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PUBLIC DISCLOSURE COPY

#### Form 8879-TF

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

or calendar year 2021, or fiscal year beginning	, 2021, and ending	ı

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of filer

► Go to www.irs.gov/Form8879TE for the latest information.

WOODLEY HOUSING CORPORATION ANN CHAUVIN EIN or SSN 52-1158363

Name and title of officer or person subject to tax

EXECUTIVE DIRECTOR

Type of Return and Return Information Part I

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

					404 064
1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b _	131,261
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	_ 2b _	
3a	Form 1120-POL check here ▶	b	Total tax (Form 1120-POL, line 22)	. 3b _	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	. 5b	
6a	Form 990-T check here >		Total tax (Form 990-T, Part III, line 4)		
7a	Form 4720 check here >		Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and Signat	ture	Authorization of Officer or Person Subject to Tax		
Jnder	penalties of perjury, I declare that X	laı	m an officer of the above entity or 🔲 I am a person subject to tax with re	spect to	(name
of entit	y)		, (EIN) and that I have	e exami	ned a copy of the
n21 a	lectronic return and accompanying sc	hedi	ules and statements, and to the best of my knowledge and belief, they are	true cor	rect and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
------	-------	-----	-----	------

X   authorize HAN GROUP LLC	to enter my PIN 00001
ERO firm name	Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date  $\triangleright$  05/11/22

#### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

54701100001 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► **JENNIFER S. HAN** 

Date  $\triangleright$  05/11/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2021 calendar year, or tax year beginning an	d ending	_	
<b>B</b> c	heck if	C Name of organization		D Employer identific	cation number
X	Addres				
	Name change	Doing business as		52-11583	63
	□lnitial □return □Final □return/	Number and street (or P.0. box if mail is not delivered to street address) 3000 CONNECTICUT AVENUE, NW	Room/suite	E Telephone numbe (202) 83	
	termin- ated			G Gross receipts \$	131,261.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: ANN CIAOVIN		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1	) or 527	If "No," attach a	list. See instructions
		e: ▶ WWW.WOODLEYHOUSE.ORG		H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1958 N	A State of legal domicile: DC
Pa		Summary			
Θ.	1	Briefly describe the organization's mission or most significant activities: ${ t PROV}$	VIDE HO	OUSING AND S	UPPORT
Governance		SERVICES FOR ADULTS AND ELDERLY WITH MED	NTAL HE	EALTH DISABI	LITIES.
ərn	2	Check this box $lacktriangle$ if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	
ŏ				3	16
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b			16
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) $$		5	0
ĭ₹		Total number of volunteers (estimate if necessary)			16
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		57,797.	95,910.
Revenue	l	Program service revenue (Part VIII, line 2g)		22,914.	35,339.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	12.
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,721.	131,261.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)	- ·	0.	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		21,058.	47,861.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25)		49,858.	70 060
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		70,916.	78,060. 125,921.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
_ S	19	Revenue less expenses. Subtract line 18 from line 12		9,805.	
Net Assets or Fund Balances		T	В	eginning of Current Year 148,434.	End of Year 144,616.
Sse	20	Total assets (Part X, line 16)		171,504.	162,346.
Vet /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		-23,070.	-17,730.
	22 art II	Signature Block		25,070.	17,750.
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of			y knowledge and boller, it is
ii do,	001100	t, and complete. Document of property (other than officer) to become on an information of	Willow propuror	nas any knowledge.	
Sigi	n	Signature of officer		Date	
Her		ANN CHAUVIN, EXECUTIVE DIRECTOR			
	`	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	JENNIFER S. HAN JENNIFER S. HAI	1 C	05/11/22 if self-employs	P00633304
	oarer	Firm's name HAN GROUP LLC		Firm's EIN	<del></del> 1
	Only	Firm's address 1020 19TH STREET, NW, SUITE 800	)		
	•	WASHINGTON, DC 20036		Phone no. (2	02) 293-7000
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

ı a	Statement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<b>.</b>
	WOODLEY HOUSING CORPORATION PROVIDES HOUSING AND SUPPORT SERVICES FOR	<u> </u>
	ADULTS AND ELDERLY WITH MENTAL HEALTH DISABILITIES TO MEET PHYSICAL,	
	SOCIAL AND PSYCHOLOGICAL NEEDS AND MAINTAIN STABLE INDEPENDENT LIVING	G
	IN THE COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	٨
		u
	revenue, if any, for each program service reported.	20 .
4a		<u>39.</u> )
	SUPPORTED INDEPENDENT LIVING: WOODLEY HOUSING CORPORATION PROVIDES	
	HOUSING FACILITIES AND SPECIALTY DESIGNED SERVICES TO MEET THE	
	PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS OF THE ELDERLY AND HANDICAP	PED
	INDIVIDUALS.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 108,980.	
	Form <b>990</b>	<b>)</b> (2021)

## Form 990 (2021) WOODLEY HOUSING CORPORATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{-\Delta}$

132003 12-09-21

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,7
•	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		<u> </u>
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<b>.</b>
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	LI		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ <b>.</b> .
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	$\mathbb{L}_{-}$
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		├──
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	Х	1
Pa		- 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

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

filed b If at Not 3a Did b If "\ 4a At a fina b If "\ 4a Doe 5a Was b Did c If "\ 6a Doe 6a any b If "\ c Did f Sec b Gro a Initi b Gro 11 Sec a Gro b Gro a Is to b Ente orgs c Ente	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, and for the calendar year ending with or within the year covered by this return	2b 3a 3b 4a 5a 5b 5c 6a	X X
b If at Not 3a Did b If "\ 4a At a fina b See 5a Was 5b Did c If "\ 6a Doe 6a any b If "\ c Did b If "\ c Did f Did g If th h If th 8 Spo 9 a Did b Did 10 Sec 5a Gro 11 Sec 5a Intit b Gro 11 Sec 5a Is th Not 5 Enter orga c Enter 13 Sec 5a Is the sec 5a I	at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Interest the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  Indicate the organization have unrelated business gross income of \$1,000 or more during the year?  In the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  In the organization have unrelated business gross income of \$1,000 or more during the year?  In the organization on Schedule O  In this year? If "No" to line 3b, provide an explanation on Schedule O  In any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  In the organization of the foreign country to the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  In the organization a party to a prohibited tax shelter transaction at any time during the tax year?  In the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  In the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  In the organization aparty to a prohibited tax shelter transaction?  In the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit by contributions that were not tax deductible as charitable contributions?  In the organization include with every solicitation an express statement that such contributions or gifts are not tax deductible?	3a 3b 4a 5a 5b 5c	
Not 3a Did b If "\ 4a At a fina b If "\ 5ee 5a Was any b If "\ 6a Did to fi Did f Did f Did f Did g If th 8 Spo 9 Spo a Did b Did 10 Sec a Initi b Gro 11 Sec a Initi b Gro 11 Sec a Initi b Gro 11 Sec a Initi b Gro a Initi b In	ote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  If the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  If Yes," enter the name of the foreign country   The instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  The instruction a party to a prohibited tax shelter transaction at any time during the tax year?  The day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  The structions for filing requirements for FinCEN 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts for Structions for filing requirements for FinCEN Form 114, Report	3a 3b 4a 5a 5b 5c	
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a Did b If "\ c Did to fi d If "\ e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro 11 Sec a Gro b Gro a Int 13 Sec a Is th Not b Ente	ganizations that may receive deductible contributions under section 170(c).	6b	
b If "\ c Did to fi d If "\ e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro 11 Sec a Gro b Gro a Instri th Not b Ente	• • • • • • • • • • • • • • • • • • • •		
c Did to fi to fi d If "\ e Did g If the h If the spood a Did b Did 10 Sector a Grood b Grood and 12a Sector b If "\ 13 Sector a Is the Notice b Enter organic c Enter the sector of the sector a Is the secto	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>
to fi d If "Y e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro a Gro a Is th Not b Ente	'Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
d If "Ye Did f Did g If the h If the spood p Spood a Did b Did 10 Second a Initi b Grood a Grood a Initi b Initi b Enter organic c Enter Initi b Initi	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		77
e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente	file Form 8282?	7с	X
f Did g If th h If th 8 Spo spo 9 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente	'Yes," indicate the number of Forms 8282 filed during the year		37
g If the h If the spoot	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
h If the Spot spot spot spot spot spot spot spot s	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
8 Spot spot spot spot spot spot spot spot s	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
spool	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
9 Spot a Did b Did 10 Sect a Initi b Gro amo 12a Sect b If "\ 13 Sect a Is the Not b Enter organic c Enter b Did 10 Sect a Is the Not b Enter organic c Enter b Did 10 Sect a Did 10 Sec	consoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	
a Did b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente	onsoring organization have excess business holdings at any time during the year?	8	
b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	onsoring organizations maintaining donor advised funds.  d the sponsoring organization make any taxable distributions under section 4966?	9a	
a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	d the sponsoring organization make any taxable distributions under section 4966?  d the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
a Initi b Gro 11 Sec a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	ection 501(c)(7) organizations. Enter:		
b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Enter orgs c Enter	tiation fees and capital contributions included on Part VIII, line 12		
a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Enter orgs c Enter	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
a Gro b Gro amo  12a Sec b If "Y  13 Sec a Is th Not b Ente	ection 501(c)(12) organizations. Enter:		
b Gro amo  12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	oss income from members or shareholders		
b If "\ 13 Sec a Is th Not b Enture orga c Ente	oss income from other sources. (Do not net amounts due or paid to other sources against		
b If "\\ 13 Sec a Is th Not b Ente orga c Ente			
a Is the Note organic C Enter	nounts due or received from them.)	12a	
a Is the Note b Enter organic c Enter	nounts due or received from them.)  ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b Enter			
<b>b</b> Enterorga	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
orga <b>c</b> Ente	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	104	
<b>c</b> Ente	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	iou	
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	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b	Y
	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	Х
	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b 15	
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b	X
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  PYes," enter the amount of tax-exempt interest received or accrued during the year 12b  Pection 501(c)(29) qualified nonprofit health insurance issuers.  The organization licensed to issue qualified health plans in more than one state?  Pote: See the instructions for additional information the organization must report on Schedule O.  Pote: See the instructions for additional information the organization must report on Schedule O.  Pote: See the instructions for additional information the organization must report on Schedule O.  Pote: See the instructions of additional information the organization must report on Schedule O.  Pote: See the instructions and must report to maintain by the states in which the granization is licensed to issue qualified health plans 13b  Pote: See the instructions and payments for indoor tanning services during the tax year?  Pote: The amount of reserves on hand 13c  Pote: The amount of rese	14a 14b 15	
If "\	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b 15	

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

_	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
			1	a e1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other							
	officer, director, trustee, or key employee?				2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the			Γ						
	of officers, directors, trustees, or key employees to a management company or other person?				3	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х			
5										
6	Did the organization have members or stockholders?			г	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			·····						
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			·····						
~	persons other than the governing body?		*		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·····						
а	The governing body?			- 1	8a	Х				
b	Each committee with authority to act on behalf of the governing body?				8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			····· }	OD					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x			
800					9		22			
360	tion B. Policies (This Section B requests information about policies not required by the Internal R	everic	le Code.)			V	N.			
40-	Did the averagination have lead about an hypnakes as affiliated			Г	10-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			····· }	10a		22			
D	If "Yes," did the organization have written policies and procedures governing the activities of such c				401					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bet	ore filing the for	m?	11a					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 1		v				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					37				
	on Schedule O how this was done				12c	X				
13	Did the organization have a written whistleblower policy?			г	13	X				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						77			
	The organization's CEO, Executive Director, or top management official				15a		X			
b	Other officers or key employees of the organization				15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			J						
	taxable entity during the year?			[	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizati	on's	- 1						
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (section 501	l(c)(3)	s only	avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	on S	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest polic	cy, and	d finar	ncial				
	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 bo	oks a	nd records 🕨							
	THE ORGANIZATION - (202) 830-3508		· -							
	3000 CONNECTICUT AVENUE, NW, 108, WASHINGTON, DC	200	800							

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

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

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

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

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANN CHAUVIN CEO/EXECUTIVE DIRECTOR	36.00			х				13,879.	124,909.	14,832.
(2) TYRONE CARTWRIGHT	4.00							13,013.	121,505.	11,032.
CHIEF ADMINISTRATIVE OFFICER	36.00			х				11,160.	100,456.	5,716.
(3) JEREMIAH WATTS	1.00									
PRESIDENT	3.00	Х		Х				0.	0.	0.
(4) DIANE MURRAY	1.00									
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(5) ISABEL JASINOWSKI	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(6) NORM SCHNEIDER	1.00									
TREASURER	3.00	Х		Х				0.	0.	0.
(7) KELLEY BARNABY	0.50							_	_	_
TRUSTEE	0.50	Х						0.	0.	0.
(8) DEBRA BARRETT	0.50								_	
TRUSTEE	0.50	Х						0.	0.	0.
(9) JEANINE BOYLE	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(10) CATHERINE COOKE	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(11) MATTHEW HOFFMAN	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(12) DAVE JOSEPH	0.50								0	•
TRUSTEE	0.50	Х						0.	0.	0.
(13) VINCENT KEANE	0.50	,,							0	0
TRUSTEE	0.50	Х						0.	0.	0.
(14) JENNIFER J. MCALPIN	0.50	٠,,							0	0
TRUSTEE	0.50	Х						0.	0.	0.
(15) LINDA PARISI	0.50							0.	0	^
TRUSTEE	0.50	^	$\vdash$	$\vdash$	<u> </u>	-	_	0.	0.	0.
(16) ELIZABETH WALSH	0.50	,						0.	0.	0.
TRUSTEE (17) HOLLY WITTENBERG	0.50			$\vdash$				0.	0.	<u> </u>
TRUSTEE	0.50	y						0.	0.	0.
120007 10 00 01	1 0.30		L	<u> </u>	L		<u> </u>	<u> </u>	0.	Eorm <b>990</b> (2021)

132007 12-09-21

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more that				than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related			nount o other	of
	(list any	<del>                                     </del>						the	organizations			pensa	tion
	hours for	1 5 1		r direc					(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC/	1099-NEC	)		anizati	
	organizations below	ual tru	ional t		ployee	t com	۱.	1099-NEC)				d relate Inizatio	
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer.				orga	ıı ıızatı	) 13
(18) TOMMY ZAREMBKA	0.50	<del>  -</del>	_		Ť	1	<del>                                     </del>						
TRUSTEE	0.50	Х						0.		0.			0.
		_				_	┡						
		-											
		-			-	+	<u> </u>						
		┨											
						1							
					<u> </u>	_	╙						
		1											
		-				-	-						
		-											
		-			-	+							
		1											
1b Subtotal	1						<b></b>	25,039.	225,3	65.	2	0,54	48.
c Total from continuation sheets to Part \							<b></b>	0.		0.			0.
d Total (add lines 1b and 1c)								25,039.	225,3		2	0,54	48.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization												Yes	No
2 Did the expenization list any former office	diractor truct	1			love		r bic	shoot componented own	alovos on			res	NO
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			•		•		•		•		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	-		-					•	<b>3-</b>		4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	dual for services	6			
rendered to the organization? If "Yes," cor	nplete Schedui	le J f	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c										npens	ation f	rom	
the organization. Report compensation for (A)	rtne calendar y	ear (	enai	ng v	vitn	or w	/itnii	n the organization's tax	year.		(C	·\	
Name and busines	s address	NO	INC	Ξ				Description of s	ervices	С	omper	יי nsatior	า
							_						
							$\dashv$						
2 Total number of independent contractors	(including but r	not lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					0							
											Form 9	aan 🕜	2021

Pa	I L V	Ш		or note to any lin	o in this Dort VIII			
			Check if Schedule O contains a response	or note to any iir	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
					Total revenue	function revenue		l
ints nts	1		Federated campaigns 1a					
Gra			Membership dues 1b					
fts,			Fundraising events 1c					
igi ila			Related organizations 1d	95,910.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e  All other contributions, gifts, grants, and	93,910.				
uti		'	similar amounts not included above 1f					
or it		a	Noncash contributions included in lines 1a-1f					
Cor		_	Total. Add lines 1a-1f	<b>•</b>	95,910.			
		-		Business Code				
e	2	а	TENANT FEES/ASSISTANCE	623990	35,339.	35,339.		
e vic		b						
Se enu		С						
ran 3ev		d						
Program Service Revenue		е						
ъ.			All other program service revenue		35,339.			
	_		Total. Add lines 2a-2f		33,339.			
	3		other similar amounts)	·	12.			12.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		h	assets other than inventory Less: cost or other basis					
e		D	and sales expenses <b>7b</b>					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)	<b></b>				
her	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a					
			Less: direct expenses 8b	<u> </u>				
	•		Net income or (loss) from fundraising events	<b>P</b>				
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
	10		Gross sales of inventory, less returns					
			and allowances 10a	а				
		b	Less: cost of goods sold 101	b				
		С	Net income or (loss) from sales of inventory					
ns				Business Code				
neo	11							
Miscellaneous Revenue		b c						
lsc Re			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		131,261.	35,339.	0.	12.

#### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				<u> </u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	27,092.	27,092.		
7	Other salaries and wages	5,361.	5,361.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40.00	40.00		
9	Other employee benefits	12,985.	12,985.		
10	Payroll taxes	2,423.	2,423.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4 005		4 005	
С	Accounting	4,825.		4,825.	
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	2 561	0 561		
	column (A), amount, list line 11g expenses on Sch 0.)	2,561.	2,561.		
12	Advertising and promotion	F0.6	F0.6		
13	Office expenses	586.	586.		
14	Information technology	2,163.	2,163.		
15	Royalties	24 706	24 706		
16	Occupancy	24,786.	24,786.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	E 472	E 472		
20	Interest	5,473.	5,473.		
21	Payments to affiliates	E 020	E 020		
22	Depreciation, depletion, and amortization	5,830. 3,428.	5,830. 3,428.		
23	Insurance	3,440.	3,448.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)  BAD DEBT EXPENSE	12 000	12 000		
a	PROGRAM FACILITIES	12,000. 12,000.	12,000.	12,000.	
b	PROGRAM FACILITIES	12,000.		12,000.	
С.					
d		4,408.	4,292.	116.	
e or	· — — — — — — — — — — — — — — — — — — —	125,921.	108,980.	16,941.	0
25	Total functional expenses. Add lines 1 through 24e	140,941.	100,900.	10,941.	U
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

### Form 990 (2021) Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or	note to any li	ne in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			35,211.	1	19,624
2	Savings and temporary cash investments	20,941.	2	47,867		
3	Pledges and grants receivable, net	7,739.	3	7,739		
4	Accounts receivable, net			16,925.	4	3,697
5	Loans and other receivables from any curren					
	trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
	controlled entity or family member of any of t	hese persons	3		5	
6	Loans and other receivables from other disqu	ualified perso	ns (as defined			
	under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B)		6	
2 7	Notes and loans receivable, net				7	
7 8 8	Inventories for sale or use				8	
<b>⊄</b>   9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	335,984.			
b	Less: accumulated depreciation	10b	271,390.	65,913.	10c	64,594
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, lir	ne 11			12	
13	Investments - program-related. See Part IV, li	ne 11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	1,705.	15	1,095		
16	Total assets. Add lines 1 through 15 (must e			148,434.	16	144,616
17	Accounts payable and accrued expenses	1,697.	17	2,691		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple				21	
၉ 22	Loans and other payables to any current or f					
[	trustee, key employee, creator or founder, su					
	controlled entity or family member of any of t	100 000	22	110 100		
23	Secured mortgages and notes payable to un			122,209.	23	117,170
24	Unsecured notes and loans payable to unrela			21,027.	24	21,027
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on li	nes 17-24). C	omplete Part X	26 571		21 450
	of Schedule D			26,571.		21,458
26	Total liabilities. Add lines 17 through 25			171,504.	26	162,346
g	Organizations that follow FASB ASC 958, o	check here				
<u> </u>	and complete lines 27, 28, 32, and 33.			-23,070.	07	-17,730
27	Net assets without donor restrictions			-23,070.	27	-17,730
28	Net assets with donor restrictions				28	
[	Organizations that do not follow FASB ASC	, 958, cneck	nere 🚩 🗀			
5 0	and complete lines 29 through 33.	do			200	
29	Capital stock or trust principal, or current fun				29	
30	Paid-in or capital surplus, or land, building, or				30	
27 28 29 20 Long palances 29 30 31 32 32	Retained earnings, endowment, accumulated			-23,070.	32	-17,730
_	Total liabilities and not assets/fund balances			148,434.	33	144,616
33	Total liabilities and net assets/fund balances			170,434.	აა	Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		•	$\frac{61.}{21.}$			
2								
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2	3,0	70.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	-1	7,7	30.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

#### **Schedule B** (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

Employer identification number

WOODLEY HOUSING CORPORATION 52-1158363										
Organization type (check one):										
Filers of: Section:										
Form 990 or 990-EZ $\overline{X}$ 501(c)( $\overline{4}$ ) (enter number) organization										
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation										
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.								
General Rule										
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor									
Special Rules										
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, as the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) file 1. Complete Parts I and II.	nd that received from any one								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.										
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$										
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).										

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021) Page **2** 

Name of organization	Employer identification number

WOODLEY HOUSING CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$ 	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)

52-1158363

Name of organization Employer identification number

#### WOODLEY HOUSING CORPORATION

52-1158363

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** 52-1158363 WOODLEY HOUSING CORPORATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

WOODLEY HOUSING CORPORATION

**Employer identification number** 52-1158363

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Sche	dule D (Form 990) 2021 WOODLEY	HOUSING CO	RPO	RATION			52-	1158363	Page <b>2</b>
Pai	t III Organizations Maintaining C	ollections of Art	, His	torical Tr	easures,	or Other			
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	, chec	k any of the	following tha	at make sigr	nificant use o	f its	
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	e			nange progn				
c	Preservation for future generations	C							
4	Provide a description of the organization's co	lloations and avalain	how th	acy further t	ho organizat	ion'a ayamr	t purpose in	Dort VIII	
5	During the year, did the organization solicit or							rait Aiii.	
5			-					□ v <sub>aa</sub>	
Dai	to be sold to raise funds rather than to be matter than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be matter to be matter to be matter to be sold to raise funds rather than to be matter							Yes	No_
	reported an amount on Form 990, Par	t X, line 21.						Try, line 9, or	
1a	Is the organization an agent, trustee, custodion Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part XIII a								
_	gg							Amount	
c	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-			
	t V Endowment Funds. Complete if								
		(a) Current year		rior year			Three years b	ack (e) Four y	ears back
1a	Beginning of year balance	,			,,,,	<u> </u>	<u> </u>	1,,,,	
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-	. '								
	and programs								
	Administrative expenses								
g	End of year balance		/l: <b>1</b>	li :: /-	\\ hald as:				
2	Provide the estimated percentage of the curr	•	-	g, column (a	a)) neiu as.				
	Board designated or quasi-endowment		<u></u> %						
b	Permanent endowment	%							
С	·	6							
_	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posses	ssion of the organizat	ion tha	at are neid a	nd administe	ered for the	organization		/aa Na
	by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		ment	funds.					
Pai	t VI Land, Buildings, and Equipm		<b>.</b>	, ,, ,, ,		0 0 1 1 1 1	40		
	Complete if the organization answered			·					
	Description of property	(a) Cost or oth			or other		umulated	(d) Book	value
		basis (investme	ent)		(other)	depre	ciation	1 1	<u> </u>
	Land				4,600.		0 606		,600.
	Buildings			21	4,462.	20	2,626.	11	,836.
С	Leasehold improvements			_		_			4 = -

Schedule D (Form 990) 2021

8,158.

64,594.

68,764

e Other

d Equipment

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

76,922.

Part VII Investments - Other Securities.	on Form 000. Bort IV. lin	o 11h Coo Earm 000 Dort V line 12	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
	(b) Dook value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	- F 000 D+ IV II-	- 44 d Oct France 2000 Book V Book 45	
Complete if the organization answered "Yes" o		e 11a. See Form 990, Part X, line 15.	(h) Dook volue
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			6,155.
(3) DUE TO AFFILIATED ENTITY			15,303.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			64 45-
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	21,458.

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

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 WOODLEY HOUSING CORPORA	ATION	52-115836	3 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Pa	.rt XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
D 3 .	OT 17 T TATE 0			
PA.	RT X, LINE 2:			

THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

Part XIII   Supplemental Information (continued)
THE YEAR ENDED DECEMBER 31, 2021 AND DETERMINED THAT THERE WERE NO MATTERS
THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR
THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUTE OF
LIMITATIONS GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S.
FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN
WHICH THE ORGANIZATION FILES TAX RETURNS.

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

WOODLEY HOUSING CORPORATION	52-1158363
FORM 990, PART VI, SECTION A, LINE 3:	
THE ORGANIZATION DELEGATES CONTROL OVER MANAGEMENT DUTIES	TO WOODLEY HOUSE,
INC., A RELATED 501(C)(3) NON-PROFIT ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEW	ED BY THE CHIEF
EXECUTIVE OFFICER. THE FORM 990 IS PROVIDED TO THE BOARD	PRIOR TO FILING
WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ON AN ANNUAL BASIS, ALL INDIVIDUALS TO WHOM THE CONFLICT	OF INTEREST POLICY
APPLIES (ALL OFFICERS, DIRECTORS, VOLUNTEERS, AND KEY EMP	LOYEES) ARE
PROVIDED WITH A COPY OF THE POLICY AND ARE REQUIRED TO CO	MPLETE AND SIGN AN
ACKNOWLEDGEMENT AND DISCLOSURE FORM.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	IAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE EITHER ITS FINANCIAL STAT	EMENT AUDIT
OVERSIGHT PROCESS OR INDEPENDENT AUDITOR SELECTION PROCES	S DURING THE
TAX YEAR.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

#### SCHEDULE R (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.

Department of the Treasury Internal Revenue Service

Mame of the organization

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

2021
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WOODLEY HOUSI	NG CORPORATION					<u>52-11583</u>	363	
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year		Direct o	(f) controlling ntity	9
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	because it had one	or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity	contr	g) 512(b)(13) rolled ity?
WOODLEY HOUSE, INC 53-0245460 6856 EASTERN AVENUE, NW, SUITE 300 WASHINGTON, DC 20012	PROVIDE QUALITY RESIDENTIAL SERVICES TO PERSONS W/ MENTAL ILLNESS	DISTRICT OF COLUMBIA	501(C)(3)	501(c)(3)) LINE 7			Yes	No X
	-							

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.

IDI Gene	eral or Phaging ther?	(k) Percentage ownership
1065) <b>Yes</b>	neral or Fanaging artner?	
. I i	9	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion b)(13) rolled :ity?
		country)		J. 1.25.4				Yes	No
-									
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								$\vdash\vdash\vdash$	<del> </del>
									<u> </u>

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1	Performance of services or membership or fundraising solicitations for related organi	ization(s)			11		X
	Performance of services or membership or fundraising solicitations by related organizations				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)		2.5					
3216	3 11-17-21	25		Schedule I	R (Forı	n 990)	2021

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.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(3 orgs.? Yes N	Share of total income	Share of end-of-year assets	Disprotionallocati	por- ate ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne Yes N	or Percentage ownership o
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Yes N	total income	end-of-year assets	Yes	No	of Schedule K-1 (Form 1065)	yes N	o ownership
		country)	sections 512-514)	Yes N	lo income	assets	Yes	No	(Form 1065)	Yes N	
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l											
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