

C&E
989

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

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

2017
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 For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING		D Employer identification number 54-1515133
	Doing business as		E Telephone number 703-276-7444
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,213,247.
	4318 N CARLIN SPRINGS ROAD		
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer NINA JANOPOAUL SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.APAH.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1989 M State of legal domicile: VA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO DEVELOP, PRESERVE, AND OWN QUALITY, AFFORDABLE PLACES TO LIVE; CONTINUED ON SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	360,500.	1,141,638.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,201,470.	7,425,354.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	10,580,067.	184,898.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	466,566.	426,938.
		15,608,603.	9,178,828.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,660,071.	2,053,985.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,969.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,072,132.	2,064,268.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	2,732,203.	4,118,253.	
19 Revenue less expenses - Subtract line 18 from line 12	12,876,400.	5,060,575.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	55,190,626.	54,912,044.
	22 Net assets or fund balances - Subtract line 21 from line 20	29,231,015.	23,695,233.
		25,959,611.	31,216,811.

Part II Signature Block

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

Sign Here	<i>[Signature]</i> Signature of officer	11-15-18 Date
	NINA JANOPOUL, PRESIDENT KELLY ECKHORN, ASSISTANT TREASURER Type or print name and title	
Preparer	Print/Type preparer's name PHILIP H. CORNBLATT	Preparer's signature <i>[Signature]</i>
Use Only	Date 11/14/18	Check <input type="checkbox"/> if self-employed PTIN P00252478
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099
	Firm's address 500 EAST PRATT STREET, 4TH FLOOR BALTIMORE, MD 21202	Phone no. 410-783-4900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED FEB 12 2019

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING (APAH) IS TO DEVELOP, PRESERVE, AND OWN QUALITY, AFFORDABLE PLACES TO LIVE; TO PROMOTE STABILITY AND OPPORTUNITY FOR OUR RESIDENTS; AND TO ADVOCATE WITH THE PEOPLE AND COMMUNITIES WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,783,855. including grants of \$) (Revenue \$ 7,425,354.)

APAH PROVIDES 1,225 UNITS TO LOW TO MODERATE INCOME HOUSING AND 138 MARKET RATE UNITS FOR FAMILIES AND INDIVIDUALS. APAH PROVIDES ITS LOW-INCOME HOUSEHOLDS WITH PROGRAMS AND SERVICES TO PROMOTE FINANCIAL STABILITY, HEALTH AND WELLNESS, EDUCATIONAL AND WORKFORCE SUCCESS, AND CIVIC ENGAGEMENT.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,783,855.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 38		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21	
1b	Enter the number of voting members included in line 1a, above, who are independent	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **APAH - 703-276-7444**
4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN MILLIKEN CHAIR	1.00 4.00	X					0.	0.	0.	
(2) KEVIN YAM VICE CHAIR	1.00 4.00	X					0.	0.	0.	
(3) NINA JANOPAUL PRESIDENT/CEO	35.00 5.00	X		X			201,500.	0.	17,262.	
(4) ROBERT ROZEN VICE PRESIDENT	1.00 4.00	X		X			0.	0.	0.	
(5) RICHARD ANDERSON JR TREASURER	1.00 4.00	X		X			0.	0.	0.	
(6) SUSAN INGRAHAM BELL SECRETARY	1.00 4.00	X		X			0.	0.	0.	
(7) JULIE GOULD DIRECTOR	1.00	X					0.	0.	0.	
(8) YVONNE AIKEN DIRECTOR	1.00	X					0.	0.	0.	
(9) JAY HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(10) ALICE HOGAN DIRECTOR	1.00	X					0.	0.	0.	
(11) MATT BIRENBAUM DIRECTOR	1.00	X					0.	0.	0.	
(12) PAUL HOLLAND DIRECTOR	1.00	X					0.	0.	0.	
(13) CECILIA CASSIDY DIRECTOR	1.00	X					0.	0.	0.	
(14) GEORGE COVUCCI DIRECTOR	1.00	X					0.	0.	0.	
(15) RICH JORDAN DIRECTOR	1.00	X					0.	0.	0.	
(16) MICHAEL GEARY DIRECTOR	1.00	X					0.	0.	0.	
(17) ERICA KHATCHADOURIAN DIRECTOR	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHIE PANFIL DIRECTOR	1.00	X					0.	0.	0.	
(19) ANDREW MERROW DIRECTOR	1.00	X					0.	0.	0.	
(20) MICHAEL SPOTTS DIRECTOR	1.00	X					0.	0.	0.	
(21) SARAH MORALES DIRECTOR	1.00	X					0.	0.	0.	
(22) CARMEN ROMERO VP OF REAL ESTATE DEVELOPMENT	35.00 5.00			X			148,840.	0.	5,954.	
(23) KELLY EICHHORN ASSISTANT TREASURER/CFO	35.00 5.00			X			134,000.	0.	10,070.	
(24) KIMBERLY PAINTER ASSISTANT SECRETARY/CHIEF OF STAFF	35.00 5.00			X			90,753.	0.	10,784.	
(25) MICHAEL CHIAPPA ASSOC DIRECTOR OF RE DEV	35.00 5.00					X	135,000.	0.	10,027.	
(26) LAURA LONDON ASSOC DIRECTOR OF RE DEV	5.00 35.00					X	0.	126,000.	5,040.	
1b Sub-total							710,093.	126,000.	59,137.	
c Total from continuation sheets to Part VII, Section A							230,032.	0.	28,697.	
d Total (add lines 1b and 1c)							940,125.	126,000.	87,834.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	745,298.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	396,340.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		1,141,638.				
Program Service Revenue	2 a DEVELOPMENT FEE	Business Code	531390	4,849,185.	4,849,185.		
	b MISC. INCOME	Business Code	531390	1,384,390.	1,384,390.		
	c RENTAL INCOME (LOSS)	Business Code	531390	844,256.	844,256.		
	d EQUITY IN INCOME	Business Code	531390	347,523.	347,523.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		7,425,354.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			184,898.		184,898.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		461,357.			
		b Less direct expenses	b	34,419.			
		c Net income or (loss) from fundraising events			426,938.		426,938.
	9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			9,178,828.	7,425,354.	0.	611,836.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	575,093.	541,738.	31,630.	1,725.
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	1,261,989.	1,188,794.	69,409.	3,786.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,187.		81,187.	
9 Other employee benefits	2,111.		2,111.	
10 Payroll taxes	133,605.	125,856.	7,348.	401.
11 Fees for services (non-employees)				
a Management	36,824.	36,824.		
b Legal	5,575.		5,575.	
c Accounting	43,050.		43,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	124.	124.		
13 Office expenses	32,665.	30,868.	1,797.	
14 Information technology	35,246.	33,306.	1,940.	
15 Royalties				
16 Occupancy				
17 Travel	11,341.	10,717.	624.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	441,012.	416,744.	24,268.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	351,839.	332,478.	19,361.	
23 Insurance	136,926.	129,391.	7,535.	
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.)				
a MISC TAXES	197,904.	190,321.	7,583.	
b BAD DEBT	171,930.	171,930.		
c REPAIRS AND MAINTENANCE	154,484.	153,069.	1,415.	
d UTILITIES	92,594.	87,499.	5,095.	
e All other expenses	352,754.	334,196.	18,501.	57.
25 Total functional expenses. Add lines 1 through 24e	4,118,253.	3,783,855.	328,429.	5,969.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1		1	
	2	7,528,079.	2	10,678,509.
	3		3	
	4	8,155,510.	4	9,180,329.
	5		5	
	6		6	
	7	13,865,239.	7	11,950,473.
	8		8	
	9	246,870.	9	39,094.
	10a	20,029,447.		
	10b	1,076,159.	10c	18,953,288.
	11		11	
	12		12	
	13	8,726.	13	2,242,912.
	14		14	
	15	3,512,562.	15	1,867,439.
16	55,190,626.	16	54,912,044.	
Liabilities	17	736,727.	17	359,937.
	18		18	
	19	4,025,412.	19	4,021,838.
	20		20	
	21		21	
	22		22	
	23	19,271,158.	23	15,215,148.
	24		24	
	25	5,197,718.	25	4,098,310.
	26	29,231,015.	26	23,695,233.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	25,959,611.	27	31,216,811.
	28		28	
	29		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	25,959,611.	33	31,216,811.	
34	55,190,626.	34	54,912,044.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,178,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,118,253.
3	Revenue less expenses Subtract line 2 from line 1	3	5,060,575.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,959,611.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	196,625.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,216,811.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
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 and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	420,593.	205,000.	317,568.	360,500.	1141638.	2445299.
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	3195430.	4362821.	7867444.	4201470.	7425354.	27052519.
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	3616023.	4567821.	8185012.	4561970.	8566992.	29497818.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						29497818.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	3616023.	4567821.	8185012.	4561970.	8566992.	29497818.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195,363.	174,047.	176,216.	180,067.	184,898.	910,591.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	195,363.	174,047.	176,216.	180,067.	184,898.	910,591.
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3811386.	4741868.	8361228.	4742037.	8751890.	30408409.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	97.01 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.58 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	2.99 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	3.54 %

19a 33 1/3% 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

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations (continued)

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

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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>		
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 the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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		(A) Prior Year	(B) 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 integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

ARLINGTON PARTNERSHIP FOR AFFORDABLE

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
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)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(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			
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			
i Carryover from 2012 not applied (see instructions)			
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. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

ARLINGTON PARTNERSHIP FOR AFFORDABLE

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017
Open to Public Inspection

Name of the organization **ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING** Employer identification number **54-1515133**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule D (Form 990) 2017

54-1515133 Page 2

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,392,420.		15,392,420.
b Buildings		4,637,027.	1,076,159.	3,560,868.
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* **18,953,288.**

Schedule D (Form 990) 2017

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule D (Form 990) 2017

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED DEVELOPMENT FEES	4,011,206.
(3) SECURITY DEPOSITS PAYABLE	9,225.
(4) CONSTRUCTION & DEV COST PAYABLE	75,228.
(5) PREPAID RENT	1,766.
(6) ACCRUED INTEREST	885.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,098,310.

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

Schedule D (Form 990) 2017

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule D (Form 990) 2017

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

APAH AND ITS SUBSIDIARIES, CAMERON COMMONS DEVELOPMENT CORPORATION, CARLYN SPRINGS/FOXCROFT TERRACE DEVELOPMENT CORPORATION, FISHER HOUSE DEVELOPMENT CORPORATION, QUEEN'S COURT DEVELOPMENT CORPORATION, AND ROSSLYN RIDGE DEVELOPMENT CORPORATION HAVE APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. DUE TO THEIR TAX-EXEMPT STATUS, APAH AND ITS SUBSIDIARIES ARE NOT SUBJECT TO INCOME TAXES, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. APAH DID NOT HAVE UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2017. APAH AND ITS SUBSIDIARIES ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE

ARLINGTON PARTNERSHIP FOR AFFORDABLE
HOUSING

Schedule D (Form 990) 2017

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Part XIII Supplemental Information *(continued)*

CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES FOR APAH AND ITS EXEMPT SUBSIDIARIES AND THEY HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. EACH OF THE ORGANIZATIONS EXCEPT APAH COMMERCIAL LLC, APAH WESTOVER LLC, AVV APARTMENTS, LLC, THE BARKALOW LLC, BUCHANAN GARDENS II, LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC AND MARBELLA DEVELOPMENT LLC, FILE SEPARATE TAX RETURNS.

APAH COMMERCIAL LLC, APAH WESTOVER LLC, AVV APARTMENTS, LLC, THE BARKALOW LLC, BUCHANAN GARDENS II, LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC AND MARBELLA DEVELOPMENT LLC ARE SINGLE MEMBER LIMITED LIABILITY COMPANIES WHICH ARE NOT RECOGNIZED FOR FEDERAL INCOME TAX PURPOSES. APAH COMMERCIAL LLC, APAH WESTOVER LLC, THE BARKALOW LLC, BUCHANAN GARDENS II, LLC, GILLIAM PLACE LLC, AND GILLIAM RETAIL LLC'S ACTIVITIES ARE REPORTED ON APAH'S INCOME TAX RETURN. AVV APARTMENTS LLC AND MARBELLA DEVELOPMENT LLC'S ACTIVITIES ARE REPORTED ON ROSSLYN RIDGE DEVELOPMENT CORPORATION'S TAX RETURN.

COLUMBIA GROVE, INC. IS A CORPORATION AND ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY APPROACH, WHICH REQUIRES THE RECOGNITION OF DEFERRED TAX ASSETS AND LIABILITIES FOR THE EXPECTED FUTURE TAX CONSEQUENCES OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AND TAX BASIS OF ASSETS AND LIABILITIES. A VALUATION ALLOWANCE IS RECORDED IF, BASED UPON THE EVIDENCE AVAILABLE, IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF THE DEFERRED TAX ASSETS WILL NOT BE REALIZED. COLUMBIA GROVE, INC. EVALUATES ITS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE APPLICABLE GUIDANCE. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE

Schedule D (Form 990) 2017

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Part XIII Supplemental Information *(continued)*

CONSOLIDATED FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. INCOME TAX RETURNS FILED BY COLUMBIA GROVE, INC. ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2014 REMAIN OPEN.

ARLINGTON MILL LIMITED PARTNERSHIP, APAH WESTOVER APARTMENTS LIMITED PARTNERSHIP, BUCHANAN GARDENS LIMITED PARTNERSHIP, CALVERT MANOR LIMITED PARTNERSHIP, COLUMBIA GROVE APARTMENTS LIMITED PARTNERSHIP, COLUMBIA HILLS EAST LIMITED PARTNERSHIP, COLUMBIA HILLS WEST LIMITED PARTNERSHIP, COURTHOUSE CROSSINGS LIMITED PARTNERSHIP, FISHER HOUSE LIMITED PARTNERSHIP, GILLIAM PLACE EAST LIMITED PARTNERSHIP, GILLIAM PLACE WEST LIMITED PARTNERSHIP, LORCOM ARMS LIMITED PARTNERSHIP, ROSSLYN RIDGE APARTMENTS LIMITED PARTNERSHIP, NORTH PIERCE ASSOCIATES LIMITED PARTNERSHIP, AND THE SPRINGS APARTMENTS LIMITED PARTNERSHIP HAVE ELECTED TO BE TREATED AS PASS-THROUGH ENTITIES FOR INCOME TAX PURPOSES AND, AS SUCH, ARE NOT SUBJECT TO INCOME TAXES. RATHER, ALL ITEMS OF TAXABLE INCOME, DEDUCTIONS AND TAX CREDITS ARE PASSED THROUGH TO AND ARE REPORTED BY THEIR OWNERS ON THEIR RESPECTIVE INCOME TAX RETURNS. THE LIMITED PARTNERSHIPS' FEDERAL TAX STATUSES AS PASS-THROUGH ENTITIES ARE BASED ON THEIR LEGAL STATUS AS PARTNERSHIPS. ACCORDINGLY, THE LIMITED PARTNERSHIPS ARE NOT REQUIRED TO TAKE ANY TAX POSITIONS IN ORDER TO QUALIFY AS A PASS-THROUGH ENTITY. THE LIMITED PARTNERSHIPS ARE REQUIRED TO FILE AND DO

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Part XIII Supplemental Information *(continued)*

FILE TAX RETURNS WITH THE INTERNAL REVENUE SERVICE AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES FOR THE LIMITED PARTNERSHIPS AND THEY HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INCOME TAX RETURNS FILED BY THE LIMITED PARTNERSHIPS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2014 REMAIN OPEN.

ARLINGTON PARTNERSHIP FOR AFFORDABLE

Schedule G (Form 990 or 990-EZ) 2017 **HOUSING**

54-1515133 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))
		ANNUAL EVENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	461,357.		461,357.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	461,357.		461,357.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	34,419.		34,419.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			34,419.
	11	Net income summary. Subtract line 10 from line 3, column (d)			426,938.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

ARLINGTON PARTNERSHIP FOR AFFORDABLE

Schedule G (Form 990 or 990-EZ) 2017 HOUSING

54-1515133 Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility
13a %
13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

c If "Yes," enter name and address of the third party

Name
Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information See instructions

ARLINGTON PARTNERSHIP FOR AFFORDABLE

Schedule G (Form 990 or 990-EZ)

HOUSING

54-1515133 Page 4

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

Schedule G (Form 990 or 990-EZ)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

Part I Questions Regarding Compensation

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2017

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule J (Form 990) 2017

54-1515133

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NINA JANOPAUL PRESIDENT/CEO	(i)	196,932.	1,500.	3,068.	8,060.	9,202.	218,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARMEN ROMERO VP OF REAL ESTATE DEVELOPMENT	(i)	128,000.	20,840.	0.	5,954.	0.	154,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE
HOUSING

Employer identification number
54-1515133

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROMOTE STABILITY AND OPPORTUNITY FOR OUR RESIDENTS; AND TO ADVOCATE
WITH THE PEOPLE AND COMMUNITIES WE SERVE.

FORM 990, PART VI, SECTION A, LINE 3:

PROPERTY OPERATIONS ARE MANAGED BY AN INDEPENDENT, THIRD PARTY PROPERTY
MANAGEMENT COMPANY.

FORM 990, PART VI, SECTION A, LINE 4:

IN 2017, THE ORGANIZATION AMENDED ITS BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS PASSED A RESOLUTION WHERE THE FINANCE AND OPERATIONS
COMMITTEE IS APPOINTED TO REVIEW AND APPROVE THE FORM 990. ONCE THE FORM
990 IS RECEIVED BY APAH THE COMMITTEE WILL HAVE ONE WEEK (OR LESS DEPENDING
ON TIME CONSTRAINTS) TO ISSUE ANY COMMENTS AND THEN SEND A RESOLUTION TO
APPROVE THE 990 TO THE COMMITTEE, AT WHICH POINT THEY VOTE TO APPROVE THE
FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR EVERY EMPLOYEE AND BOARD MEMBER IS REQUIRED TO DISCLOSE ANY
CONFLICTS OF INTEREST. ANY THAT ARISE DURING THE YEAR ARE HANDLED BY THE
CHAIR OF THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE

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

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

732211 09-07-17

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
--------------------------------------------------------------------------	----------------------------------------------

BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS SALARIES AND BENEFITS FOR EXECUTIVES WITH COMPARABLE ORGANIZATIONS WHEN DETERMINING SALARY ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ELIMINATING INTERCOMPANY BALANCE	196,625.
----------------------------------	----------

FORM 990 PART XII LINE 2C

THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization **ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING** Employer identification number **54-1515133**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE BARKALOW, LLC - 54-1957555 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	228,225.	1,022,069.	APAH, INC.
BUCHANAN GARDENS II, LLC - 27-1234175 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	0.	13,770.	APAH, INC
AVV APARTMENTS, LLC - 46-3985371 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	1,432,554.	14,195,723.	ROSSLYN RIDG
MARBELLA DEVELOPMENT, LLC - 80-0729856 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	1,803,305.	12,482,979.	ROSSLYN RIDG

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CARLYN SPRINGS-FOXCROFT TERRACE DEVELOPMENT - 54-1869305, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	501(C)(3)	LINE 12A, I	APAH, INC.	X	
QUEEN'S COURT DEVELOPMENT CORPORATION - 54-1782084, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	501(C)(3)	LINE 12A, I	APAH, INC.	X	
ROSSLYN RIDGE DEVELOPMENT CORPORATION - 54-1782087, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	501(C)(3)	LINE 12A, I	APAH, INC.	X	
FISHER HOUSE DEVELOPMENT CORPORATION - 54-1782088, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	501(C)(3)	LINE 12A, I	APAH, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule R (Form 990)

54-1515133

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
APAH WESTOVER LLC - 81-3329041 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	651,758.	7,606,588.	APAH, INC.
APAH COMMERCIAL LLC - 47-2737340 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	0.	0.	APAH, INC.
GILLIAM PLACE, LLC - 81-1645900 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	747,429.	9,209,943.	APAH, INC.
GILLIAM RETAIL, LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VIRGINIA	0.	0.	APAH, INC.

ARLINGTON PARTNERSHIP FOR AFFORDABLE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CALVERT MANOR LIMITED PARTNERSHIP - 54-1860362, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED	<25,886.>	<158,912.>	X		N/A	X		99.99%
COLUMBIA GROVE APARTMENTS LP - 26-2596993, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%
COURTHOUSE CROSSING LP - 20-4454348, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%
FISHER HOUSE, LP - 59-3824406 4318 N CAR. SPR. RD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CALVERT MANOR DEVELOPMENT CORPORATION - 54-1862795, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<32.>	<518.>	100%	X	
COLUMBIA GROVE DEVELOPMENT CORPORATION - 26-2596777, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	202,679.	<535,648.>	100%	X	
COURTHOUSE CROSSINGS DEVELOPMENT CORPORATION - 20-4454298, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<75.>	<415,483.>	100%	X	
FHDC CORPORATION - 26-0345148 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<764.>	<411,189.>	100%	X	
LORCOM ARMS DEVELOPMENT CORPORATION - 47-0861663, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	22.	<565,174.>	100%	X	

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule R (Form 990)

54-1515133

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LORCOM ARMS LP - 54-2011290 4318 N CAR. SPR. RD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED	223,352.	223,352.	X		N/A	X		99.99%
ARLINGTON MILL, LP - 27-5271832, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC	RELATED			X		N/A	X		.01%
BUCHANAN GARDENS LIMITED PARTNERSHIP - 27-2066691, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%
CAMERON COMMONS, LLC - 26-2832867, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		69.00%
NORTH PIERCE ASSOCIATES LP - 20-5722181, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		100%
COLUMBIA HILLS EAST LIMITED PARTNERSHIP - 47-3107440, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%
COLUMBIA HILLS WEST LIMITED PARTNERSHIP - 47-3185539, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%
ROSSLYN RIDGE APARTMENTS LIMITED PARTNERSHIP - 20-5954482, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.00%
THE SPRINGS APARTMENTS LIMITED PARTNERSHIP - 35-2495147, 4318 N CAR. SPR. RD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	RELATED			X		N/A	X		.01%

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Schedule R (Form 990)

54-1515133

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COLUMBIA GROVE INC - 54-1429115 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	35,707.	<14576314>	100%	X	
APAH ROSSLYN RIDGE, INC. - 26-0197089 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<754.>	<13,398.>	100%	X	
ARLINGTON MILL DEVELOPMENT CORPORATION - 27-5271280, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	139,796.	<81,450.>	100%	X	
BUCHANAN GARDENS DEVELOPMENT CORPORATION - 27-3918318, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	50,523.	<156,189.>	100%	X	
COLUMBIA HILLS EAST DEVELOPMENT CORPORATION - 47-3090506, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<700.>	<700.>	100%	X	
COLUMBIA HILLS WEST DEVELOPMENT CORPORATION - 47-3171063, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<850.>	<850.>	100%	X	
THE SPRINGS DEVELOPMENT CORPORATION - 46-4817667, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<675.>	<1,400.>	100%	X	
GILLIAM PLACE EAST DEVELOPMENT CORPORATION - 81-1465747, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<750.>	<750.>	100%	X	
GILLIAM PLACE WEST DEVELOPMENT CORPORATION - 81-1493174, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<750.>	<750.>	100%	X	
APAH WESTOVER DEVELOPMENT CORPORATION - 82-2139683, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	<3.>	<3.>	100%	X	
QUEEN'S NORTH FOUR DEVELOPMENT CORPORATION - 82-3934830, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	0.	0.	100%	X	
QUEEN'S SOUTH NINE DEVELOPMENT CORPORATION - 82-3925305, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH, INC.	C CORP	0.	0.	100%	X	

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q	X	
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLUMBIA HILLS EAST LIMITED PARTNERSHIP	D	500,000.	COST
(2) COLUMBIA HILLS WEST LIMITED PARTNERSHIP	D	66,169.	COST
(3) GILLIAM PLACE EAST LIMITED PARTNERSHIP	D	1,076,089.	COST
(4) GILLIAM PLACE WEST LIMITED PARTNERSHIP	D	590,000.	COST
(5) APAH WESTOVER LLC	Q	1,761,024.	COST
(6) ARLINGTON MILL LIMITED PARTNERSHIP	Q	13,060.	COST

ARLINGTON PARTNERSHIP FOR AFFORDABLE
HOUSING

Schedule R (Form 990)

54-1515133

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) AVV APARTMENTS, LLC	Q	96,233.	COST
(8) THE BARKALOW LLC	Q	928.	COST
(9) BUCHANAN GARDENS LIMITED PARTNERSHIP	Q	137,259.	COST
(10) CALVERT MANOR LIMITED PARTNERSHIP	Q	2,559.	COST
(11) CAMERON COMMONS LLC	Q	14,502.	COST
(12) COLUMBIA GROVE APARTMENTS LIMITED PARTNERSHIP	Q	281,149.	COST
(13) COLUMBIA HILLS EAST LIMITED PARTNERSHIP	Q	9,496,790.	COST
(14) COLUMBIA HILLS WEST LIMITED PARTNERSHIP	Q	12,142,799.	COST
(15) COURTHOUSE CROSSINGS LIMITED PARTNERSHIP	Q	167,946.	COST
(16) FISHER HOUSE LIMITED PARTNERSHIP	Q	26,269.	COST
(17) GILLIAM PLACE LLC	Q	692,969.	COST
(18) GILLIAM PLACE EAST LIMITED PARTNERSHIP	Q	2,379,994.	COST
(19) GILLIAM PLACE WEST LIMITED PARTNERSHIP	Q	1,790,897.	COST
(20) LORCOM ARMS LIMITED PARTNERSHIP	Q	20,697.	COST
(21) MARBELLA DEVELOPMENT LLC	Q	137,673.	COST
(22) THE SPRINGS APARTMENTS LIMITED PARTNERSHIP	Q	2,856,010.	COST
(23) QUEEN'S COURT DEVELOPMENT CORPORATION	Q	9,467.	COST
(24) ROSSLYN RIDGE APARTMENTS LIMITED PARTNERSHIP	Q	22,173.	COST

