

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 4318 N CARLIN SPRINGS ROAD. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: ARLINGTON, VA 22203

D Employer identification number: 54-1515133. E Telephone number: (703) 276-7444. G Gross receipts \$ 14,656,542

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? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.APAH.ORG

K Form of organization: Corporation

L Year of formation: 1989. M State of legal domicile: VA

Part I Summary

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.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (24), 4 Number of independent voting members (23), 5 Total number of individuals employed (33), 6 Total number of volunteers (100), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (18,549,255 / 3,061,151), 9 Program service revenue (7,316,223 / 10,621,917), 10 Investment income (363,726 / 761,253), 11 Other revenue (522,473 / 203,557), 12 Total revenue (26,751,677 / 14,647,878)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (2,550,372 / 3,159,305), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (15,539), 17 Other expenses (1,346,367 / 1,703,753), 18 Total expenses (3,896,739 / 4,863,058), 19 Revenue less expenses (22,854,938 / 9,784,820)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (85,402,434 / 99,250,508), 21 Total liabilities (24,358,315 / 28,453,824), 22 Net assets or fund balances (61,044,119 / 70,796,684)

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: KELLY EICHHORN ASSISTANT TREASURER. Date: 2021-11-11

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2021-11-10, Check self-employed, PTIN: P00252478, Firm's name: COHNREZNICK LLP, Firm's EIN: 22-1478099, Firm's address: 500 EAST PRATT STREET 4TH FLOOR, BALTIMORE, MD 21202, Phone no. (410) 783-4900

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

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 \$ **4,332,020** including grants of \$) (Revenue \$ **10,621,917**)

APAH PROVIDES 1,813 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** ▶ **4,332,020**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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)

Main form area containing questions 2a through 16, with various input fields and checkboxes. Includes sub-sections for Organizations that may receive deductible contributions, Sponsoring organizations, and Section 501(c)(7), (12), and (29) organizations.

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... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required... 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records...

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) SUSAN INGRAHAM BELL CHAIR	1.00 5.00	X						0	0	0
(2) JOHN MILLIKEN VICE CHAIR	1.00 4.00	X						0	0	0
(3) NINA JANOPAUL PRESIDENT/CEO	35.00 5.00	X		X			251,500	0	14,544	
(4) MATTHEW BIRENBAUM TREASURER	1.00 5.00	X		X				0	0	0
(5) KEVIN YAM SECRETARY	1.00 5.00	X		X				0	0	0
(6) TINA ASINUGO DIRECTOR	1.00 1.00	X						0	0	0
(7) JEANNE BOOTH DIRECTOR	1.00 1.00	X						0	0	0
(8) RICH JORDAN DIRECTOR	1.00 4.00	X						0	0	0
(9) KATHIE PANFIL DIRECTOR	1.00 1.00	X						0	0	0
(10) ROBERT ROZEN DIRECTOR	1.00 1.00	X						0	0	0
(11) MICHAEL SPOTTS DIRECTOR	1.00 1.00	X						0	0	0
(12) JOHN ZEIGENHEIN DIRECTOR	1.00 1.00	X						0	0	0
(13) RANDY ANDERSON DIRECTOR	1.00 1.00	X						0	0	0
(14) RITA BAMBERGER DIRECTOR	1.00 1.00	X						0	0	0
(15) JULIE GOULD DIRECTOR	1.00 1.00	X						0	0	0
(16) JAY HARRIS DIRECTOR	1.00 1.00	X						0	0	0
(17) TED HICKS DIRECTOR	1.00 1.00	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) ANDREW MERROW DIRECTOR	1.00	X					0	0	0	
(19) PAUL HOLLAND DIRECTOR	1.00	X					0	0	0	
(20) ALICIA PLERHOPLES DIRECTOR	1.00	X					0	0	0	
(21) ERICA KHATCHADOURIAN DIRECTOR	1.00	X					0	0	0	
(22) NANCY RASE DIRECTOR	1.00	X					0	0	0	
(23) BUZZ ROBERTS DIRECTOR	1.00	X					0	0	0	
(24) ANDY VANHORN DIRECTOR	1.00	X					0	0	0	
(25) CARMEN ROMERO VICE PRESIDENT/ VICE PRESIDENT OF REAL ESTATE	35.00 5.00			X			216,073	0	8,643	
(26) KELLY EICHHORN ASSISTANT TREASURER/CFO	35.00 5.00			X			174,577	0	11,083	
(27) KIMBERLY PAINTER ASSISTANT SECRETARY/CHIEF OF STAFF	35.00 5.00			X			106,380	0	9,096	
(28) LAURA LONDON ASSOCIATE DIRECTOR OF RE DEVELOPMENT	1.00 39.00					X	0	139,000	5,560	
(29) MICHAEL CHIAPPA VICE PRESIDENT OF RE DEVELOPMENT	35.00 5.00					X	201,500	0	12,613	
(30) CHERYL RAMP DIRECTOR OF COMMUNITY RESO	35.00 5.00					X	141,500	0	8,754	
(31) KYLE MCCANDLESS DIRECTOR OF FINANCE	35.00 5.00					X	124,100	0	9,448	
(32) CHARLES SIMS PROJECT MANAGER	35.00 5.00					X	122,500	0	9,182	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,338,130	139,000	88,923	

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

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	748,530	700,123	44,615	3,792
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	2,072,790	1,938,744	123,545	10,501
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,737		134,737	
9 Other employee benefits	10,275		10,275	
10 Payroll taxes	192,973	180,493	11,502	978
11 Fees for services (non-employees):				
a Management	20,611	20,611		
b Legal	28,751		28,751	
c Accounting	51,300		51,300	
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	36	36		
13 Office expenses	36,676	34,397	2,279	
14 Information technology	47,981	45,000	2,981	
15 Royalties				
16 Occupancy				
17 Travel	3,491	3,274	217	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	196,402	184,200	12,202	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	193,605	181,577	12,028	
23 Insurance	111,996	105,038	6,958	
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 OTHER EXPENSES	153,184	143,668	9,516	
b BAD DEBT	150,787	150,787		
c COMMUNITY IMPACT	142,695	133,830	8,865	
d MISC OPERATING	96,327	90,343	5,984	
e All other expenses	469,911	419,899	49,744	268
25 Total functional expenses. Add lines 1 through 24e	4,863,058	4,332,020	515,499	15,539
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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Total assets: 99,250,508. Total liabilities: 28,453,824. Total net assets or fund balances: 70,796,684.

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	14,647,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,863,058
3	Revenue less expenses. Subtract line 2 from line 1	3	9,784,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,044,119
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-32,255
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	70,796,684

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
2b	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	
2c	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	
3b	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)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service
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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2020; 15 Public support percentage for 2019; 16a 33 1/3% support test-2020; b 33 1/3% support test-2019; 17a 10%-facts-and-circumstances test-2020; b 10%-facts-and-circumstances test-2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	360,500	1,141,638	1,459,211	18,549,255	3,273,372	24,783,976
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	4,201,470	7,425,354	5,675,256	7,316,223	10,621,917	35,240,220
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	4,561,970	8,566,992	7,134,467	25,865,478	13,895,289	60,024,196
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.)						60,024,196

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	4,561,970	8,566,992	7,134,467	25,865,478	13,895,289	60,024,196
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,067	184,898	230,876	363,726	761,253	1,720,820
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	180,067	184,898	230,876	363,726	761,253	1,720,820
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.)	4,742,037	8,751,890	7,365,343	26,229,204	14,656,542	61,745,016
14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	97.210 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	97.950 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	2.790 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	2.050 %

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

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

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

	Yes	No
2		
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b 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? *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.*

	Yes	No
2a		
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in Part VI.*

	Yes	No
3a		
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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

OMB No. 1545-0047

2020

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 33¹/₃% 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<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:

Supplemental Financial Statements

2020

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor and grantee information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easement, number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

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** Term 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		5,108,225	1,350,744	3,757,481
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.) . . . ▶				19,149,901

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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,519,038

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/FOXOCROFT 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, 2020. 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 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 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 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 DEFERRED TAX ASSETS WILL NOT BE REALIZED. COLUMBIA</p>

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 2017 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 2017 REMAIN OPEN.

Additional Data

[**Return to Form**](#)

Software ID:
Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2020

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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.

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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	450,453			450,453
2 Less: Contributions	238,232			238,232
3 Gross income (line 1 minus line 2)	212,221			212,221
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	8,664			8,664
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				8,664
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				203,557

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

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.**

2020

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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)?

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NINA JANOPAUL PRESIDENT/CEO	(i)	248,872	1,500	1,128	10,060	4,484	266,044	0
	(ii)	0	0	0	0	0	0	0
2 CARMEN ROMERO VICE PRESIDENT/ VICE PRESIDENT OF RE	(i)	214,573	1,500	0	8,643	0	224,716	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL CHIAPPA VICE PRESIDENT OF RE DEVELOPMENT	(i)	198,892	1,500	1,108	8,060	4,553	214,113	0
	(ii)	0	0	0	0	0	0	0
4 KELLY EICHHORN ASSISTANT TREASURER/CFO	(i)	172,266	1,500	811	6,983	4,100	185,660	0
	(ii)	0	0	0	0	0	0	0
5 CHERYL RAMP DIRECTOR OF COMMUNITY RESO	(i)	137,393	1,500	2,607	5,660	3,094	150,254	0
	(ii)	0	0	0	0	0	0	0

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
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Additional Data

Return to Form

Software ID:

Software Version:

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.

2020**Open to Public
Inspection**

Department of the Treasury

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 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 NOMINATIONS AND GOVERNANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS. THE NOMINATIONS AND GOVERNANCE 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	MISC TAXES: PROGRAM SERVICE EXPENSES 58,204. MANAGEMENT AND GENERAL EXPENSES 25,000. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 83,204. LICENSES, TAXES, INSURANCE: PROGRAM SERVICE EXPENSES 54,723. MANAGEMENT AND GENERAL EXPENSES 3,625. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 58,348. TRAINING: PROGRAM SERVICE EXPENSES 52,811. MANAGEMENT AND GENERAL EXPENSES 3,498. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 56,309. DUES & SUBSCRIPTIONS: PROGRAM SERVICE EXPENSES 50,336. MANAGEMENT AND GENERAL EXPENSES 3,334. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 53,670. POSTAGE: PROGRAM SERVICE EXPENSES 49,552. MANAGEMENT AND GENERAL EXPENSES 3,158. FUNDRAISING EXPENSES 268. TOTAL EXPENSES 52,978. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 46,653. MANAGEMENT AND GENERAL EXPENSES 3,090. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 49,743. REPAIRS: PROGRAM SERVICE EXPENSES 29,337. MANAGEMENT AND GENERAL EXPENSES 2,853. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 32,190. TRANSACTION FEES: PROGRAM SERVICE EXPENSES 24,680. MANAGEMENT AND GENERAL EXPENSES 1,635. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 26,315. UTILITIES: PROGRAM SERVICE EXPENSES 19,937. MANAGEMENT AND GENERAL EXPENSES 1,321. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 21,258. TELEPHONE: PROGRAM SERVICE EXPENSES 16,793. MANAGEMENT AND GENERAL EXPENSES 1,112. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 17,905. PRINTING: PROGRAM SERVICE EXPENSES 9,868. MANAGEMENT AND GENERAL EXPENSES 654. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,522. MEETINGS: PROGRAM SERVICE EXPENSES 6,071. MANAGEMENT AND GENERAL EXPENSES 402. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,473. RENT: PROGRAM SERVICE EXPENSES 934. MANAGEMENT AND GENERAL EXPENSES 62. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 996.
FORM 990, PART XI, LINE 9:	ELIMINATE INVESTMENT INCOME FROM BARKALOW, LLC -123,210. CH EAST - APAH SPONSOR LOAN 90,955.
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.
ELECTION UNDER IRC SECTION 168(H)(6)(F) (II)	TAXPAYER: POST WEST NINE DEVELOPMENT CORPORATION TAXPAYER EIN: 84-3309263 ADDRESS: 4318 N. CARLIN SPRINGS ROAD, ARLINGTON, VA 22203 EFFECTIVE FOR ALL TAXABLE YEARS BEGINNING WITH THE YEAR ENDED 12/31/2020. POST WEST NINE DEVELOPMENT CORPORATION ELECTS UNDER INTERNAL REVENUE CODE SECTION 168(H)(6)(F)(II) NOT TO BE TREATED AS A TAX-EXEMPT ENTITY FOR PURPOSES OF APPLYING THE RULES FOUND IN I.R.C. SECTION 168(H)(6). THIS ELECTION IS AVAILABLE TO BE MADE BY AN ENTITY THAT IS NOT TAX EXEMPT, BUT WHICH IS CONTROLLED 50% OR MORE BY A TAX-EXEMPT ENTITY. POST WEST NINE DEVELOPMENT CORPORATION QUALIFIES TO MAKE SUCH ELECTION, AS IT IS OWNED 100% BY ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING (A TAX EXEMPT ENTITY; EIN: 54-1515133). THE PURPOSE OF THIS ELECTION IS TO TREAT THE ENTITIES ALLOCABLE SHARE OF DEPRECIABLE PROPERTY OWNED BY POST WEST NINE LIMITED PARTNERSHIP (84-3362721) AS PROPERTY WHICH IS NOT TAX-EXEMPT-USE PROPERTY.
ELECTION UNDER IRC SECTION 168(H)(6)(F) (II)	TAXPAYER: APAH SNOWDEN DEVELOPMENT CORPORATION TAXPAYER EIN: 83-2716522 ADDRESS: 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203 EFFECTIVE FOR ALL TAXABLE YEARS BEGINNING WITH THE YEAR ENDED 12/31/20. APAH SNOWDEN DEVELOPMENT CORPORATION ELECTS UNDER INTERNAL REVENUE CODE SECTION 168(H)(6)(F)(II) NOT TO BE TREATED AS A TAX-EXEMPT ENTITY FOR PURPOSES OF APPLYING THE RULES FOUND IN I.R.C. SECTION 168(H)(6). THIS ELECTION IS AVAILABLE TO BE MADE BY AN ENTITY THAT IS NOT TAX EXEMPT, BUT WHICH IS CONTROLLED 50% OR MORE BY A TAX-EXEMPT ENTITY. APAH SNOWDEN DEVELOPMENT CORPORATION QUALIFIES TO MAKE SUCH ELECTION, AS IT IS OWNED 100% BY ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING (A TAX-EXEMPT ENTITY; EIN: 54-1515133). THE PURPOSE OF THIS ELECTION IS TO TREAT THE ENTITIES ALLOCABLE SHARE OF DEPRECIABLE PROPERTY OWNED BY APAH SNOWDEN LIMITED PARTNERSHIP (EIN: 83-2742577) AS PROPERTY WHICH IS NOT TAX-EXEMPT-USE PROPERTY.
ELECTION UNDER IRC SECTION 168(H)(6)(F) (II)	TAXPAYER: APAH STERLING 9 LLC TAXPAYER EIN: 84-4477379 ADDRESS: 4318 N. CARLIN SPRINGS ROAD, ARLINGTON, VA 22203 APAH STERLING 9 LLC HEREBY MAKES AN ELECTION UNDER SECTION 168(H)(6)(F)(II) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"), WHICH PROVIDES THAT ANY GAIN RECOGNIZED BY A TAX-EXEMPT ENTITY (AS DEFINED IN SECTION 168(H)(2) OF THE CODE) ON ANY DISPOSITION OF AN INTEREST IN APAH STERLING 9 LLC, AND ANY DIVIDEND INCOME (WHICH IS PROPERLY ALLOCABLE TO INCOME OF APAH STERLING 9 LLC, WHICH IS NOT SUBJECT TO FEDERAL INCOME TAX) OR INTEREST INCOME RECEIVED OR ACCRUED BY A TAX-EXEMPT ENTITY FROM APAH STERLING 9 LLC, SHALL BE TREATED AS UNRELATED BUSINESS TAXABLE INCOME FOR PURPOSES OF CODE SECTION 511. APAH STERLING 9 LLC ACKNOWLEDGES THAT THIS ELECTION IS IRREVOCABLE AND BINDS ALL TAX-EXEMPT ENTITIES HOLDING INTERESTS IN APAH STERLING 9 LLC.

Additional Data

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Software ID:

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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	172,741	8,101,436	APAH INC
(3) AVV APARTMENTS LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 46-3985371	RENTAL RE	VA	1,478,906	13,690,413	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	444,415	10,396,061	APAH INC
(6) GILLIAM RETAIL LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3727003	RENTAL RE	VA	124,465	53,920	APAH INC
(7) MARBELLA DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 80-0729856	RENTAL RE	VA	1,906,002	12,458,501	ROSSLYN RIDG
(8) THE BARKALOW LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1957555	RENTAL RE	VA	280,303	1,126,882	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
(15) APAH FORT TOTTEN LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL RE	VA	0	0	APAH INC
(16) BRADDOCK FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 87-2109329	RENTAL RE	VA	0	0	APAH INC
(17) BRADDOCK NINE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 87-2089234	RENTAL RE	VA	0	0	APAH INC
(18) BALLSTON GP LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 86-3067429	RENTAL RE	VA	0	0	APAH INC
(19) APAH STERLING 4 LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3141705	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
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						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	0.010 %
(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	12,466	2,539,637		No			No	100.000 %
(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	14,100	7,906,191		No			No	100.000 %
(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	-62,931	3,527,242		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	99,649	46,649,978		No			No	100.000 %
(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	0.010 %
(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	0.010 %
(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	0.010 %
(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	0.010 %
(26) BRADDOCK FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 87-2131929	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(27) BRADDOCK NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 87-2090932	RENTAL REAL E	VA	APAH INC	RELATED				No			No	100.000 %
(28) BALLSTON LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 86-3099483	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) APAH ROSSLYN RIDGE INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-0197089	RENTAL REAL E	VA	APAH INC	C	-889,095	-1,172,408	100.000 %		No
(2) APAH SNOWDEN DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 83-2716522	RENTAL REAL E	VA	APAH INC	C	-150,615	-151,414	100.000 %		No
(3) APAH STERLING 9 LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-4477379	RENTAL REAL E	VA	APAH INC	C			100.000 %		No
(4) APAH WESTOVER DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-2139683	RENTAL REAL E	VA	APAH INC	C	-254,477	-171,971	100.000 %		No
(5) ARLINGTON MILL DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-5271280	RENTAL REAL E	VA	APAH INC	C	-81,200	-117,180	100.000 %		No
(6) BUCHANAN GARDENS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-3918318	RENTAL REAL E	VA	APAH INC	C	-81,117	-252,592	100.000 %		No
(7) CALVERT MANOR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1862795	RENTAL REAL E	VA	APAH INC	C	12	-530	100.000 %		No
(8) COLUMBIA GROVE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-2596777	RENTAL REAL E	VA	APAH INC	C	71,267	-272,032	100.000 %		No
(9) COLUMBIA GROVE INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1429115	RENTAL REAL E	VA	APAH INC	C	-811	-14,534,444	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	-1,128	-3,998	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	-71,931	-120,009	100.000 %		No
(12) COURTHOUSE CROSSINGS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 20-4454298	RENTAL REAL E	VA	APAH INC	C	-65	-415,695	100.000 %		No
(13) FHDC CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-0345148	RENTAL REAL E	VA	APAH INC	C	-2,748	-416,196	100.000 %		No
(14) GILLIAM PLACE EAST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1465747	RENTAL REAL E	VA	APAH INC	C	-1,262	-3,746	100.000 %		No
(15) GILLIAM PLACE WEST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1493174	RENTAL REAL E	VA	APAH INC	C	-1,222	-3,620	100.000 %		No
(16) LORCOM ARMS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-0861663	RENTAL REAL E	VA	APAH INC	C	-6	-522,840	100.000 %		No
(17) POST EAST FOUR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3287362	RENTAL REAL E	VA	ROSSLYN RIDGE DEVELOPMENT CORPORATION	C					No
(18) POST WEST NINE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3309263	RENTAL REAL E	VA	APAH INC	C	-1,000	-1,000	100.000 %		No
(19) QUEEN'S NORTH FOUR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-3934830	RENTAL REAL E	VA	APAH INC	C	-1,100	-1,875	100.000 %		No
(20) QUEEN'S SOUTH NINE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-3925305	RENTAL REAL E	VA	APAH INC	C	-1,100	-1,875	100.000 %		No
(21) THE SPRINGS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 46-4817667	RENTAL REAL E	VA	APAH INC	C	-1,025	-3,800	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.

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s).
c Gift, grant, or capital contribution from related organization(s).
d Loans or loan guarantees to or for related organization(s).
e Loans or loan guarantees by related organization(s).
f Dividends from related organization(s).
g Sale of assets to related organization(s).
h Purchase of assets from related organization(s).
i Exchange of assets with related organization(s).
j Lease of facilities, equipment, or other assets to related organization(s).
k Lease of facilities, equipment, or other assets from related organization(s).
l Performance of services or membership or fundraising solicitations for related organization(s).
m Performance of services or membership or fundraising solicitations by related organization(s).
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
o Sharing of paid employees with related organization(s).
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s).
s Other transfer of cash or property from related organization(s).

Table with 3 columns: Question ID, Yes, No. Rows 1a through 1s.

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.

Main table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows 1 through 36.

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2020

Additional Data[Return to Form](#)

Software ID:
Software Version: