

990
Form
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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) 4318 N CARLIN SPRINGS ROAD	Room/suite	G Gross receipts \$ 26,784,852
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22203		
F Name and address of principal officer: KELLY EICHHORN 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
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; TO PROMOTE STABILITY AND OPPORTUNITY FOR OUR RESIDENTS; AND TO ADVOCATE WITH THE PEOPLE AND COMMUNITIES WE SERVE.		
	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	175
	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 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,459,211	18,549,255
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,675,256	7,316,223
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,876	363,726
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	528,930	522,473
		7,894,273	26,751,677
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)	2,224,698	2,550,372
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,925		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,301,182	1,346,367
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,525,880	3,896,739	
19 Revenue less expenses. Subtract line 18 from line 12	4,368,393	22,854,938	
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)	59,503,837	85,402,434
	22 Net assets or fund balances. Subtract line 21 from line 20	23,978,088	24,358,315
	35,525,749	61,044,119	

Part II Signature Block

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

Sign Here	Signature of officer	2020-11-10
	KELLY EICHHORN ASSISTANT TREASURER	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	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			Phone no. (410) 783-4900	
		BALTIMORE, MD 21202			

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

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 \$ 3,435,694 including grants of \$) (Revenue \$ 7,316,223)

APAH PROVIDES 1,675 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 ▶ 3,435,694

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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>	Yes	
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>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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>		No
25b	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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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?	Yes	
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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	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>	Yes	
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>		No
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>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, input boxes (e.g., 2a, 3b, 7d, 10a, 11a, 12b, 13b, 13c), and response columns (Yes/No). Includes instructions for filing requirements and notes.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?...

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 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: APAAH 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 (703) 276-7444

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) KEVIN YAM CHAIR	1.00 5.00	X						0	0	0
(2) SUSAN INGRAHAM BELL VICE CHAIR	1.00 4.00	X						0	0	0
(3) NINA JANOPAUL PRESIDENT/CEO	35.00 5.00	X		X				226,500	0	13,277
(4) MATTHEW BIRENBAUM TREASURER	1.00 5.00	X		X				0	0	0
(5) NANCY RASE DIRECTOR	1.00 4.00	X						0	0	0
(6) YVONNE AIKEN DIRECTOR	1.00 1.00	X						0	0	0
(7) RITA BAMBERGER DIRECTOR	1.00 1.00	X						0	0	0
(8) CECILIA CASSIDY DIRECTOR	1.00 1.00	X						0	0	0
(9) GEORGE COVUCCI DIRECTOR	1.00 1.00	X						0	0	0
(10) JULIE GOULD DIRECTOR	1.00 1.00	X						0	0	0
(11) JAY HARRIS DIRECTOR	1.00 1.00	X						0	0	0
(12) PAUL HOLLAND DIRECTOR	1.00 1.00	X						0	0	0
(13) TED HICKS DIRECTOR	1.00 1.00	X						0	0	0
(14) RICH JORDAN DIRECTOR	1.00 4.00	X						0	0	0
(15) ERICA KHATCHADOURIAN DIRECTOR	1.00 1.00	X						0	0	0
(16) ANDREW MERROW DIRECTOR	1.00 1.00	X						0	0	0
(17) JOHN MILLIKEN SECRETARY	1.00 5.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MICHAEL SPOTTS DIRECTOR	1.00	X					0	0	0	
(20) ANDY VANHORN DIRECTOR	1.00	X					0	0	0	
(21) BUZZ ROBERTS DIRECTOR	1.00	X					0	0	0	
(22) RANDY ANDERSON DIRECTOR	1.00	X					0	0	0	
(23) CARMEN ROMERO VICE PRESIDENT/ VICE PRESIDENT OF REAL ESTATE	35.00 5.00			X			174,723	0	6,989	
(24) KELLY EICHHORN ASSISTANT TREASURER/CFO	35.00 5.00			X			161,500	0	10,404	
(25) KIMBERLY PAINTER ASSISTANT SECRETARY/CHIEF OF STAFF	35.00 5.00			X			100,200	0	8,580	
(26) MICHAEL CHIAPPA ASSOCIATE DIRECTOR OF REAL ESTATE DEVELOPMENT	35.00 5.00				X		161,500	0	10,772	
(27) CHERYL RAMP DIRECTOR OF COMMUNITY RESOURCES & RELATIONS	35.00 5.00				X		132,750	0	10,831	
(28) JOSE QUINONEZ DIRECTOR OF COMMUNITY IMPACT	35.00 5.00				X		133,137	0	5,325	
(29) KYLE MCCANDLESS CONTROLLER	35.00 5.00				X		112,153	0	8,703	
(30) LAURA LONDON ASSOCIATE DIRECTOR OF REAL ESTATE DEVELOPMENT	5.00 35.00				X		0	133,080	5,323	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,202,463	133,080	80,204	

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 **8**

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

Section B. Independent Contractors

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

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

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

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	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	15,440,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,109,255				
	g Noncash contributions included in lines 1a - 1f:\$	1g	4,625				
	h Total. Add lines 1a-1f			18,549,255			
Program Service Revenue	2a DEVELOPMENT FEE	Business Code					
		531390	5,100,464	5,100,464			
	b MISC. INCOME	531390	1,609,952	1,609,952			
	c RENTAL INCOME(LOSS)	531390	422,432	422,432			
	d EQUITY IN INCOME	531390	183,375	183,375			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		7,316,223					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		363,726			363,726	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a	555,648				
b Less: direct expenses		8b	33,175				
c Net income or (loss) from fundraising events			522,473		522,473		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			26,751,677	7,316,223	0	886,199	

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	662,924	624,311	35,419	3,194
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	1,597,758	1,504,693	85,366	7,699
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,284		119,284	
9 Other employee benefits	7,971		7,971	
10 Payroll taxes	162,435	152,973	8,679	783
11 Fees for services (non-employees):				
a Management	17,821	17,821		
b Legal	25,213		25,213	
c Accounting	69,071		69,071	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	14	14		
13 Office expenses	31,863	30,266	1,597	
14 Information technology	43,512	41,332	2,180	
15 Royalties				
16 Occupancy				
17 Travel	12,164	11,554	610	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	113,965	108,254	5,711	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,492	156,249	8,243	
23 Insurance	92,839	88,187	4,652	
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 BAD DEBT	144,228	144,228		
b MISC OPERATING	85,516	81,231	4,285	
c LICENSES, TAXES, INSURA	62,540	59,406	3,134	
d DUES & SUBSCRIPTIONS	52,458	49,829	2,629	
e All other expenses	430,671	365,346	65,076	249
25 Total functional expenses. Add lines 1 through 24e	3,896,739	3,435,694	449,120	11,925
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	8,575,879	2	18,214,415
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,380,179	4	18,182,597
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	12,768,682	7	21,986,755
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,215	9	20,239
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,973,742		
	b Less: accumulated depreciation	10b 1,157,139	18,810,882	10c 18,816,603
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	2,222,534	13	2,137,367
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,715,466	15	6,044,458
16 Total assets: Add lines 1 through 15 (must equal line 34)	59,503,837	16	85,402,434	
Liabilities	17 Accounts payable and accrued expenses	206,400	17	394,744
	18 Grants payable		18	
	19 Deferred revenue	4,021,838	19	4,505,171
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,284,224	23	15,343,631
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,465,626	25	4,114,769
	26 Total liabilities. Add lines 17 through 25	23,978,088	26	24,358,315
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,525,749	27	61,044,119
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	35,525,749	32	61,044,119
	33 Total liabilities and net assets/fund balances	59,503,837	33	85,402,434

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	26,751,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,896,739
3	Revenue less expenses. Subtract line 2 from line 1	3	22,854,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,525,749
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	2,717,005
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-53,573
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	61,044,119

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?	Yes	
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	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number
54-1515133

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	317,568	360,500	1,141,638	1,459,211	18,549,255	21,828,172
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	7,867,444	4,201,470	7,425,354	5,675,256	7,316,223	32,485,747
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	8,185,012	4,561,970	8,566,992	7,134,467	25,865,478	54,313,919
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.)						54,313,919

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	8,185,012	4,561,970	8,566,992	7,134,467	25,865,478	54,313,919
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,216	180,067	184,898	230,876	363,726	1,135,783
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	176,216	180,067	184,898	230,876	363,726	1,135,783
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.)	8,361,228	4,742,037	8,751,890	7,365,343	26,229,204	55,449,702
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	97.950 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.210 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	2.050 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	2.790 %

19a 33 1/3% support tests—2019. 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—2018. 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
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>		
11c			

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>		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2			

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | | |
|--|----------|--|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

(continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

Return Reference

Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2019

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number 54-1515133

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number
54-1515133

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number
 54-1515133

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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.

1 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 an 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	
2 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.	
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
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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.

1a 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.	
b 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 ▶ \$ _____	
2 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 ▶ \$ _____	

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,392,420		15,392,420
b Buildings		4,581,322	1,157,139	3,424,183
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				18,816,603

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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) CONSTRUCTION IN PROGRESS	5,558,423
(2) UTILITY DEPOSITS	486,035
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,044,458

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	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,114,769

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

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.

Return Reference	Explanation
PART X, LINE 2:	<p>APAH AND ITS SUBSIDIARIES, CAMERON COMMONS DEVELOPMENT CORPORATION, CARLYN SPRINGS/FOXGROFT 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, 2019. APAH AND ITS SUBSIDIARIES ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE 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 OAKWOOD LLC, APAH STERLING 4 LLC, APAH STERLING 9 LLC, APAH SNOWDEN, LLC, APAH WESTOVER LLC, AVV APARTMENTS, LLC, THE BARKALOW LLC, BALLSTON EAST FOUR GP LLC, BALLSTON WEST NINE GP LLC, BUCHANAN GARDENS II, LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC, MARBELLA DEVELOPMENT LLC, OAKWOOD NORTH FOUR DEVELOPMENT LLC, AND OAKWOOD SOUTH NINE DEVELOPMENT LLC, FILE SEPARATE TAX RETURNS. APAH COMMERCIAL LLC, APAH OAKWOOD LLC, APAH STERLING 4 LLC, APAH STERLING 9 LLC, APAH SNOWDEN, LLC, APAH WESTOVER LLC, AVV APARTMENTS, LLC, THE BARKALOW LLC, BALLSTON EAST FOUR GP LLC, BALLSTON WEST NINE GP LLC, BUCHANAN GARDENS II, LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC, MARBELLA DEVELOPMENT LLC, OAKWOOD NORTH FOUR DEVELOPMENT LLC, AND OAKWOOD SOUTH NINE DEVELOPMENT LLC ARE SINGLE MEMBER LIMITED LIABILITY COMPANIES WHICH ARE NOT RECOGNIZED FOR FEDERAL INCOME TAX PURPOSES. APAH COMMERCIAL LLC, APAH OAKWOOD LLC, APAH STERLING 4 LLC, APAH STERLING 9 LLC, APAH SNOWDEN, LLC, APAH WESTOVER LLC, THE BARKALOW LLC, BALLSTON EAST FOUR GP LLC, BALLSTON WEST NINE GP LLC, BUCHANAN GARDENS II, LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC, OAKWOOD NORTH FOUR DEVELOPMENT LLC, AND OAKWOOD SOUTH NINE DEVELOPMENT LLC'S ACTIVITIES ARE REPORTED ON APAH'S INCOME TAX RETURN. AVV APARTMENTS LLC, MARBELLA DEVELOPMENT LLC, AND POST EAST FOUR DEVELOPMENT CORPORATION'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</p>

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 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 2016 REMAIN OPEN. ARLINGTON MILL LIMITED PARTNERSHIP, APAH SNOWDEN LIMITED PARTNERSHIP, APAH WESTOVER APARTMENTS LIMITED PARTNERSHIP, BALLSTON EAST FOUR LIMITED PARTNERSHIP, BALLSTON WEST NINE 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, OAKWOOD NORTH FOUR LIMITED PARTNERSHIP, OAKWOOD SOUTH NINE LIMITED PARTNERSHIP, POST EAST FOUR LIMITED PARTNERSHIP, POST WEST NINE LIMITED PARTNERSHIP, QUEENS NORTH FOUR LIMITED PARTNERSHIP, QUEENS SOUTH NINE 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 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 2016 REMAIN OPEN.

Additional Data

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number 54-1515133

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
	ANNUAL EVENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	555,648			555,648
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	555,648			555,648
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	33,175			33,175
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				33,175
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				522,473

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				
Direct Expenses				
2 Cash prizes				
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: _____

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	13a	%
b	An outside facility	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 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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., 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, 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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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 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 in 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)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	DURING THE YEAR, APAH ENTERED INTO A SEPARATION AGREEMENT WITH AN EMPLOYEE WHICH DOCUMENTED THE TERMS OF THE EMPLOYEE'S RESIGNATION. THE EMPLOYEE IS LISTED ON PART VII OF FORM 990. DUE TO THE CONFIDENTIALITY AGREEMENT THAT WAS PART OF SUCH SEPARATION AGREEMENT, WE ARE UNABLE TO DISCLOSE THE NAME OF THE EMPLOYEE. THE EMPLOYEE'S COMPENSATION DID NOT MEET THE REQUIREMENTS FOR REPORTING IN SCHEDULE J, PART II. HOWEVER, THE SEVERANCE AMOUNT WAS INCLUDED IN TAXABLE COMPENSATION AND IS PROPERLY DISCLOSED IN FORM 990, PART VII, COLUMN (D) FOR THE EMPLOYEE.

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

Return Reference	Explanation
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 2019, THE ORGANIZATION AMENDED AND RESTATED 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 THE 990 IS FINALIZED
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 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 IX, LINE 24E	TRAINING: PROGRAM SERVICE EXPENSES 49,697. MANAGEMENT AND GENERAL EXPENSES 2,622. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 52,319. POSTAGE: PROGRAM SERVICE EXPENSES 48,687. MANAGEMENT AND GENERAL EXPENSES 2,762. FUNDRAISING EXPENSES 249. TOTAL EXPENSES 51,698. MISC TAXES: PROGRAM SERVICE EXPENSES 27,995. MANAGEMENT AND GENERAL EXPENSES 23,164. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 51,159. REPAIRS: PROGRAM SERVICE EXPENSES 41,024. MANAGEMENT AND GENERAL EXPENSES 4,874. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 45,898. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 31,127. MANAGEMENT AND GENERAL EXPENSES 1,642. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 32,769. COMMUNITY IMPACT: PROGRAM SERVICE EXPENSES 30,269. MANAGEMENT AND GENERAL EXPENSES 1,597. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,866. UTILITIES: PROGRAM SERVICE EXPENSES 25,684. MANAGEMENT AND GENERAL EXPENSES 1,355. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 27,039. TRANSACTION FEES: PROGRAM SERVICE EXPENSES 20,877. MANAGEMENT AND GENERAL EXPENSES 1,101. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 21,978. MEETINGS: PROGRAM SERVICE EXPENSES 20,827. MANAGEMENT AND GENERAL EXPENSES 1,099. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 21,926. GRANT EXPENSES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 21,457. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 21,457. OTHER EXPENSES: PROGRAM SERVICE EXPENSES 15,092. MANAGEMENT AND GENERAL EXPENSES 796. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,888. TELEPHONE: PROGRAM SERVICE EXPENSES 15,071. MANAGEMENT AND GENERAL EXPENSES 795. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,866. RENT: PROGRAM SERVICE EXPENSES 14,835. MANAGEMENT AND GENERAL EXPENSES 783. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,618. EVENT EXPENSES: PROGRAM SERVICE EXPENSES 10,446. MANAGEMENT AND GENERAL EXPENSES 551. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,997. PRINTING: PROGRAM SERVICE EXPENSES 9,068. MANAGEMENT AND GENERAL EXPENSES 478. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,546. UNREALIZED LOSS (GAIN) - LOSS ON SALE OF LAND: PROGRAM SERVICE EXPENSES 4,647. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,647.
FORM 990, PART XI, LINE 9:	ELIMINATING INTERCOMPANY BALANCE -73,535. SPONSOR LOAN INCOME 19,962.
FORM 990 PART XII LINE 2C	THE ORGANIZATION HAS A FINANCE COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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▶ 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.

Department of the Treasury
Internal Revenue Service

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
(1) APAH COMMERCIAL LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-2737340	RENTAL RE	VA	0	0	APAH INC
(2) APAH WESTOVER LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-3329041	RENTAL RE	VA	167,429	7,928,788	APAH INC
(3) AVV APARTMENTS LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 46-3985371	RENTAL RE	VA	1,460,103	13,766,266	ROSSLYN RIDG
(4) BUCHANAN GARDENS II LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-1234175	RENTAL RE	VA	0	13,770	APAH INC
(5) GILLIAM PLACE LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1645900	RENTAL RE	VA	446,427	9,961,573	APAH INC
(6) GILLIAM RETAIL LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VA	11,333	0	APAH INC
(7) MARBELLA DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 80-0729856	RENTAL RE	VA	1,862,647	12,262,480	ROSSLYN RIDG
(8) THE BARKALOW LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1957555	RENTAL RE	VA	272,015	997,557	APAH INC
(9) APAH SNOWDEN LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 83-2130299	RENTAL RE	MD	0	0	APAH INC
(10) BALLSTON EAST FOUR GP LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VA	0	0	APAH INC
(11) BALLSTON WEST NINE GP LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VA	0	0	APAH INC
(12) APAH OAKWOOD LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 85-1057001	RENTAL RE	VA	0	0	APAH INC
(13) OAKWOOD SOUTH NINE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 85-0997411	RENTAL RE	VA	0	0	APAH INC
(14) OAKWOOD NORTH FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 85-1025353	RENTAL RE	VA	0	0	APAH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARLYN SPRINGS-FOXCROFT TERRACE DEVELOPMENT 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1869305	RENTAL RE	VA	501(C)(3)	LINE 12A, I	APAH INC	Yes	
(2) QUEEN'S COURT DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1782084	RENTAL RE	VA	501(C)(3)	LINE 12A, I	APAH INC	Yes	
(3) ROSSLYN RIDGE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1782087	RENTAL RE	VA	501(C)(3)	LINE 12A, I	APAH INC	Yes	
(4) FISHER HOUSE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1782088	RENTAL RE	VA	501(C)(3)	LINE 12A, I	APAH INC	Yes	
(5) CAMERON COMMONS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-2046864	RENTAL RE	VA	501(C)(3)	LINE 12A, I	APAH INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) APAH SNOWDEN LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 83-2742577	RENTAL REAL E	MD	APAH INC	RELATED				No			No	100.000 %
(2) APAH WESTOVER APARTMENTS LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 82-2139792	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(3) ARLINGTON MILL LP 4318 N CAR SPR RD ARLINGTON, VA 22203 27-5271832	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(4) BUCHANAN GARDENS LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 27-2066691	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(5) CALVERT MANOR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 54-1860362	RENTAL REAL E	VA	APAH INC	RELATED		-3,676	-172,736	No			No	99.990 %
(6) CAMERON COMMONS LLC 4318 N CAR SPR RD ARLINGTON, VA 22203 26-2832867	RENTAL REAL E	VA	APAH INC	RELATED				No			No	69.000 %
(7) COLUMBIA GROVE APARTMENTS LP 4318 N CAR SPR RD ARLINGTON, VA 22203 26-2596993	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(8) COLUMBIA HILLS EAST LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 47-3107440	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(9) COLUMBIA HILLS WEST LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 47-3185539	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(10) COURTHOUSE CROSSING LP 4318 N CAR SPR RD ARLINGTON, VA 22203 20-4454348	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(11) FISHER HOUSE LP 4318 N CAR SPR RD ARLINGTON, VA 22203 59-3824406	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(12) GILLIAM PLACE EAST LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 36-4833088	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(13) GILLIAM PLACE WEST LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 35-2557470	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(14) LORCOM ARMS LP 4318 N CAR SPR RD ARLINGTON, VA 22203 54-2011290	RENTAL REAL E	VA	APAH INC	RELATED		-81,647	113,099	No			No	99.990 %
(15) NORTH PIERCE ASSOCIATES LP 4318 N CAR SPR RD ARLINGTON, VA 22203 20-5722181	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(16) ROSSLYN RIDGE APARTMENTS LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 20-5954482	RENTAL REAL E	VA	APAH INC	RELATED				No			No	
(17) THE SPRINGS APARTMENTS LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 35-2495147	RENTAL REAL E	VA	APAH INC	RELATED				No			No	0.010 %
(18) POST WEST NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 84-3362721	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(19) POST EAST FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 84-3293602	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(20) BALLSTON WEST NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(21) BALLSTON EAST FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(22) OAKWOOD SOUTH NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 85-1041479	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(23) OAKWOOD NORTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 85-1008518	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(24) QUEENS SOUTH NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 82-3925442	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(25) QUEENS NORTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 82-3934931	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CALVERT MANOR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1862795	RENTAL REAL E	VA	APAH INC	C		-9	100.000 %		No
(2) COLUMBIA GROVE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-2596777	RENTAL REAL E	VA	APAH INC	C		57,266	100.000 %		No
(3) COURTHOUSE CROSSINGS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 20-4454298	RENTAL REAL E	VA	APAH INC	C		-69	100.000 %		No
(4) FHDC CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-0345148	RENTAL REAL E	VA	APAH INC	C		-1,501	100.000 %		No
(5) LORCOM ARMS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-0861663	RENTAL REAL E	VA	APAH INC	C		42,343	100.000 %		No
(6) COLUMBIA GROVE INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1429115	RENTAL REAL E	VA	APAH INC	C		17,024	100.000 %		No
(7) APAH ROSSLYN RIDGE INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-0197089	RENTAL REAL E	VA	APAH INC	C		-781	100.000 %		No
(8) ARLINGTON MILL DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-5271280	RENTAL REAL E	VA	APAH INC	C		11,132	100.000 %		No
(9) BUCHANAN GARDENS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-3918318	RENTAL REAL E	VA	APAH INC	C		-6,900	100.000 %		No
(10) COLUMBIA HILLS EAST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-3090506	RENTAL REAL E	VA	APAH INC	C		-825	100.000 %		No
(11) COLUMBIA HILLS WEST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-3171063	RENTAL REAL E	VA	APAH INC	C		-45,788	100.000 %		No
(12) THE SPRINGS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 46-4817667	RENTAL REAL E	VA	APAH INC	C		-700	100.000 %		No
(13) GILLIAM PLACE EAST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1465747	RENTAL REAL E	VA	APAH INC	C		-984	100.000 %		No
(14) GILLIAM PLACE WEST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1493174	RENTAL REAL E	VA	APAH INC	C		-898	100.000 %		No
(15) APAH WESTOVER DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-2139683	RENTAL REAL E	VA	APAH INC	C		267,148	100.000 %		No
(16) QUEEN'S NORTH FOUR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-3934830	RENTAL REAL E	VA	APAH INC	C			100.000 %		No
(17) QUEEN'S SOUTH NINE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-3925305	RENTAL REAL E	VA	APAH INC	C			100.000 %		No
(18) APAH SNOWDEN DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 83-2716522	RENTAL REAL E	VA	APAH INC	C		-799	100.000 %		No
(19) POST EAST FOUR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3287362	RENTAL REAL E	VA	ROSSLYN RIDGE DEVELOPMENT CORPORATION	C			100.000 %		No
(20) POST WEST NINE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3309263	RENTAL REAL E	VA	APAH INC	C			100.000 %		No
(21) APAH STERLING 4 LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3141705	RENTAL REAL E	VA	APAH INC	C			100.000 %		No
(22) APAH STERLING 9 LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-4477379	RENTAL REAL E	VA	APAH INC	C			100.000 %		No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GILLIAM PLACE WEST LIMITED PARTNERSHIP	D	339,371	COST
(2) APAH WESTOVER APARTMENTS LIMITED PARTNERSHIP	D	1,693,780	COST
(3) QUEENS NORTH FOUR LIMITED PARTNERSHIP	D	6,663,357	COST
(4) QUEENS SOUTH NINE LIMITED PARTNERSHIP	D	385,000	COST
(5) APAH WESTOVER APARTMENTS LIMITED PARTNERSHIP	P	2,496,481	COST
(6) ARLINGTON MILL LIMITED PARTNERSHIP	P	850	COST
(7) AVV APARTMENTS LLC	P	72,002	COST
(8) THE BARKALOW LLC	P	6,096	COST
(9) BUCHANAN GARDENS LIMITED PARTNERSHIP	P	114,261	COST
(10) CALVERT MANOR LIMITED PARTNERSHIP	P	11,588	COST
(11) CAMERON COMMONS LLC	P	27,658	COST
(12) COLUMBIA GROVE APARTMENTS LIMITED PARTNERSHIP	P	192,429	COST
(13) COLUMBIA HILLS EAST LIMITED PARTNERSHIP	P	2,159,747	COST
(14) COLUMBIA HILLS WEST LIMITED PARTNERSHIP	P	2,398,556	COST
(15) COURTHOUSE CROSSINGS LIMITED PARTNERSHIP	P	133,641	COST
(16) FISHER HOUSE LIMITED PARTNERSHIP	P	20,575	COST
(17) GILLIAM PLACE EAST LIMITED PARTNERSHIP	P	458,611	COST
(18) GILLIAM PLACE WEST LIMITED PARTNERSHIP	P	283,909	COST
(19) LORCOM ARMS LIMITED PARTNERSHIP	P	94,592	COST
(20) MARBELLA DEVELOPMENT LLC	P	129,128	COST
(21) THE SPRINGS APARTMENTS LIMITED PARTNERSHIP	P	83,257	COST
(22) QUEENS COURT DEVELOPMENT CORPORATION	P	1,975	COST
(23) ROSSLYN RIDGE APARTMENTS LIMITED PARTNERSHIP	P	6,487	COST
(24) QUEENS NORTH FOUR LIMITED PARTNERSHIP	P	5,175,055	COST
(25) QUEENS SOUTH NINE LIMITED PARTNERSHIP	P	4,208,969	COST
(26) QUEENS COURT DEVELOPMENT CORPORATION	C	15,440,000	COST
(27) AVV APARTMENTS LLC	Q	68,610	COST

Part VII Supplemental Information

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

Return Reference**Explanation**

Schedule R (Form 990) 2019

Additional Data**Return to Form****Software ID:****Software Version:**