☑ No		
T Ta	x-exempt status	RICHMOND, VA 23219			` ´ ınclu	ıded?		☐ Yes ☐No		
	ebsite: ► N/A	✓ 501(c)(3)	(insert no)	527		lo," attach a list up exemption ni	•	ructions)		
K Form	n of organization	Corporation Trust Asso	ociation Other ►		L Year of form	mation 1990 M	State of le	gal domicile VA		
Pa	rt I Sum	marv								
Activities & Governance	THE ÓRGA INCLUDIN SECTION	scribe the organization's mission of ANIZATION'S MISSION IS FOR CH IG BUT NOT LIMITED TO, FOSTER 501(C)(3) ORGANIZATIONS AND IT FOSTERS	ARITABLE AND EDUCATIONA ING LOW-INCOME AND MOD	ERATE-INCOM	1E HOUSING	, MAKING GIFT	S AND GR	ANTS TO OTHER		
705										
× 5		is box > if the organization dis of voting members of the governir					ets 3	7		
ties		of independent voting members of	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				4	4		
₹	5 Total nur	mber of individuals employed in ca	ilendar year 2017 (Part V, lin	e 2a)		•	5	C		
ĕ		mber of volunteers (estimate if ne	• •				6	7		
	1	related business revenue from Pari				•	7a	(
	b Net unre	lated business taxable income from	m Form 990-T, line 34		· · ·	rior Year	7b C	184,594 rrent Year		
	8 Contribu	tions and grants (Part VIII, line 1h	1)		F	750,00		5,618,886		
ēnua	1	service revenue (Part VIII, line 2g			2,609,19	+	3,697,739			
Rave	10 Investme	ent income (Part VIII, column (A),		438,00	5	1,868,818				
	11 Other re	venue (Part VIII, column (A), lines)		796,79	<u>'</u>				
		renue—add lines 8 through 11 (mu		••		4,594,00	<u> </u>			
		nd similar amounts paid (Part IX,				2,420,45	+	4,357,20		
		paid to or for members (Part IX, c								
Ses	·	other compensation, employee be onal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,	•						
Expenses	l <u>.</u>	raising expenses (Part IX, column (D), I	, ,,				-			
Щ		penses (Part IX, column (A), lines	·			1,056,87	9	1,076,110		
	18 Total exp	penses Add lines 13–17 (must equ	ual Part IX, column (A), line a	25)		3,477,33	o l	5,433,31		
	19 Revenue	less expenses Subtract line 18 fr	om line 12			1,116,67		6,721,906		
Net Assets or Fund Balances					Beginnın	g of Current Yea	r E	nd of Year		
ss et	20 Total ass	sets (Part X, line 16)				104,686,40	9	112,040,34		
A P	21 Total liab	oilities (Part X, line 26)				15,541,32	3	14,455,886		
žī.	22 Net asse	ts or fund balances Subtract line	21 from line 20			89,145,08	5	97,584,46		
know	penalties of p	perjury, I declare that I have examely, it is true, correct, and complete			er) is based					
Sign	Signat	cure of officer	Signature of officer 201							
Here	. l.									
пете		GE C HOWELL III CHAIRMAN								
	<u> </u>	or print name and title								
			Preparer's signature JAYME MIKA	Da			N 0852731			
——	1	or print name and title Print/Type preparer's name JAYME MIKA	JAYME MIKA	Da	Cl se	neck LJ If PO(elf-employed	852731			
Paid Pre	d parer	or print name and title Print/Type preparer's name	JAYME MIKA STGARY & SHREAVESPC	Da	Ch se Fi	neck 🗀 if POO	31262			
Paid Pre	d parer	or print name and title Print/Type preparer's name IAYME MIKA Firm's name KEITERSTEPHENSHUR	JAYME MIKA STGARY & SHREAVESPC	Da	Ch se Fi	neck	31262			

Cat No 11282Y

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For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2017)					Page 2
Pai	t IIII Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	onse or note to	any line in this Part III		🗹
1	Briefly describe the o			,		
THE	ORGANIZATION'S MISS	SION IS FOR CHARITAI	BLE AND EDUCA	TIONAL PURPOSES W	ITHIN THE MEANING OF SECTION 5	501(C)(3), INCLUDING
					MAKING GIFTS AND GRANTS TO OT	
URG	ANIZATIONS AND AWA	RDING HIGHER EDUCA	ATTON SCHOLAR	RSHIPS TO CHILDREN	OF RESIDENTS OF THE HOUSING I	I FUSTERS
2	Did the organization i	undertake any significa	ant program ser	vices during the year v	which were not listed on	
	the prior Form 990 or	🗌 Yes 🗹 No				
	If "Yes," describe the	se new services on Sch	nedule O			
3	Did the organization of					
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedul	le O			
4	Section 501(c)(3) and		ons are required	to report the amount	e largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	558,807	including grants of \$) (Revenue \$	4,677,328)
	See Additional Data					
4b	(Code) (Expenses \$	4,439,832	ıncludıng grants of \$	4,357,207) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	15,163	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					_
4d	Other program service	es (Describe in Schedi	ıle O)			
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses >	5,013,8	02		

Checklist of Required Schedules

Page 3

No

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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12a

12b

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14a

14b

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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 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? 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

8 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

Nο No Nο If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Yes 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 reported Nο 11d

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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Nο

Νo

Νo

Νo

Nο

Nο

Nο

Νo

No

Νo

25b

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28a

28b

28c

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31

32

33

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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		No
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?

instructions for applicable filing thresholds, conditions, and exceptions)

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	<u>/</u>		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	0		
L	this return	Ŭ 2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	35		
	2. 100, to fine but of buy and the organization mention to be 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5 c		
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		No
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┨		
	Section 501(c)(12) organizations. Enter	1		
	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)	1		
		\dashv		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	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	138		
	_	\dashv		
С	Enter the amount of reserves on hand	1	ı	
	Enter the amount of reserves on hand	14a		No

OHIII	550 (2017)			Page c				
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a '8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	No" respo	nse to l	nes				
	Check if Schedule O contains a response or note to any line in this Part VI			✓				
Sa	ection A. Governing Body and Management	<u> </u>	<u> </u>					
	ction A. Governing body and Planagement		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	7	103	110				
	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							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?	r 2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? •	3	Yes					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?	re 7a	Yes					
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	у 📗						
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b		No				
	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	9	Yes					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve							
	section by Contract (This section by requests information about pointes not regained by the Internal Neve	140 0040	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
	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?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes					
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	163					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	, , , , ,		163					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
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?							
а	The organization's CEO, Executive Director, or top management official	15a		No				
b	Other officers or key employees of the organization	15b		No				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
	status with respect to such arrangements?	16b	Yes					
	List the States with which a convent the Forms 200 is required to be filed.							
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl available for public inspection. Indicate how you made these available. Check all that apply	y)						
	Own website Another's website 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 SAM JONES 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 (804) 644-1021							

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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, or 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 organization compensated any current officer, director, or trustee

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) DAVID S COHN SECRETARY/DIRECTOR	1 00	Х		х				29,750	0	0
(2) RALPH R CROSBY JR TREASURER/DIRECTOR	1 00	Х		х				0	0	0
(3) GEORGE C HOWELL III CHAIRMAN OF THE BOARD/DIRE	1 00	Х		×				0	0	0
(4) G THOMAS KING IV DIRECTOR	1 00	х						0	0	0
(5) THOMAS E PHILLIPS JR PRESIDENT/DIRECTOR	1 00	х		х				0	0	0
(6) ROBERT W SCHABERG DIRECTOR	4 00	Х						0	0	0
(7) ANNA LOU A SCHABERG EXECUTIVE DIRECTOR/DIRECTO	5 00	Х						0	0	0
										Form 990 (2017)

- ai	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Rep comp fro organiz	(D) ortable ensation m the zation (W-	(E) Reportable compensation from related organizations (า W-	(F) Estima amount o compens from to	ited f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC)	related organizations		
	_														
1b S	Sub-Total			<u> </u>	Щ.		<u> </u>					\top			
_	Total from continuation sheets to Pa	•					•			20.750		0		0	
2	Total (add lines 1b and 1c) Total number of individuals (including	but not limited				bove	e) who	rece	eived mo	29,750 ore than \$1	L00,000	<u> </u>			
	of reportable compensation from the									·	,				
3	Did the organization list any former of	officer director	or truct	مم لاہ	ov 01	male	2000	or bu	abost so	mnoncato	t amplayas an		Yes	No	
3	line 1a? If "Yes," complete Schedule 3			•	• ·	• •	• •	•	• •	• •	· · ·	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the				
5	Did any person listed on line 1a receiver services rendered to the organization										lividual for	5		No No	
Se	ection B. Independent Contract						•					_ 3		No	
1	Complete this table for your five high from the organization Report comper	est compensate										npens	sation		
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre		year	enu	nig.	WICH O	1 VVIC	the c		(B) cription of services		(C		
UBS F	INANCIAL SERVICES INC	ma pusmess addre	:33								T ADVISORY		Compen	309,649	
	AST BYRD STREET SUITE 520 MOND, VA 23219														

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

Form **990** (2017)

compensation from the organization ▶ 1

Part		I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in th	nıs Part VIII				🗆
				·		(4	A) revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	a Federated campaign	ns	1a	<u> </u>			rev	enue		512-514
nts nts		b Membership dues		1b							
irai 10 u		c Fundraising events		1c							
S. G An		d Related organizatio		1d	<u> </u>						
ille Tar		e Government grants (co			<u> </u> 						
im:		f All other contributions,		1e	1						
ion r S	'	and similar amounts nabove		1f	5,618,886						
Contributions, Giffs, Grants and Other Similar Amounts	١.	g Noncash contribution	ns included								
E G	'	in lines 1a-1f \$		4,96	54,763						
Cont and	h	Total. Add lines 1a-1	.f		•	5,	,618,886				
<u> </u>					Business	Code					
พะม	2a	INTEREST FROM DEVELO	OPER FEES & PU	J		531110	2,2	21,866	2,221	,866	
æ	b	GAIN ON LOW-INCOME	HOUSING INVE	ST		531110	1,4	75,873	1,475	,873	
Service Revenue	С			_							
Ser	d	=		_							
- Lue	е										
Program	f	All other program se	rvice revenue	!	3.6	L 597,739		I			I
Ğ	g	Total. Add lines 2a-2f			>	197,739					
		Investment income (ii			interest, and other		632,451				632,451
		similar amounts). Income from investme			ond proceeds ►	-					
		Royalties		-		 					
			(ı) Rea		(II) Personal						
	6a	Gross rents				1					
	h	Less rental expenses		147,333 157,355		-					
		, 2000 Forteat expositors]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	c	; Rental income or (loss)		-10,022							
	d	Net rental income o	r (loss)		<u> </u>	1	-10,022	2	-10,022		
		The remaining	(i) Securit		(II) Other	1	· ·		,		
	7a	Gross amount from sales of assets other than inventory	, ,	298,793		_					
	b	Less cost or other basis and sales expenses	7,0	062,426							
	c	Gain or (loss)	1,2	236,367		1					
	d	Net gain or (loss)			•		1,236,367	'			1,236,367
Other Revenue	8a	Gross income from for (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of							
Re		Less direct expense		ь]					
ıer		: Net income or (loss)			ents	,——					
Ott	9a	Gross income from g See Part IV, line 19		ies							
				а							
	b	Less direct expense	s	b]					
		: Net income or (loss)		activit	ies >						
	10aGross sales of inventory, less returns and allowances a										
	b	Less cost of goods s	sold	b							
	C	Net income or (loss)		invent							
	11	Miscellaneous			Business Code 900099	7	979,589	,			979,589
		·ªGAIN ON PASS-THR INVES		Y							979,589
	Ь	MISCELLANEOUS IN	COME		900099		213		213		
	c										
	d	All other revenue .				 					
	e	Total. Add lines 11a	-11d		>		979,802				
	12	Total revenue. See	Instructions				,		·		
							12,155,223	3	3,687,930		0 2,848,407 Form 990 (2017)

IX Statement of Functional Expenses

orm 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		<u> \square</u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,333,000	4,333,000	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22	24,207	24,207		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 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 (non-employees)				
a Management				
b Legal	47,710		47,710	
c Accounting	24,750		24,750	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	309,649		309,649	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,000	45,000	303,013	
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	582	582		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,808		5,808	
24 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)	3,000		3,000	
a OTHER PARTNERSHIP DEDUC	534,508	534,508		
b GRANT RESEARCH/TRAINING	37,625	37,625		
c MISCELLANEOUS	23,707		23,707	
d SCHOLARSHIP PROGRAM EXP	16,640	16,640		
e All other expenses	30,131	22,240	7,891	
25 Total functional expenses. Add lines 1 through 24e	5,433,317	5,013,802	419,515	0
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

12

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21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

150,172

174.129

167.883

3,010,000

12.283.426

15,541,323

89,145,086

89,145,086

104.686.409

80.014

1.050.550

104,686,409

21.089.566

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22

23

24

25

26

27

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31

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33

34

Page **11**

883,223

150,883

166.751

1.132.056

167,529 2,115,000

12.028.520

144.837

14,455,886

97,584,461

97,584,461

112.040.347

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112.040.347

26.928.852

Check if Schedule	O contains	a response	or note	to a	any I	ine in	this	Part	ΙX

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

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

Investments—program-related See Part IV, line 11

Intangible assets

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 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

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Loans and other receivables from other disqualified persons (as defined under

	Beginning of year		End of year
Cash-non-interest-bearing	549,270	1	
Savings and temporary cash investments	11,961,675	2	12,
_			

_	3			
2	Savings and temporary cash investments	11,961,675	2	12,540,217
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	630,759	4	630,096
5	Loans and other receivables from current and former officers, directors,			

		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	f section 501(c)(9)		6		
ets	7	Notes and loans receivable, net			40,442,516	7	39,287,510
SS	8	Inventories for sale or use		8			
Ø	9	Prepaid expenses and deferred charges	4,701	9	5,399		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	22,240,540			
	ь	Less accumulated depreciation	10b	7,253,094	15,604,916	10c	14,987,446
	11	Investments—publicly traded securities .	13,028,155	11	15,327,914		

Page **12**

97,584,461

No

Nο

Nο

No

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Yes

Yes

2a

2b

2c

3a

3b

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
7	Investment expenses	7	

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Form 990 (2017)

Part XII

Schedule O

✓ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5	Net unrealized gains (losses) on investments	5	2,136,971
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	-419.502

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID: Software Version:

EIN: 62-1429437

Name: VIRGINIA NONPROFIT HOUSING COALITION

Form 990 (2017)

Form 990, Part III, Line 4a:

TO CONTINUE THE DEVELOPMENT ACTIVITIES OF NINETEEN LOW-INCOME HOUSING PROJECTS AND SEVEN MODERATE-INCOME HOUSING PROJECTS

Form 990, Part III, Line 4b: SCHOLARSHIPS TO INDIVIDUALS, GIFTS AND GRANTS TO CHARITIES - SEE SCHEDULE I

Form 990, Part III, Line 4c:

CAPACITY BUILDING FUND - DESIGNED TO BUILD THE CAPACITY OF OTHER NONPROFITS THROUGH CONSULTING AND EDUCATION IN A CALENDAR YEAR, RECIPIENTS CAN UTILIZE TWO OF THE FOUR CAPACITY BUILDING OPTIONS 1)CONSULTING SUPPORT 2)CONSULTING SUPPORT WITH DEVELOPMENT CONSULTANT 3)NATIONAL

CONFERENCE ATTENDANCE 4)LEADERSHIP TRAINING

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	CESS As Filed Data -			DLN: 9:	3493310011048		
SCI	HED m 990	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017		
Depart	ment of	the Treasury	▶ Infe	ormation abou	Attach to Form to Schedule A (Form www.irs.g			actions is at	Open to Public Inspection		
Nam	e of th	he organiza	tion SING COALITIO	N	_			Employer identific	ation number		
Da	rt I	Doncon	for Dublic	Chaulte Ctate	··· (All organization	a must samala	to this port \ C	62-1429437			
					us (All organization : it is (For lines 1 thro			see mstructions.			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
_		·	•	·	-			•	-		
4	Ш	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, s	tate, or local	government or	governmental unit de	scribed in sectio	on 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 communi	ty trust desc	nbed in section	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a		
10	✓	from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading properties and the complete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross		
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box		
а		Type I. A sorganization	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		Type II. A manageme	supporting on t of the sup	rganızatıon sup portıng organıza	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its		
d		Type III n functionally	on-function integrated	ally integrated The organization	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar			
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally		
f	Enter			l organizations	integrated supporting	organization					
g				_	ipported organization(s)		_	_		
		Name of supp organization	orted	(ii) EIN				(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota	I					1			l		

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)								
ection A. Public Support								
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
Gifts, grants, contributions, and								

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(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	- ·						
11	Total support. Add lines 7 through						

	line 4								
S	ection B. Total Support								
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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									
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, e	tc (see instructio	ns)			12			
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,		
	check this box and stop here								
S	ection C. Computation of Public			_	•	•			
14	Public support percentage for 2017 (line	14							

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. 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 17a 10%-facts-and-circumstances test—2017. 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 b 10%-facts-and-circumstances test—2016. 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 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 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
Gıfts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,144,778	4,288,302		750,000	5,618,886	30,801,966			

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

:	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,144,778	4,288,302		750,000	5,618,886	30,801,966
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	8,257,097	8,287,580	8,575,221	9,719,076	14,004,613	48,843,587
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						

	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	28,401,875	12,575,882	8,575,221	10,469,076	19,623,499	79,645,553
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,000,457	4,288,302		750,000	5,618,886	11,657,645
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the						0
	greater of \$5,000 or 1% of the						

3	Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
	business under Section 515						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	28,401,875	12,575,882	8,575,221	10,469,076	19,623,499	79,645,553
7a	Amounts included on lines 1, 2, and	· · ·		-,,		, ,	
, u	3 received from disqualified persons	1,000,457	4,288,302		750,000	5,618,886	11,657,645
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the						0
	greater of \$5,000 or 1% of the						
	amount on line 13 for the year	1 000 1==	4 200 222		750 000	F 640 000	44.657.615
_	Add lines 7a and 7b	1,000,457	4,288,302		750,000	5,618,886	11,657,645
8	Public support. (Subtract line 7c						67,987,908
	from line 6)						
56	ction B. Total Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in)	` '	` '	` ,	` '	` '	
9	Amounts from line 6	28,401,875	12,575,882	8,575,221	10,469,076	19,623,499	79,645,553
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	6,457,091	7,829,717	7,906,917	8,272,938	8,590,576	39,057,239
	and income from similar sources	0,437,091	7,029,717	7,900,917	0,2/2,930	3,390,370	39,037,239
	and income from similar sources						
ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
_	Add lines 10a and 10b	6 457 091	7 829 717	7 906 917	8 272 938	8 590 576	39 057 239

	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	28,401,875	12,575,882	8,575,221	10,469,076	19,623,499	79,645,553
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3	1,000,457	4,288,302		750,000	5,618,886	11,657,645
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	1,000,457	4,288,302		750,000	5,618,886	11,657,645
8	Public support. (Subtract line 7c from line 6)						67,987,908
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		28,401,875	12,575,882	8,575,221	10,469,076	19,623,499	79,645,553
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,457,091	7,829,717	7,906,917	8,272,938	8,590,576	39,057,239
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	6,457,091	7,829,717	7,906,917	8,272,938	8,590,576	39,057,239
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12					25	213	238
13	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f	34,858,966	20,405,599	16,482,138	18,742,039	28,214,288	118,703,030
14	check this box and stop here	or the organization	is iirst, second, tr	iira, fourth, or fifth	ı tax year as a sec	COURT SUIT (C)(3) OL	ganization,

-	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	28,401,875	12,575,882	8,575,221	10,469,076	19	,623,499	79,645,553
	Amounts included on lines 1, 2, and			0,373,221	• • •			
<i>,</i> u	3 received from disqualified persons	1,000,457	4,288,302		750,000	5,	,618,886	11,657,645
b	Amounts included on lines 2 and 3							
	received from other than							
	disqualified persons that exceed the							0
	greater of \$5,000 or 1% of the							
_	amount on line 13 for the year Add lines 7a and 7b	1,000,457	4,288,302		750,000	-	.618,886	11,657,645
	Public support. (Subtract line 7c	1,000,437	4,200,302		730,000	٥,	010,000	11,037,043
8	from line 6)							67,987,908
Se	ection B. Total Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20)17	(f) Total
	(or fiscal year beginning in) ▶	` '			` '			
9	Amounts from line 6	28,401,875	12,575,882	8,575,221	10,469,076	19,	.623,499	79,645,553
0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	6,457,091	7,829,717	7,906,917	8,272,938	ρ	.590,576	39,057,239
	and income from similar sources	0,437,031	7,029,717	7,900,917	0,272,330	0,	390,370	39,037,239
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	6,457,091	7,829,717	7,906,917	8,272,938	8,	.590,576	39,057,239
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				25		213	238
13	Total support. (Add lines 9, 10c, 11, and 12)	34,858,966	20,405,599	16,482,138	18,742,039	28,	214,288	118,703,030
L4	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501	(c)(3) org	anızatıon,
	check this box and stop here	_			·			▶ □
Se	ection C. Computation of Public	Support Perce	ntage					
L5	Public support percentage for 2017 (li			olumn (f))		15		57 280 %
L6	Public support percentage from 2016	Schedule A, Part II	I, line 15			16		62 820 %
Se	ection D. Computation of Invest	tment Income	Percentage					
١7	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))	17		32 900 %
18	Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18		31 070 %

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17	(f) ⊤otal
9	Amounts from line 6	28,401,875	12,575,882	8,575,221	10,469,076	19,	523,499	79,645,553
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,457,091	7,829,717	7,906,917	8,272,938	8,	590,576	39,057,239
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	6,457,091	7,829,717	7,906,917	8,272,938	8,	590,576	39,057,239
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			25		25 213		238
13	Total support. (Add lines 9, 10c, 11, and 12)	34,858,966	20,405,599 16,482,138 18		16,482,138 18,742,039		214,288	118,703,030
14	First five years. If the Form 990 is for	or the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,
	check this box and stop here							▶ □
Se	ection C. Computation of Public	Support Perce	ntage					
15	Public support percentage for 2017 (li			column (f))		15		57 280 %
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16		62 820 %
Se	ection D. Computation of Invest	tment Income	Percentage					

	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975							
C	Add lines 10a and 10b	6,457,091	7,829,717	7,906,917	8,272,938	8,	,590,576	39,057,239
11	Net income from unrelated							
	business activities not included in							
	line 10b, whether or not the							
	business is regularly carried on							
12					3.5		242	220
	or loss from the sale of capital				25		213	238
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c,							
13	11, and 12)	34,858,966	20,405,599	16,482,138	18,742,039	28,	,214,288	118,703,030
14	First five years. If the Form 990 is	for the organizatio	n's first, second, t	hird, fourth, or fift	th tax vear as a se	ection 501	(c)(3) ora;	anızatıon.
	<u>-</u>	··· ··· · · · · · · · · · · · · · · ·	,, -	,,	,		(-/(-/ 5	▶ □
	check this box and stop here							
	ection C. Computation of Public							
15	Public support percentage for 2017 (line 8, column (f) o	divided by line 13,	column (f))		15		57 280 %
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16		62 820 %
S	ection D. Computation of Inves	tment Income	Percentage					_
17	Investment income percentage for 2	017 (line 10c, colu	ımn (f) dıvıded by	line 13, column (t	f))	17		32 900 %
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18		31 070 %
19	331/3% support tests—2017. If th	e organization did	not check the box	on line 14, and lii	ne 15 is more tha	n 33 1/3%	, and line	17 is not
	more than 33 1/3%, check this box and	d stop here. The d	organization gualif	ies as a nublicly si	upported organiza	tion		▶ 🗸
	33 1/3% support tests—2016. If t	•	-		• •		an 33 1/3%	-
	, 55 1/5 /0 Support tests—2010: 11 t	inc organization di	a not check a box	on mic 14 or line	iou, and line io i	J IIIOI E LIIE	33 1/3/	

16	Public support percentage from 2016 Schedule A, Part III, line 15	16	62 820 %
Se	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	32 900 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	31 070 %
19a	331/3% support tests—2017. 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 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is mi		▶ ☑ in 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 organi	zation	ightharpoons
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst	tructio	ns ▶□

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	he organization's supported organizations listed by name in the organization's governing documents? scribe in Part VI how the supported organizations are designated. If designated by class or purpose, the designation. If historic and continuing relationship, explain.			
	describe the designation if historic and continuing relationship, explain	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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			
l	determination	3b		

the public determin	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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	(B) purposes?		
_	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4 a W	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			

				3.
c	the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
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		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	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		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
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	4a		
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. 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	4b		
С				
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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)	5a		

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		5	
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	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) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 62-1429437

Page 8

Name: VIRGINIA NONPROFIT HOUSING COALITION

chedule A ((Form 990 or 990-EZ) 2017
Part VI	Supplemental Information, Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line

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)		
	Facts And Circumstances Test	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493310011048 OMB No 1545-0047

Open to Public Inspection

	GINIA NONPROFIT HOUSING COALITION				Employer luc	entification	number
					62-1429437		
Pa	organizations Maintaining Donor Adv	sed Funds or O	ther	Similar Funds o	r Accounts.		
	Complete if the organization answered "Ye				41.55	1 .1	
	Tabal assessment and afficient	(a) Dono	r advi	sed funds	(b)Fund:	s and other a	accounts
•	Total number at end of year						
•	Aggregate value of contributions to (during year)						
1	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
i	Did the organization inform all donors and donor advisor organization's property, subject to the organization's explicit to the organization organization inform all grantees, donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors, and donors and donor	kclusive legal contro) ?				Yes 🗌 No
	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for	any other purpose o	conferring imper	missible	Yes 🗌 No
Pa	tt III Conservation Easements. Complete if t	ne organization a	nswe	red "Yes" on Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all	hat ap	pply)			
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a d	ertified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the for		ntion It the End o	of the Vear
а	Total number of conservation easements			ı	2a	it the End o	i tile real
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histor	ic structure include	d in (a	,	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	´	2d		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the organizatior	during the	
	Number of states where property subject to conservation	on easement is loca	ted ►				
;	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ing, ir	spection, handling (of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	iolatio	ns, and enforcing co	onservation ease	ements durin	g the year
ı	Amount of expenses incurred in monitoring, inspecting,	handling of violation	ons, ai	nd enforcing conser	vation easemen	ts during the	e year
1	Does each conservation easement reported on line 2(d	\ =bo\\o ==+\-6 \ +!		monte of section 4	70(6)(4)(8)(.)		
•	and section $170(h)(4)(B)(II)$?	above satisfy the	require	ements of section 1	70(n)(4)(b)(l)	☐ Yes	□ No
I	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				and	□ 110
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Similar As	sets.	
.a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	L6 (ASC 958), not to public exhibition, e	o repo	rt in its revenue sta on, or research in f			
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for put following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	i)Assets included in Form 990, Part X				▶ \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS						
а	Revenue included on Form 990, Part VIII, line 1	110 (MSC 330) Tele	ang a	anese itellis	> \$		
					· -		
b .	Assets included in Form 990, Part X				▶ \$_		

Par	t III	Organizations Ma	aintaining Col	lections c	of Art, Hi	stori	cal Tı	reası	ıres, oı	r Other	Similar A	ssets (cor	tinued)	
3		ng the organization's acq ns (check all that apply)	uisition, accessioi	n, and other	records, o	check	any of	the fo	llowing t	hat are a	significant	use of its co	llection	
а		Public exhibition				d		Loan	or exch	ange prog	rams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4		vide a description of the t XIII	organızatıon's col	lections and	l explain h	ow the	y furth	ner the	e organiz	zation's ex	empt purp	ose in		
5		ring the year, did the org ets to be sold to raise fur									ıılar	☐ Yes	□ N	lo
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo			
1a		he organization an agent uded on Form 990, Part I		an or other	ıntermedia	ary for	contril	bution	s or othe	er assets	not	Yes	□ N	lo
Ь	If "	Yes," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table					Amount		_
c		jinning balance		'						1c				_
d	_	ditions during the year								1d				
е	Dist	tributions during the year	r							1e				_
f	End	ling balance								1f				_
2 a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2	1, for	escrow	or cu	ıstodıal a	ccount lia	bility?	☐ Yes	N	_ a
b		Yes," explain the arrange												
Pa	irt V	Endowment Fund	ds. Complete ıf											
1-	Regu	nning of year balance .		(a)Currer	nt year	(b) Pi	rior yea	r	(c)Two y	ears back	(d)Three ye	ars back (e)Four yea	rs back
	_	ributions												
		nvestment earnings, gair	as and losses											
		ts or scholarships												
	Othe	r expenditures for facilities programs												
f	Adm	inistrative expenses .												
g	End (of year balance												
2	Pro	vide the estimated perce	ntage of the curre	ent year end	balance (line 1	g, colu	mn (a)) held a	S				
а	Boa	ard designated or quasi-e	ndowment 🟲											
b	Per	manent endowment 🕨												
С	Ten	nporarily restricted endov	wment ►											
	The	e percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		there endowment funds	not in the posses	sion of the	organizatio	on that	are h	eld an	d admın	istered fo	r the			
	_	anization by										2-4:	Yes	No
		unrelated organizations				٠.	•					3a(i 3a(ii	-	
ь		related organizations . Yes" on 3a(ii), are the rel		s listed as r	equired or	n Sche	· · · dule R	, ,	• •			. 3b	+	<u> </u>
4		scribe in Part XIII the inte	-		•			-	-	•	- '			<u> </u>
Pa	rt VI	Land, Buildings,	and Equipme	nt.										
		Complete if the or	ganization ansv	vered "Yes										
	Des	cription of property	(a) Cost or oth (investme		(b) Cost o	r other	basis (d	other)	(c) Acc	umulated o	lepreciation	(d)	Book valu	ie
1a	Land						4,29	98,405						4,298,405
b	Build	ings					17,27	73,085			6,740,329		10	0,532,756
С	Leas	ehold improvements												
		oment					44	13 354			425 400			17 954

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

138,331

14,987,446

87,365

Schedule D (Form 990) 2017			Page 3
Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12. (a) Description of security or category			
(a) Description of security of 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	·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form to the program of t	990, Part IV, line :	l1c. 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	
See Additional Data Table (1)		,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	26,928,852		
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description			luo
(1)		(b) Book val	ue
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.			
(a) Description of liability (1) Federal income taxes	(b) Book	value	
UBS LINE OF CREDIT		15,174	
RESIDENT SECURITY DEPOSITS (3)		129,663	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	144 927	
2. Liability for uncertain tax positions In Part XIII, provide the text of the form			
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	: 🔲

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII, line 12

Schedule D (Form 990) 2017

1

Page 4

_		, , , ,			
а	Net unrealized gains (losses) on in	vestments	2a		
b	Donated services and use of faciliti	ies	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Pa	art VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem		per Return	1.
		ation answered 'Yes' on Form 990, Part			
1	Total expenses and losses per audi	ited financial statements		1	
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25			
а	Donated services and use of faciliti	es	2a		
b	Prior year adjustments		2b		
C	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	1
3	Subtract line $\bf 2e$ from line $\bf 1$			3	
4	Amounts included on Form 990, Pa	art IX, line 25, but not on line 1:			
а	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 40	c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Infor	mation			
		rt II, lines 3, 5, and 9, Part III, lines 1a and			4, Part X, line 2, Part
ΧI,	lines 2d and 4b, and Part XII, lines 2	2d and 4b Also complete this part to provide	any additional informati	on	
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2017	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

Additional Data

(3) INVESTMENTS - RIO HILL ASSOC

(4) INVESTMENTS - STAFFORD LAKES

(6) INVESTMENTS - FORESTBROOKE RICHMOND

(10) INVESTMENTS - BAYARD OAKS RICHMOND

(15) INVESTMENTS - QUARTER MILL HENRICO

(17) INVESTMENTS - OAKS OF WOODLAWN

(19) INVESTMENTS - LAKES OF GREENBRIER

(23) INVESTMENTS - WOODS OF JEFFERSON

(18) INVESTMENTS - MUIRFIELD WOODS

(20) INVESTMENTS - SOMMERSET

(21) INVESTMENTS - VALLEY VIEW

(22)INVESTMENTS - MAPLEWOOD

(24) INVESTMENTS - CHARNWOOD

(25) INVESTMENTS - FOXWOOD

(26) INVESTMENTS - HILLCREST

(7) INVESTMENTS - PINECREST BRUNSWICK

(8) INVESTMENTS - RANDOLPH RICHMOND

(11) INVESTMENTS - OAK CREEK FAIRFAX

(12) INVESTMENTS - CHANTILLY MEWS

(13) INVESTMENTS - TYSONS LANDING

(14) INVESTMENTS - RENAISSANCE

(16) INVESTMENTS - VNHC II

(9) INVESTMENTS - COALITION HLDGS

(5) INVESTMENTS - NORCROFT

Software ID:

Software Version:

EIN: 62-1429437

Name: VIRGINIA NONPROFIT HOUSING COALITION

Form 990, Schedule D, Part VIII - Investments	s Program Related	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value

(1) INVESTMENTS - WILTON ASSOCIATES 2,612,871

F F

F F

F

F

F

F

F

F

F F

F

F

F

F

F

F

F

F

2,981

402,914

1,387,051

-576,456

-753,540

779,327

173,663

27,400

14,577

155,372

-380,463

3.426.735

2,182,001

1,064,098

1,393,578

8.376.374

155,478

125,330

4,868,712

264,582

937,203

-937

-64

34

F F F F F F

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493310011048 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** VIRGINIA NONPROFIT HOUSING COALITION 62-1429437 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)72 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Part IV

Return Reference

Additional Data

ARMSTRONG PRIORITIES

2209 EAST GRACE STEET

BIG BROTHERS AND BIG

SISTERS SERVICES INC

RICHMOND, VA 23230

1707 SUMMIT AVENUE 200

FRESHMAN ACADEMY

RICHMOND, VA 23223

Software ID: **Software Version: EIN:** 62-1429437

47-3043845

54-0702502

Name: VIRGINIA NONPROFIT HOUSING COALITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	

25,000

20,000

SUPPORT THE

SELECTION OF SIXTY

STUDENTS TO RECEIVE

INTENSIVE ACADEMIC AND BEHAVIORAL SUPPORT SERVICES, INCLUDING MENTORING AND TUTORING FROM 10 SUPPORTING CHURCHES

SUPPORT FOR 30

LEVEL

MENTORING MATCHES

FOR CHILDREN FROM

HOUSEHOLDS BELOW THE FEDERAL POVERTY

orm 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domesti	ic Go
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) M (boo

503(C)(3)

503(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 03-0376726 503(C)(3) 15.000 BOAZ AND RUTH SUPPORT FOR GENERAL 3030 MEADOWBRIDGE ROAD OPERATIONS AND THE JOBS FOR LIFE RICHMOND, VA 23222 PROGRAM CARITAS 54-1441917 503(C)(3) 50.000 OPERATING SUPPORT PO BOX 25790 FOR EMERGENCY RICHMOND, VA 23260 SHELTER, CASE MANAGEMENT AND A

PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PATH TO STABILITY THROUGH THE THE FURNITURE BANK AND CARITAS WORKS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHILDREN'S MUSEUM OF 51-0220694 503(C)(3) 60.000 SUPPORT FOR FAMILY RICHMOND ENGAGEMENT 2626 WEST BROAD STREET PROGRAM THAT RICHMOND, VA 23220 PROVIDES FAMILY LEARNING AND PARENTING EDUCATION SERVICES THORUGH ONSITE ACTIVITIES 13-4080201 503(C)(3) 30,000 FUNDING WILL SUPPORT A NEW STAFF

PRIVATE FUNDERS, REDUCING THE AGENCY'S DEPENDENCY ON PUBLIC FUNDS

CHURCH WORLD SERVICE
PO BOX 968
ELKHART, IN 46515

Support a NEW STAFF
POSITION, COMMUNITY
ENGAGEMENT
COORDINATOR, TO
FOCUS ON VOLUNTEER
ENGAGEMENT AND
RAISING FUNDS FROM
INDIVIDUALS AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COMMUNITIES IN SCHOOLS 54-1799922 503(C)(3) 30,000 FUNDING WILL BUILD CIS'S CAPACITY TO 2922 WEST MARSHALL STREET RICHMOND, VA 23230 SERVE STUDENTS BY BETTER ENGAGING. TRAINING AND DEPLOYING VOLUNTEERS AND

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FORMS, AND

ADDRESSING DISPUTES WITH THE IRS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

PROVIDING INTENSIVE PROFESSIONAL DEVELOPMENT FOR SITE COORDINATORS COMMUNITY TAX LAW 54-1644435 503(C)(3) 25,000 FUNDING TO ASSIST PROJECT INDIVIDUALS WITH

5206 MARKEL ROAD 100-B UNDERSTANDING THE RICHMOND, VA 23230 TAX CODE AND FILING REOUIREMENTS. COMPLETING TAX

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 06-0836524 503(C)(3) 50.000 CONTINUUM OF CARE HOMELESS SERVICE 109 LEGION AVENUE PROVIDERS

SUPPORT FOR SOCIAL

WORK PROGRAM THAT

ADDRESSES A WIDE

CROSS-SECTION OF INTERCONNECTED SOCIAL ISSUES

60,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

NEW HAVEN, CT 06519

CROSSOVER HEALTHCARE 54-1371067
MINISTRY
108 COWARDIN AVENUE

RICHMOND, VA 23224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 503(C)(3) 25.000 DRIVE-TO-WORK 20-8612550 FUNDING TO GET PO BOX 14526 INDIVIDUALS BACK TO RICHMOND, VA 23221 WORK BY RESTORING

THEIR DRIVING PRIVILEGES ELK HILL FARM INC 23-7071154 503(C)(3) 25,000 ENABLING CHILDREN PO BOX 99 AND FAMILIES TO

SUCCESSFUL FUTURES

GOOCHLAND, VA 23063 TRANSFORM OVERWHELMING CHALLENGES INTO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 54-1150923 503(C)(3) 25,000 FEEDMORE INC. BARCODE SCANNING 1415 RHOADMILLER STREET DEVICES WILL CREATE RICHMOND, VA 23220 GREATER EFFICIENCIES BY AUTOMATING INVENTORY CONTROL. RECEIVEING AND

PARTNER AGENCIES

CLASSROOM

TECHNOLOGY

SHIPPING, WAREHOUSE TRANSFERS AND FOOD DISTRIBUTION TO

18.000

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

RICHMOND, VA 23219

PO BOX 1122

FIRST PRESBYTERIAN CHURCH

23-7024730

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FIRST TEE OF RICHMOND & 54-1886298 503(C)(3) 55.000 FUNDING TO SUPPORT

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CHESTERFIELD				ENHANCING
7501 BOULDERS VIEW DRIVE				EXPERIENCES FOR THE
SUITE 120				LARGE NUMBER OF
RICHMOND, VA 23225				CHILDREN SERVED
				THROUGH FIRST TEE'S
				LIFE SKILLS AND GOLF-
				ORIENTED PROGRAMS
				AND CAPITAL FUNDING

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

NORFOLK, VA 23508

(b) EIN

TO RENOVATE THE RICHMOND CITY

DRIVING RANGE FORKIDS INC 54-1477799 503(C)(3) 5,000 SUPPORT OPERATING 4200 COLLEY AVENUE A FUND

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) FRIENDS ASSOCIATION FOR 54-0505899 503(C)(3) 50,000 GENERAL OPERATING CHILDREN TO SUPPORT 1004 ST JOHN STREET CHILDCARE SUBSIDY

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INCREASING CAPACITY

WITH TWO NEW STAFF

POSITIONS A FACILITY

MANAGER AND AN
ELECTRONIC HEALTH
RECORD COORDINATOR

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

(c) IRC section

(a) Name and address of

GOOCHLAND FREE CLINIC AND

FAMILY SERVICES

GOOCHLAND, VA 23063

PO BOX 116

(b) EIN

54-1967650

RICHMOND, VA 23220				PROGRAM, FAMILY
				SUPPORT SERVICES,
				AND EDUCATION
				PROGRAM EXPENSES
				FOR THIS IMPORTANT
				SERVICE PROVIDER IN
				GILPIN COURT AND
				CHURCH HILL

35,000

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) GOOD SAMARITAN 54-1371830 503(C)(3) 60,000 CAPITAL FUNDING TO MINISTRIES COMPLETE ROOF 2307 HULL STREET REPLACEMENT OF RICHMOND, VA 23224 THEIR PILKINGTON

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ADARTMENT COMPLEY

CAPACITY TO OBTAIN AND RETAIN JOBS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

					THAT HOUSES PARTICIPANTS, THEIR FAMILIES AND STAFF
GOODWILL OF CENTRAL VIRGINIA 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225	54-0455395	503(C)(3)	60,000		PLANNING SUPPORT FOR GOODWILL'S PROPOSED REFUGEE & IMMIGRATION SERVICE INTEGRATION PLAN TO INCREASE THE TARGET POPUL ATTON'S

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-1375465 503(C)(3) 5.000 SUPPORT OPERATING HABITAT FOR HUMANITY IN THE ROANOKE VALLEY INC. FUND

3435 MELROSE AVENUE ROANOKE, VA 24017					10115
HANDSON GREATER RICHMOND 7501 BOULDERS VIEW DRIVE SUITE 110	20-8227522	503(C)(3)	10,000		OPERATING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RICHMOND, VA 23225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 54-1541798 503(C)(3) 10.000 HANOVER HABITAT FOR SUPPORT OPERATING HUMANITY FUND 9161 ATLEE ROAD B

SURVIVIORS OF DOMESTIC VIOLENCE

MECHANICSVILLE, VA 23116

HANOVER SAFE PLACE
629A NORTH WASHINGTON
HIGHWAY
ASHLAND, VA 23005

MECHANICSVILLE, VA 23116

OPERATING FUNDS FOR
INCREASED SHELTER
SPACE AND CASE
MANAGEMENT
SERVICES FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HEALTH BRIGADE 54-0927792 503(C)(3) 30,000 FUNDING WILL HELP

(f) Method of valuation

(g) Description of

(h) Purpose of grant

SUPPORT OPERATING

FUND

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

(c) IRC section

1010 N THOMPSON STREET				INCREASE FINANCIAL
RICHMOND, VA 23230				SUSTAINABILITY WITH
				SUPPORT FOR
				DIRECTOR OF
				RESOURCES AND
				PHILANTHROPY AND A
				CONTRACTED MAJOR
				GIFTS OFFICER

10,000

HIGHER ACHIEVEMENT

1750 COLUMBIA ROAD NW

WASHINGTON, DC 20009

(a) Name and address of

(b) EIN

52-1383374

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HOMEAGAIN 54-1159513 503(C)(3) 25,000 FUNDING TO SUPPORT PO BOX 5222 HIRING A DIRECTOR OF RICHMOND, VA 23220 DEVELOPMENT TO DIVERSIFY FUNDING. ESPECIALLY IN

(f) Method of valuation

(g) Description of

(h) Purpose of grant

HOMELESSNESS WITH BETTER COORDINATED SERVICE DELIVERY

SUPPORT OF SHELTER OPERATIONS HOMEWARD 05-0606153 503(C)(3) 68.000 FUNDING FOR AN 1125 COMMERCE ROAD ADDITIONAL STAFF RICHMOND, VA 23224 MEMBER TO STRENGHTEN HOMEWARD'S CAPACITY TO INCREASE SERVICE PROVIDER FOCUS ON OUTCOMES, REDUCE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 54-1995917 503(C)(3) 55,000 GENERAL OPERATING HOUSING FAMILIES FIRST 3900 NINE MILE ROAD FUNDS FOR THIS HENRICO, VA 23223 HIGHLY EFFICIENT AGENCY'S SHELTER. HOUSING AND EMPLOYMENT SERVICES TO FAMILIES AND SINGLE WOMEN IN NEED

35,000

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

FUNDING TO HELP

ADVOCATES TO

REFRAME THEIR MESSAGE SO THAT HOUSING PLANS AND PROPOSALS ARE MORE LIKELY TO WIN PUBLIC

SUPPORT

VIRGINIA'S HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

(d) Amount of cash

(c) IRC section

HOUSING VIRGINIA
601 SOUTH BELVIDERE
STREET

RICHMOND, VA 23220

(a) Name and address of

(b) EIN

20-0631947

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

26-2763038

INTERNATIONAL REFUGEE

1300 L STREET NW 1100 WASHINGTON, DC 20005

COMMITTEE

HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	503(C)(3)	50,000				OPERATING SUPPORT FOR THE FINANCIAL OPPORTUNITY CENTER, AN EVIDENCE BASED PROGRAM FOR LOW TO MODERATE INCOME INDIVIDUAL WITH COACHING IN FINANCIAL MANAGEMENT,
---	------------	-----------	--------	--	--	--	--

EMPLOYMENT AND BENEFITS

20,000

SUPPORT OPERATING

FUND

or government assistance other) 13-5660870 503(C)(3) 250,000 SUPPORT TO ENABLE IRC INTERNATIONAL RESCUE COMMITTEE TO BECOME THE KEY 122 FAST 42ND STREET COMMUNITY NEW YORK, NY 10168 COLLABORATOR WITH THE

cash

(f) Method of valuation

(book, FMV, appraisal,

ADDITION OF A VOLUNTEER/DEVELOPMENT POSITION AND RELOCATION TO A FACILITY WITH CROSSOVER MINISTRIES AND REESTABLISH RICHMOND 25,000 MAGGIE WALKER COMMUNITY 47-5629011 503(C)(3) FUNDING TO EXPAND ITS

LAND TRUST

(d) Amount of cash

grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

if applicable

(a) Name and address of

organization

RICHMOND, VA 23220

(b) EIN

(h) Purpose of grant

RICHMOND'S DESIGNATED

LAND BANK

or assistance

(g) Description of

non-cash assistance

CAPACITY TO INCLUDE 205 N ROBINSON STREET ACTING AS THE CITY OF

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 33-1024355 503(C)(3) 45,000 NEIGHBORHOOD RESOURCE OPERATING SUPPORT CENTER FOR THEIR FINANCIAL 1519 WILLIAMSBURG ROAD OPPORTUNITY CENTER HENRICO, VA 23231 SERVING HISTORIC

(f) Method of valuation

(g) Description of

(h) Purpose of grant

THE DATA

COLLABORATIVE INITIATIVE, A PILOT PARTNERSHIP WITH 6 OTHER AREA AGENCIES

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

800 WEST GRAHAM ROAD RICHMOND, VA 23222 (b) EIN

					FULTON, FULTON HILL MONTROSE HEIGHTS, AND AREAS OF HENRICO
PARTNERSHIP FOR FAMILIES FOUNDATION	27-3330011	503(C)(3)	50,000		FUNDATION TO SUPPORT PHASE II OF

or government assistance other) PARTNERSHIP FOR HOUSING 80-0099199 503(C)(3) 30,000 SUPPORT FOR PILOT **AFFORDABILITY** PROJECT WITH HAND 8975 THREE CHOPT ROAD ON GREATER RICHMOND, VA 23229 RICHMOND AND CHRIST CHURCH EPISCOPAL TO PLAN AND EXECUTE CIVIC ENGAGEMENT TRAINING AND A DIGITAL TOOLKIT FOR USE BY FAITH COMMUNITIES AND SERVICE ORGANIZATIONS TO UTILIZE BEST

cash

(f) Method of valuation

(book, FMV, appraisal,

(a) Description of

non-cash assistance

(h) Purpose of grant

or assistance

DEGREE

PRACTICES IN THE DEPLOYMENT OF THEIR CHARITABLE FUNDS AND VOLUNTEERS PARTNERSHIP FOR THE 31-1482889 503(C)(3) 30,000 OPERATING FUNDS FOR **FUTURE** THIS PROGRAM THAT 4521 HIGHWOODS PARKWAY **GUIDES HIGH**

(d) Amount of cash

grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

if applicable

(a) Name and address of

organization

(b) EIN

GLEN ALLEN, VA 23060 POTENTIAL HIGH SCHOOL STUDENTS FROM CHALLENGING CIRCUMSTANCES TO A BEST-FIT COLLEGE AND PROVIDES SUPPORT THROUGH OBTAINING A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 52-1199043 503(C)(3) 25.000 PEACE EDUCATION CENTER SUPPORT OPERATING

SERVICES AND COMMUNITY BUILDING

ACTIVITIES

3500 PATTERSON AVENUE
RICHMOND, VA 23221

PETER PAUL DEVELOPMENT
CENTER
1708 NORTH 22ND STREET

FUND

FUND

FUND

FOR OUT-OF-SCHOOL

EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RICHMOND, VA 23223

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PROJECT HOMES 54-1595851 503(C)(3) 250,000 RENEW CREW HOME 88 CARNATION STREET REPAIR METERIALS, RICHMOND, VA 23225 OPERATION COSTS AND CONSULTING SERVICES ESSENTIAL TO STRATEGIC GOALS REACH OUT AND READ 04-3481253 503(C)(3) 10,000 BRINGING ON AN ADDITIONAL PROGRAM SPECIALIST WILL ENABLE REACH OUT AND READ TO GROW

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AND DEEPEN
RELATIONSHIPS WITH
MEDICAL PROVIDERS,
WHO ASSIST PARENTS
IN CREATING A
LITERACY-RICH
ENVIRONMENT FOR
THEIR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) Amount of cash

(c) IRC section

VIRGINIA 89 SOUTH STREET BOSTON, MA 02111

(a) Name and address of

(b) EIN

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 54-1652359 503(C)(3) 60.000 HALF-TIME REBUILDING TOGETHER RICHMOND DEVELOPMENT/COMMUNICATIONS 406 WEST FRANKLIN STREET DIRECTOR AND GENERAL OPERATING FUNDING GAP

(d) Amount of cash (e) Amount of non-(f) Method of valuation

(g) Description of

(h) Purpose of grant

WITH A CONSULTANT FOCUSED ON BOARD AND FUND DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

RICHMOND, VA 23220					OF ERATING FORDING GAP
REESTABLISH RICHMOND 3300 WEST BROAD STEET RICHMOND, VA 23230	35-2383456	503(C)(3)	30,000		OPERATING SUPPORT TO PROVIDE SERVICES THAT ENABLE REFUGEE FAMILIES TO MOVE FORWARD IN THEIR PATH TO SELF-SUFFICIENCY AND CAPACITY BUILDING SUPPORT FOR WORK

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-1360535 503(C)(3) 50.000 RICHMOND HILL A CHALLENGE GRANT

INCOME

TO BUILD GENERAL 2209 EAST GRACE STEET MAINTENANCE FUNDS RICHMOND, VA 23223 RICHMOND METROPOLITAN 54-1385198 503(C)(3) 60,000 CONSTRUCTION OF HABITAT FOR HUMANITY TWO HOMES IN THE

2281 DABNEY ROAD SUITE A CITY FOR LOCAL RICHMOND, VA 23230 FAMILIES AT UNDER 160% OF MEDIAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 81-4216743 503(C)(3) 25.000 RVA RAPID TRANSIT FUNDING WILL 1627 MONUMENT AVENUE SUPPORT THE RICHMOND, VA 23220 AGENCY'S ONLY STAFF PERSON

IN SOUTH RICHMOND

503(C)(3) 50.000 SACRED HEART CENTER 54-1590419 1400 PERRY STREET RICHMOND, VA 232242058

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GENERAL OPERATING FUNDS TO SUSTAIN A WIDE RANGE OF PROGRAMS TO PERSONS IN THE HISPANIC COMMUNITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SAFE HARBOR 54-1950038 503(C)(3) 40.000 OPERATING SUPPORT FOR THE SAFE HOUSE PO BOX 17996 RICHMOND, VA 23226 PROGRAM SERVING

SURVIVORS OF DOMESTIC VIOLENCE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOPEWELL VA 23860

SEXUAL ASSAULT, AND HUMAN TRAFFICKING IN HENRICO

503(C)(3) 20,000 SUPPORT OPERATING SMART BEGINNINGS 47-2749435 209 E CAWSON STREET FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SPARC 54-1271758 503(C)(3) 20.000 FUNDING FOR THE 2106 N HAMILTON STREET A STAGES OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

711 ST CHRISTOPHERS ROAD

RICHMOND, VA 23226

RICHMOND, VA 23230 PROGRAM WHICH BRINGS PERFORMING ARTS TO LOW-INCOME CHILDREN WHO OTHERWISE WOULD

NOT HAVE ACCESS 54-1727301 503(C)(3) 75.000 SUPPORT OPERATING ST CHRISTOPHERS

FUND

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 54-0505950 503(C)(3) 250,000 ST JOSEPH'S VILLA FUNDING TO SUPPORT

(f) Method of valuation

(g) Description of

(h) Purpose of grant

TO STABILITY

SUPPORT TO MARKET

THEIR SERVICES TO

NEW PAYING PATIENTS AND TO IDENTIFY AND CULTIVATE NEW DONORS AND FUNDERS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

(c) IRC section

8000 BROOK ROAD				A COMPREHENSIVE
RICHMOND, VA 23227				REVIEW OF THEIR
				PROCESSES AND
				FUNCTIONS TO ENSURE
				CONTINUED HIGH
				QUALITY SERVICES
				FROM HOMELESSNESS

50,000

THE DAILY PLANET

517 WEST GRACE STREET

RICHMOND, VA 23220

(a) Name and address of

(b) EIN

54-0900368

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 503(C)(3) 5.000 THE HAVEN AT FIRST AND 47-1841856 SUPPORT OPERATING FUND

OPERATING SUPPORT -

INOW OFFICIALLY PART

OF CARITAS

MARKET INC 112 WEST MARKET STREET CHARLOTTESVILLE, VA 22902 503(C)(3) 25.000 THE HEALING PLACE 54-1441917 TRANSITIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 25790

RICHMOND, VA 23260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance THE READ CENTER READING 54-1364885 503(C)(3) 20,000 JMIKA - 10/19/18 AND EDUCATION FOR ADULT 11 43AM WORKSHEET SCHEDULE I DEVELOPMENT 200 BREMO ROAD RICHMOND, VA 23226

FREE FROM THE CYCLE

OF POVERTY

60,000 THE SALVATION ARMY OF 22-2406433 503(C)(3) IMPLEMENTATION OF CENTRAL VIRGINIA PROJECT HOPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2 WEST GRACE STREET TARGETING FAMILIES RICHMOND, VA 23220 WITH MORE IN-DEPTH SUPPORT TO BREAK

organization or government if applicable grant cash assistance or downward for government state of the state

(d) Amount of cash

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AND THEIR FAMILIES IN HENRICO COUNTY

SUPPORT OPERATING

FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

(c) IRC section

(a) Name and address of

UNIVERSITY OF RICHMOND

201 MARYLAND HALL

RICHMOND, VA 23173

(b) EIN

54-0505965

9211 PATTERSON AVENUE				STRENGTHEN TEENS
RICHMOND, VA 23229				ACADEMICALLY AND
				RECREATIONALLY
				(STAR) PROGRAM TO
				PROVIDE ACADEMIC
				SUPPORT FOR
				REFUGEES AND
				IMMIGRANT MIDDLE
				SCHOOL STUDENTS

10,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 20-3188273 503(C)(3) 10.000 SUPPORT OPERATING VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES FUND

SUPPORT OPERATING

FUND

5511 STAPLES MILL ROAD 202
RICHMOND, VA 23228

VIRGINIA COMMONWEALTH 54-0757884 503(C)(3) 1,200,000

UNIVERSITY

PO BOX 842020 RICHMOND, VA 23284

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 54-0757884 503(C)(3) 70.000 VCU SCHOOL OF EDUCATION FUNDING FOR THE PO BOX 842020 SERVICE LEARNING PROJECT NOW RICHMOND, VA 23284 OPERATING IN THREE MIDDLE SCHOOLS WITH 30 STUDENT TEACHERS AND OVER 500 MIDDLE

AND LEADERSHIP

DEVELOPMENT PROGRAM

MIDDLE SCHOOLS WIT 30 STUDENT TEACHERS AND OVER 500 MIDDLE SCHOOL STUDENT TEACHERS SCHOOL STUDENTS

VIRGINIA COMMUNITY 54-1533426 503(C)(3) 20,000 FUNDING TO SUPPORT DEVELOPMENT CORPORATION CAPICITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1840 WEST BROAD STEET

RICHMOND, VA 23220

non-cash assistance organization ıf applıcable grant cash (book, FMV, appraisal, or assistance or government assistance other) VIRGINIA HOUSING ALLIANCE 54-1142968 503(C)(3) 30.000 FUNDING WILL HELP PO BOX 417 THE AGENCY TO BUILD ACCOMAC, VA 23301 CAPACITY BY SPLITTING ONE EXISTING STAFF

(f) Method of valuation

(g) Description of

(h) Purpose of grant

POSITION INTO TWO

EDUCATION PROGRAMS

TO MAKE THEM MORE ACCESSIBLE TO UNDERSERVED YOUTH AND THEIR FAMILIES

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

200 NORTH BOULEVARD

RICHMOND, VA 23220

(b) EIN

NEW POSITIONS, ONE FOCUSING ON COMMUNICATION AND RESOURCE DEVELOPMENT AND THE OTHER ON MEMBERSHIP MANAGEMENT

VIRGINIA MUSEUM OF FINE 51-0205333 503(C)(3) 50,000

AGIFT TO EXPAND FARLY CHILDHOOD ART

organization or government if applicable grant cash assistance or assist

(f) Method of valuation

(g) Description of

(h) Purpose of grant

MANAGE GOVERNMENT GRANTS AND MEDICAID REIMBURSEMENTS

SUPPORT FOR THEIR

ANNUAL FUND

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503(C)(3)

(c) IRC section

(a) Name and address of

VISUAL ARTS CENTER

RICHMOND. VA 23220

1812 WEST MAIN STEEET

(b) EIN

54-0721433

VIRGINIA SUPPORTIVE HOUSING	54-1444564	503(C)(3)	110,000		FUNDS TOWARD SALARIES OF TWO
PO BOX 8585					POSITIONS, THE
RICHMOND, VA 23226					DIRECTOR OF FINANCE
					AND THE CONTROLLER
					WHO ARE RESPONSIBLE
					STRENGTHENING
					PROCESSES TO

10,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance VOICES FOR VIRGINIA'S 54-1726265 503(C)(3) 20 0001 GENERAL OPERATING

PROVIDERS

CHILDREN 701 EAST FRANKLIN STREET 807 RICHMOND, VA 23219	3. 1/13133	333(3)(3)			FUND
YMCA OF GREATER RICHMOND	54-0505986	503(C)(3)	40,000		7 DOMESTIC VIOLENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2 WEST FRANKLIN STREET

RICHMOND, VA 23220

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-0506493 503(C)(3) 45.000 YWCA OF RICHMOND FUNDING TO SUPPORT 6 N 5TH STREET KEY DOMESTIC RICHMOND, VA 23219 VIOLENCE PROVIDERS TO WORK WITH A CONSULTANT TO DEVELOP A STRUCTURE AND STAFFING MODEL THAT WILL TRANSITION THEIR WORK FROM AN

INFORMAL COALITION TO A COLLABORATIVE ORGANIZATIONAL

ENTITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	.N: 93	4933	100	11048
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ► Atta	ns with li answered "Yes Bc, or Form 99 ch to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or 0-EZ.	ines 2 40b.			5,	мв No 2(
Department of the Tre Internal Revenue Serv	asurv	ormation abo	out Sched	ule L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at		Open Insp	to P	ıblic
Name of the org VIRGINIA NONPRO	anization FIT HOUSING COALIT	TON						•	yer ide 9437	entifica	ntion n	umb	er
	ss Benefit Trar									ne 40b			
Complete if the organization answered "Ye 1 (a) Name of disqualified person			(b) Relationship between disqualified person and organization							(d) Corrected? Yes No			
4958 3 Enter the ar	mount of tax incurion mount of tax, if an ans to and/or I mplete if the organ orted an amount o (b) Relationship with organization	y, on line 2, a From Interization answe n Form 990, F	ested Pe red "Yes" o Part X, line (d) Loan	bursed by the creations. n Form 990-EZ 5, 6, or 22	rganization .	• • • • •	90, Pa	:	line 26	h) ved by	(janiza i)Writ greem	ten
			То	From	- amount		Yes	No	board or committee		Yes No		No
			10	110111			103	110	103	110	103		
Total Part IIII Gra	nts or Assistar	nce Benefit	ina Inter		> \$ ns.								
Con	nplete if the orga rested person (b	anization an	swered "Y between n and the		990, Part IV,	(d) Type	of assı	stand	ce	(e) Pu	rpose o	of ass	stance
For Danerwork Dec	fuction Act Notice s	eas the Instruc	rtions for Ec	rm 990 or 990-l	7 C:	at No. 500564		C-I		\ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 000	. 000	E7) 2017

Complete if the organization a	answered tes on Fort	n 990, Part IV, line 28a	a, 280, 01 28C.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) AMURCON REALTY COMPANY	OWNED 100% BY DIRECTOR	, ,	MANAGEMENT FEES PAID BY RELATED ORGANIZATIONS LISTED ON SCHEDULE R - SEE SCHEDULE O FOR EXPLANATION		No
(2) ROBERT W SCHABERG	DIRECTOR		OWNER OF THE ENTITY THAT MANAGES THE PROPERTIES LISTED ON SCHEDULE R - SEE SCHEDULE O FOR EXPLANATION		No
	1				

Explanation

Schedule L (Form 990 or 990-EZ) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Supplemental Information

Part V

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349331	.0011	.048
	EDULE M			loncash Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		1	toricasii Contin	butions		20	1 -	7
								17	′
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	lle M (Form 990) and its i	nstructions is at <u>www.ir</u>	s.gov/form990	Open to		
	e of the organizat NIA NONPROFIT HO					Employer identi	fication n	umbe	r
VINGI	NIA NONFROITI NO	OSING COALITION				62-1429437			
Pa	rt I Types	of Property							
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor	(d) of determi stribution a		ts
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in								
4	Books and public								
5	Clothing and hou goods								
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Public		X	1	96,48	3 NYSE			
10	Securities—Close								
11	Securities—Partr or trust interest		X	1	4.868.28	0 APPRAISAL			
12	Securities—Misce			_	.,,,,,,,	-			
13	Qualified conserve contribution—Hi structures	vation storic							
14	Qualified conserve contribution—Of	/ation							
15	Real estate—Res	idential .							
16	Real estate—Cor								
17	Real estate—Oth								
18 19	Collectibles . Food inventory								
20	Drugs and medic								
21	Taxidermy .								
	Historical artifact	is							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ▶ (
	Other ► (
		· · · · · · · · · · · · · · · · · · ·	h	l ation during the tax year for					
29				Brition during the tax year for B, Part IV, Donee Acknowled		29			
	-							Yes	No
30a	must hold for at	least three years fr	om the date	y contribution any property reports of the initial contribution, a	nd which is not required to	be used for exem	pt 30a		l No
b	If "Yes," describ	e the arrangement ı	n Part II				304		No_
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	of any nonstandard contr	ibutions?	31		No
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonce	ash · · · ·	32a		No_
b	If "Yes," describ	e ın Part II							
33	If the organizati		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
For D		on Act Notice, see the	Instruction	es for Form 990	Cat No. 512271	Schedu	le M (Form	000)	(2017)

Schedule M (Fo	rm 990) (2017)	Page 2
Part II	Supplemental Info	rmation.
	Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete
	this part for any add	itional information.
Return Reference		Explanation
		Schedule M (Form 990) (2017)

efile GRAPH	IIC print	- DO NOT PROCESS As	Filed Data -		DLI	N: 93493310011048		
SCHEDIII	ΕΩ	Sunnlemental	Information to For	m 990 or 9	90-F7	OMB No 1545-0047		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at			ons on n.	2017 Open to Public Inspection		
Internal Revenue Se Name of the org			www.irs.gov/form990.		Emplover ider	ntification number		
VIRGINIA NONPRÕ		G COALITION			62-1429437			
990 Schedul	e O, Sup _l	olemental Information						
Return Reference			Explanation					
FORM 990, PART VI, SECTION A, LINE 2	ANNA LO	U A SCHABERG IS THE SPO	USE OF ROBERT W SCHABE	RG				

Return Explanation
Reference

LINE 3

FORM 990, MANAGEMENT DUTIES ARE PERFORMED BY AMURCON REALTY COMPANY
PART VI,
SECTION A.

Return Explanation

FORM 990,	THE ORGANIZATION HAS MEMBERS AND THEY ARE THE PERSONS WHO SERVE AS THE ORGANIZATION'S BOARD OF
PART VI,	DIRECTORS
SECTION A,	
LINE 6	

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, THE ORGANIZATION HAS ONLY ONE STANDING COMMITTEE, THE GIFTS, GRANTS AND SCHOLARSHIP COMMITTEE IT GATHERS INFORMATION AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS BUT HAS NO SECTION A, AUTHORITY TO ACT ON BEHALF OF THE BOARD

Return Explanation
Reference

FORM 990, THE BOARD OF DIRECTORS IS SENT A DRAFT OF THE 990 FOR REVIEW PRIOR TO SUBMITTING TO THE IRS SECTION B, LINE 11B

Return Explanation

FORM 990,	EACH DECEMBER ALL OFFICERS AND BOARD MEMBERS ARE REQUIRED TO READ THE CONFLICT OF INTEREST
PART VI,	POLICY, DISCLOSE ANY CONFLICTS THAT MAY ARISE AND SIGN THE ANNUAL STATEMENT OF DIRECTORS
SECTION B,	AND OFFICERS CONFIRMING THESE ACTIONS THESE STATEMENTS ARE RECEIVED BY THE SECRETARY, DIS
LINE 12C	CUSSED BY THE BOARD AND SUBJECT TO THE BOARD'S APPROVAL

Return Explanation
Reference

FORM 990,	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE T
PART VI,	O THE PUBLIC UPON REQUEST THE ORGANIZATION DOES NOT ISSUE FINANCIAL STATEMENTS AT THIS TI
SECTION C,	ME
LINE 19	

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	DAVID S COHN - 4708 CHARMIAN ROAD, RICHMOND, VA 23226 RALPH R CROSBY, JR - 1500 WEST B ROOK COURT #4118, RICHMOND, VA 23227 GEORGE C HOWELL, III - HUNTON & WILLIAMS - 951 EAST BYRD STREET, RICHMOND, VA 23219 G THOMAS KING, IV - INS PROF - 5310 MARKEL ROAD #207, RICHMOND, VA 23230 THOMAS E PHILLIPS, JR - UBS - 1021 E CARY STREET #1800, RICHMOND, VA 23219

Return Explanation
Reference

FORM 990, PART XI, LINE 9

990 Schedule O, Supplemental Information Explanation Return Reference FORM 990. THE ORGANIZATION'S ENTIRE BOARD OF DIRECTORS ARE VOLUNTEERS

PART I, LINE

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS NAME OF RELATIONSHIP DESCRIPTION MANAG EMENT FEES PERSON TO THE EXTENT OF VNHC OWNER- SHIP PERCENTAGE AMURCON REALTY 100% OWNED V NHC OWNS AN INTEREST BY VNHC IN THE FOLLOWING PARTNER- BOARD MEMBER SHIPS AND LLCS WHICH P AY MANAGEMENT FEES TO AMURCON REALTY CORP BRANDYWINE \$82,412 MALLARD COVE CHESTERFIELD 73,764 RIO HILL 397 STAFFORD LAKES 451 NORCROFT 56,100 MALLARD COVE II 56,542 FORESTBROOKE 9 4,920 PINECREST 33,547 RANDOLPH 88,873 BAYARD OAKS 6 OAK CREEK 4 CHANTILLY 3 TYSON'S LANDI NG 3 RENAISSANCE 15 QUARTER MILL 13 WILTON 79,187 HILLCREST 148 CHARNWOOD 50,408 LAKES OF GREENBRIER 53,506 MAPLEWOOD 44,668 OAKS OF WOODLAWN 42,556 MUIRFIELD WOODS 40,581 VALLEY V IEW 106,298 SOMMERSET 75,304 WOODS OF JEFFERESON 56,523

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(Form 990)

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.
 Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

2017

Employer identification number

62-1429437

DLN: 93493310011048OMB No 1545-0047

Open to Public Inspection

Department of the Treasury	► Information about Schedule R (Form 990) and its instruction
Internal Revenue Service	
Name of the organization	
VIRGINIA NONPROFIT HOUSING COA	ALITION

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity (1) BRANDYWINE VIRGINIA BEACH LLC LOW INCOME HOUSING VA -97,594 9,736,698 VIRGINIA NONPROFIT HOUSING 1111 EAST MAIN STREET SUITE 1100 COALITION RICHMOND, VA 23219 20-3130679 (2) MALLARD COVE CHESTERFIELD LLC LOW INCOME HOUSING VA 93,592 VIRGINIA NONPROFIT HOUSING 1111 EAST MAIN STREET SUITE 1100 COALITION RICHMOND, VA 23219 27-3509500 (3) NORCROFT LLC LOW INCOME HOUSING VA 3,161,174 VIRGINIA NONPROFIT HOUSING 1111 EAST MAIN STREET SUITE 1100 COALITION RICHMOND, VA 23219 54-1749242 (4) MALLARD COVE II LLC VIRGINIA NONPROFIT HOUSING LOW INCOME HOUSING VA 4,796,899 1111 EAST MAIN STREET SUITE 1100 COALITION RICHMOND, VA 23219 54-1727510

Part II Identification of Related Tax-Exempt Organizations	Complete if the orga	nızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	ecause 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	Section (13) co	g) 512(b) ntrolled aty?
						Yes	No
							_
For Paperwork Reduction Act Notice, see the Instructions for Form 990	•	Cat No 5013	<u> </u> :5Y		Schedule R (Form	990) 20	017

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. See Additional Data Table

See Additional Data Table		1				1							
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(relate unrelate excluded f tax unde sections 5 514)	ated, total incor rom er 512-		Disprop alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or Per ging ow ner?	(k) rcentage rnership
								Yes	No		Yes	No	
Part IV Identification of Related Organizate because it had one or more related organizate.	ganizations treated as	a corporation	n or tru	t Complete st during th	ie tax yea	r.							
(a) Name, address, and EIN of related organization	(b) Primary activity	dor (state o	c) egal nicile or foreign ntry)		(d) controlling entity ((e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-o year issets	of- Percer owne	ntage	(13)	on 512(b) controlled ntity?
(1)COALITION HOLDINGS CORPORATION	LOW INCOME HOUSING	V	'A	N/A		2	11,116		30,27	71 100 00	0 %	1.55	No
1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 03-0429743													
													

	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 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
ь	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
		\vdash		

m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	10	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
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		
4	(a) (d)		

(b) Transaction type (a-s) (a)
Name of related organization (c) Amount involved (d)
Method of determining amount involved 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

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) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Software ID: Software Version:

EIN: 62-1429437

Name: VIRGINIA NONPROFIT HOUSING COALITION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Pari	t III - Identificatio	1	lated Organi	zations Taxabl	e as a Partne	rship 	ı		ı	1 (2)	I
(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 Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?	ownership
RIO HILL ASSOCIATES LP	LOW INCOME	VA	N/A	RELATED	2,152	2,981	165	No		Yes	0 510 %
1111 EAST MAIN STREET SUITE 1000 RICHMOND, VA 23219 54-1681605	HOUSING			INCOME							
STAFFORD LAKES ASSOCIATES LP	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	2,133	402,914		No		Yes	0 510 %
1111 EAST MAIN STREET SUITE 1000 RICHMOND, VA 23219 54-1735217	Hoosing			INCOME							
MALLARD COVER II LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 54-1727510	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	184,158			No		Yes	99 510 %
WILTON LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	157,318	4,187,187		No		Yes	100 000 %
54-1564177 NORCROFT LLC	LOW INCOME	VA	NI/A	RELATED	178,792			NI-		V	00 500 0/
1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 54-1749242	HOUSING	VA	N/A	INCOME	1/0,/92			No		Yes	99 500 %
FORESTBROOKE RICHMOND LLC		VA	N/A	RELATED	114,080	4,037,815		No		Yes	99 000 %
1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 54-2003363	HOUSING			INCOME							
PINECREST BRUNSWICK LLC	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	-69,878	2,369,659		No		Yes	99 000 %
1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 54-2003358	HOUSING			INCOME							
RANDOLPH RICHMOND LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 54-2003361	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	718,728	3,506,506		No		Yes	99 000 %
BAYARD OAKS RICHMOND LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 55-0790903	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	-2	3,078,711		No		Yes	0 010 %
OAK CREEK FAIRFAX LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 20-0153960	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	-3	3,786,003		No		Yes	0 010 %
CHANTILLY MEWS FAIRFAX LLC	LOW INCOME	VA	N/A	RELATED	14	3,635,948		No		Yes	0 010 %
1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 20-1231401	HOUSING			INCOME							
TYSON'S LANDING FAIRFAX LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 20-1231135	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	18	1,527,748		No		Yes	0 010 %
RENAISSANCE RICHMOND LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 20-2425082	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	14	7,085,065		No		Yes	0 010 %
QUARTER MILL HENRICO LLC 1111 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219 20-3643473	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	-38	5,691,898		No		Yes	0 010 %
VNHC II LLC 1111 EAST MAIN STREET SUITE 1000 RICHMOND, VA 23219 27-1191560	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	20	-11		No		Yes	79 000 %

(c) (e) (d) Legal (a) (b) Predominant Share of total | Share of end-of-Domicile Direct

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

VA

VA

N/A

N/A

LOW INCOME

LOW INCOME

HOUSING

HOUSING

FOXWOOD RICHMOND LLC

RICHMOND, VA 23219

RICHMOND, VA 23219 54-2029072

1000

1000

54-2042822

1111 EAST MAIN STREET SUITE

CHARNWOOD RICHMOND LLC

1111 EAST MAIN STREET SUITE

Name, address, and EIN of related organization	Primary activity	Domicile (State or Foreign Country)	Controlling Entity	income(related, unrelated, excluded from tax under sections 512-514)	Share of total Income	Share of end-of- year assets	allocat	tions [?]	Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Mana Parti	ging	Percentage ownership
				512-514)			Yes	No]	Yes	No	
WOODS OF JEFFERSON LLC	MODERATE-INCOME	VA	N/A	UNRELATED	204,476	4,153,505		No			No	99 990 %

		Country)		tax under sections 512-514)					(101111 1003)			
				512-514)			Yes	No		Yes	No	
	MODERATE-INCOME HOUSING	VA	N/A	UNRELATED INCOME	204,476	4,153,505		No			No	99
1111 EAST MAIN STREET SUITE												

RELATED

INCOME

RELATED

INCOME

	MODERATE-INCOME HOUSING	VA	'	UNRELATED INCOME	204,476	4,153,505	No		No	99 990 %
.111 EAST MAIN STREET SUITE .000 RICHMOND, VA 23219 52-1429437										
	LOW INCOME HOUSING	VA		RELATED INCOME	432	921,997	No		No	99 010 %

20,628

230,530

1,740,444

3,352,391

(j)

General

No

98 990 %

98 990 %

(h)

Disproprtionate

No

No

1111 EAST MAIN STREET SUITE 1000 RICHMOND, VA 23219 62-1429437										
	LOW INCOME HOUSING	VA	N/A	RELATED INCOME	432	921,997	No		No	99 010 %
1111 EAST MAIN STREET SUITE									, I	
1000									.	
RICHMOND, VA 23219									.	
54-1120692									, I	