

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- 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) Room/suite: 4318 N CARLIN SPRINGS ROAD. 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 \$ 24,441,202

F Name and address of principal officer: KYLE MCCANDLESS, 4318 N CARLIN SPRINGS ROAD, ARLINGTON, VA 22203

H(a) Is this a group return for subordinates? [] Yes [x] No. H(b) Are all subordinates included? [] Yes [] No. H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.APAH.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other

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

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission... WE EXIST TO PROVIDE QUALITY AFFORDABLE HOUSING... 2. Check this box [] if the organization discontinued its operations... 3-7b. Summary statistics (voting members, employees, revenue, etc.). 8-19. Revenue and Expenses comparison table for Prior Year and Current Year. 20-22. Net Assets or Fund Balances comparison table for Beginning of Current Year and End of Year.

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 KYLE MCCANDLESS ASSISTANT TREASURER / CFO, Date 2024-11-07. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-11-07, Firm's name COHNREZNICK LLP, Firm's address 500 EAST PRATT STREET 4TH FLOOR BALTIMORE, MD 21202.

May the IRS discuss this return with the preparer shown above? See Instructions. [x] 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:

WE EXIST TO PROVIDE QUALITY AFFORDABLE HOUSING AND RESIDENT-CENTERED PROGRAMMING TO HELP OUR RESIDENTS MAKE THE MOST OF THEIR HOME.

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 \$ **9,095,752** including grants of \$) (Revenue \$ **17,354,849**)
APAH PROVIDES 2485 UNITS TO LOW TO MODERATE INCOME HOUSING AND 306 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** **9,095,752**

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 schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows (2a-17) and sub-rows (a-e) for various questions. Includes columns for question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No columns.

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

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KYLE MCCANDLESS 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 (703) 276-7444

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MATTHEW BIRENBAUM CHAIR / DIRECTOR	1.00 5.00	X						0	0	0
(2) RICH JORDAN VICE CHAIR / DIRECTOR	1.00 4.00	X						0	0	0
(3) CARMEN ROMERO PRESIDENT / DIRECTOR / CEO	35.00 5.00	X		X				334,718	0	24,982
(4) BUZZ ROBERTS TREASURER / DIRECTOR	1.00 5.00	X		X				0	0	0
(5) RANDY ANDERSON SECRETARY / DIRECTOR	1.00 5.00	X		X				0	0	0
(6) AMIT KULKARNI DIRECTOR	1.00 0.00	X						0	0	0
(7) JEANNE BOOTH DIRECTOR	1.00 0.00	X						0	0	0
(8) ROBERT ROZEN DIRECTOR	1.00 4.00	X						0	0	0
(9) PAM ROTHENBERG DIRECTOR	1.00 0.00	X						0	0	0
(10) JOHN ZIEGENHEIN DIRECTOR	1.00 0.00	X						0	0	0
(11) TANNIA TALENTO DIRECTOR	1.00 0.00	X						0	0	0
(12) RITA BAMBERGER DIRECTOR	1.00 0.00	X						0	0	0
(13) JULIE GOULD DIRECTOR	1.00 0.00	X						0	0	0
(14) JAY HARRIS DIRECTOR	1.00 0.00	X						0	0	0
(15) TED HICKS DIRECTOR	1.00 1.00	X						0	0	0
(16) PAUL HOLLAND DIRECTOR	1.00 0.00	X						0	0	0
(17) ALICIA PLERHOPLES DIRECTOR	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) NANCY RASE DIRECTOR	1.00 4.00	X					0	0	0
(19) ANDY VANHORN DIRECTOR	1.00 0.00	X					0	0	0
(20) KEIVA DENNIS DIRECTOR	1.00 1.00	X					0	0	0
(21) JOHN GREEN DIRECTOR	1.00 4.00	X					0	0	0
(22) LATASHA ROWE DIRECTOR	1.00 0.00	X					0	0	0
(23) COLETTE PORTER DIRECTOR	1.00 0.00	X					0	0	0
(24) KEVIN YAM DIRECTOR	1.00 0.00	X					0	0	0
(25) WHYNI KERNODLE DIRECTOR	1.00 0.00	X					0	0	0
(26) MICHAEL CHIAPPA VICE PRESIDENT / SENIOR VICE PRESIDENT OF REAL EST	5.00 35.00			X			0	324,657	14,829
(27) KYLE MCCANDLESS ASSISTANT TREASURER / CFO	35.00 5.00			X			221,815	0	13,883
(28) KIMBERLY PAINTER ASSISTANT SECRETARY / VICE PRESIDENT OF TALENT & C	35.00 5.00			X			165,026	0	13,700
(29) MITCH CRISPELL DIRECTOR OF REAL ESTATE DEVELOPMENT	40.00 0.00					X	207,221	0	12,568
(30) CHARLES SIMS DIRECTOR OF REAL ESTATE DEVELOPMENT	40.00 0.00					X	210,094	0	9,810
(31) MARQUAN JACKSON VICE PRESIDENT OF RESIDENT SERVICES	40.00 0.00					X	198,365	0	11,070
(32) JESUS ESQUIVEL DIRECTOR OF ASSET MANAGEMENT	40.00 0.00					X	180,514	0	16,731
(33) GARRETT JACKSON DIRECTOR OF RESOURCE DEVELOPMENT & COMMUNICATIONS	40.00 0.00					X	158,300	0	6,332
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						1,676,053	324,657	123,905	

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

Table with 5 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, Gifts, Grants, and Other Similar Amounts, Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, gifts, grants, and similar amounts not included above, Noncash contributions included in lines 1a - 1f, and Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include DEVELOPMENT FEE, LOANS TO THE PROJECTS, PARTNERSHIP ADMINISTRATIVE FEE, PROPERTY DISTRIBUTIONS, ASSET MANAGEMENT SERVICES FEE, All other program service revenue, and Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents (Real/Personal), Net rental income, Gross amount from sales of assets other than inventory, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory.

Table for Other Revenue Misc Amt with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include All other revenue, Total, and Total 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	774,124	710,143	54,022	9,959
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	4,712,887	4,323,371	328,886	60,630
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,253		213,253	
9 Other employee benefits	18,685		18,685	
10 Payroll taxes	380,936	349,452	26,583	4,901
11 Fees for services (non-employees):				
a Management	18,748	18,748		
b Legal	43,850		43,850	
c Accounting	73,915		73,915	
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)	39,043	36,698	2,345	
12 Advertising and promotion				
13 Office expenses	187,529	174,432	12,053	1,044
14 Information technology	602,133	565,964	36,169	
15 Royalties				
16 Occupancy	2,644	2,485	159	
17 Travel	63,210	59,413	3,797	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	354,957	333,635	21,322	
20 Interest	261,873	246,143	15,730	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	330,336	310,493	19,843	
23 Insurance	235,352	221,215	14,137	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	359,021	359,021		
b COMMUNITY IMPACT	211,654	198,940	12,714	
c LICENSES, TAXES, INSURA	108,603	102,079	6,524	
d				
e All other expenses	1,175,697	1,083,520	92,177	
25 Total functional expenses. Add lines 1 through 24e	10,168,450	9,095,752	996,164	76,534
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	13,983,849	2	21,354,042
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25,715,999	4	28,842,285
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	69,053,075	7	72,015,531
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,026	9	38,790
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,684,876		
	b Less: accumulated depreciation	10b 2,022,092	30,932,322	10c 35,662,784
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	7,643,898	13	13,846,684
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,725,478	15	8,798,778
16 Total assets: Add lines 1 through 15 (must equal line 33)	164,078,647	16	180,558,894	
Liabilities	17 Accounts payable and accrued expenses	17,508,334	17	3,224,668
	18 Grants payable		18	
	19 Deferred revenue	18,402,838	19	19,143,371
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,583,631	23	35,024,812
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,452,772	25	3,984,218
	26 Total liabilities. Add lines 17 through 25	57,947,575	26	61,377,069
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	105,089,696	27	119,181,825
	28 Net assets with donor restrictions	1,041,376	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	106,131,072	32	119,181,825
	33 Total liabilities and net assets/fund balances	164,078,647	33	180,558,894

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	24,310,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,168,450
3	Revenue less expenses. Subtract line 2 from line 1	3	14,141,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,131,072
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	-1,090,875
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	119,181,825

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) 15 97.370%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 97.640%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)) 17 2.630%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 2.360%.

19a 33 1/3% support tests-2023. 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. [X]

b 33 1/3% support tests-2022. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** 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.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No", provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

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

2023

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.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number
 54-1515133

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

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

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

2022

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 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after July 25, 2006.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,047,420		21,047,420
b Buildings		16,637,456	2,022,092	14,615,364
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).) . . . ▶				35,662,784

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) INVESTMENTS and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, DEFERRED DEVELOPMENT FEES, SECURITY DEPOSITS PAYABLE, PREPAID RENT, ACCRUED EXPENSES, ACCRUED INTEREST, and Total.

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/FOXCROFT TERRACE DEVELOPMENT CORPORATION, FISHER HOUSE DEVELOPMENT CORPORATION, QUEEN'S COURT DEVELOPMENT CORPORATION, AND ROSSLYN RIDGE DEVELOPMENT CORPORATION HAVE APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAXEXEMPT 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, 2023. 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 FORT TOTTEN LLC, APAH FORT TOTTEN COMMERCIAL LLC, APAH OAKWOOD LLC, APAH SNOWDEN, LLC, APAH STERLING 4 LLC, APAH STERLING 9 LLC, APAH TYSONS COMMUNITY CENTER DEVELOPMENT LLC, APAH TYSONS NORTH FOUR DEVELOPMENT LLC, APAH TYSONS SOUTH FOUR DEVELOPMENT LLC, APAH WESTOVER LLC, ARNA MARBELLA DEVELOPMENT LLC, AVV APARTMENTS, LLC, THE BARKALOW LLC, BRADDOCK FOUR DEVELOPMENT LLC, BRADDOCK NINE DEVELOPMENT LLC, BUCHANAN GARDENS II, LLC, FALKLAND NORTH LLC, FORT TOTTEN JV LLC, FORT TOTTEN DEVELOPMENT LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC, GOOSE CREEK SENIOR DEVELOPMENT LLC, MARBELLA DEVELOPMENT LLC, MARBELLA NORTH NINE DEVELOPMENT LLC, MARBELLA SOUTH FOUR DEVELOPMENT LLC, OAKWOOD NORTH FOUR DEVELOPMENT LLC, AND OAKWOOD SOUTH NINE DEVELOPMENT LLC, FILE SEPARATE TAX RETURNS. APAH AVONLEA PHASE I LLC, APAH AVONLEA PHASE II LLC, APAH COMMERCIAL LLC, APAH FORT TOTTEN LLC, APAH FORT TOTTEN COMMERCIAL LLC, APAH OAKWOOD LLC, APAH SNOWDEN, LLC, APAH STERLING 4 LLC, APAH STERLING 9 LLC, APAH TYSONS COMMUNITY CENTER DEVELOPMENT LLC, APAH TYSONS NORTH FOUR DEVELOPMENT LLC, APAH TYSONS SOUTH FOUR DEVELOPMENT LLC, APAH WESTOVER LLC, ARNA MARBELLA DEVELOPMENT LLC, AVV APARTMENTS, LLC, THE BARKALOW LLC, BRADDOCK FOUR DEVELOPMENT LLC, BRADDOCK NINE DEVELOPMENT LLC, BUCHANAN GARDENS II, LLC, FALKLAND NORTH LLC, FORT TOTTEN JV LLC, FORT TOTTEN DEVELOPMENT LLC, GILLIAM PLACE, LLC, GILLIAM RETAIL LLC, GOOSE CREEK SENIOR DEVELOPMENT LLC, MARBELLA DEVELOPMENT LLC, MARBELLA NORTH NINE DEVELOPMENT LLC, MARBELLA SOUTH FOUR 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 FORT TOTTEN LLC, APAH OAKWOOD LLC, APAH SNOWDEN LLC, APAH STERLING 4 LLC, APAH TYSONS, LLC, APAH WESTOVER LLC, ARNA MARBELLA DEVELOPMENT LLC, THE BARKALOW LLC, BRADDOCK FOUR DEVELOPMENT LLC, BRADDOCK NINE DEVELOPMENT LLC, BUCHANAN GARDENS II, LLC, GOOSE CREEK SENIOR DEVELOPMENT LLC, GILLIAM PLACE LLC, GILLIAM</p>

RETAIL LLC, MARBELLA NORTH NINE DEVELOPMENT LLC, MARBELLA SOUTH FOUR DEVELOPMENT LLC, OAKWOOD NORTH FOUR DEVELOPMENT LLC, AND OAKWOOD SOUTH NINE DEVELOPMENT LLC'S ACTIVITIES ARE REPORTED ON APAH'S INCOME TAX RETURN. ARNA MARBELLA GP DEVELOPMENT CORPORATION, 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 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 2020 REMAIN OPEN. APAH SNOWDEN LIMITED PARTNERSHIP, APAH TYSONS NORTH FOUR LIMITED PARTNERSHIP, APAH TYSONS SOUTH FOUR LIMITED PARTNERSHIP, APAH WESTOVER APARTMENTS LIMITED PARTNERSHIP, ARLINGTON MILL LIMITED PARTNERSHIP, ARNA MARBELLA LIMITED PARTNERSHIP, BALLSTON LIMITED PARTNERSHIP, BRADDOCK FOUR LIMITED PARTNERSHIP, BRADDOCK 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, FORT TOTTEN LIMITED PARTNERSHIP, GILLIAM PLACE EAST LIMITED PARTNERSHIP, GILLIAM PLACE WEST LIMITED PARTNERSHIP, GOOSE CREEK SENIOR LIMITED PARTNERSHIP, LORCOM ARMS LIMITED PARTNERSHIP, MARBELLA NORTH NINE LIMITED PARTNERSHIP, MARBELLA SOUTH FOUR 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 PASSTHROUGH 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 2020 REMAIN OPEN.

Additional Data

Return to Form

Software ID:
Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number
54-1515133

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <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 checked="" 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	945,669			945,669
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	945,669			945,669
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	131,124			131,124
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				131,124
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				814,545

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.**

2023

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
1b		
2		
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, 1099-MISC compensation, and/or 1099-NEC			(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 CARMEN ROMERO PRESIDENT / DIRECTOR / CEO	(i)	333,218	1,500	0	13,200	11,782	359,700	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 MICHAEL CHIAPPA VICE PRESIDENT / SENIOR VICE PRESIDE	(i)	0	0	0	0	0	0	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 KYLE MCCANDLESS ASSISTANT TREASURER / CFO	(i)	220,315	1,500	0	8,873	5,010	235,698	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 CHARLES SIMS DIRECTOR OF REAL ESTATE DEVELOPMENT	(i)	208,594	1,500	0	8,404	1,406	219,904	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 MITCH CRISPELL DIRECTOR OF REAL ESTATE DEVELOPMENT	(i)	205,721	1,500	0	8,289	4,279	219,789	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 MARQUAN JACKSON VICE PRESIDENT OF RESIDENT SERVICES	(i)	196,865	1,500	0	7,935	3,135	209,435	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 JESUS ESQUIVEL DIRECTOR OF ASSET MANAGEMENT	(i)	179,014	1,500	0	5,745	10,986	197,245	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 KIMBERLY PAINTER ASSISTANT SECRETARY / VICE PRESIDENT	(i)	163,526	1,500	0	6,601	7,099	178,726	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 GARRETT JACKSON DIRECTOR OF RESOURCE DEVELOPMENT & C	(i)	156,800	1,500	0	6,332	0	164,632	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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**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 XI, LINE 9:	GILLIAM RETAIL LLC DISTRIBUTION -150,000. BARKALOW LLC DISTRIBUTION -141,284. ELIMINATE INVESTMENT INCOME FROM BARKALOW, LLC APAH SPONSOR LOAN -799,591.

Additional Data

Return to Form

Software ID:
Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**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 REAL ESTATE	VA	0	0	APAH INC
(2) APAH WESTOVER LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-3329041	RENTAL REAL ESTATE	VA	187,672	8,559,827	APAH INC
(3) AVV APARTMENTS LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 46-3985371	RENTAL REAL ESTATE	VA	36,438	300	ROSSLYN RIDG
(4) BUCHANAN GARDENS II LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-1234175	RENTAL REAL ESTATE	VA	0	13,770	APAH INC
(5) GILLIAM PLACE LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1645900	RENTAL REAL ESTATE	VA	473,857	11,486,563	APAH INC
(6) GILLIAM RETAIL LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3727003	RENTAL REAL ESTATE	VA	194,301	801,300	APAH INC
(7) MARBELLA DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 80-0729856	RENTAL REAL ESTATE	VA	710,182	3,553,590	ROSSLYN RIDG
(8) THE BARKALOW LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1957555	RENTAL REAL ESTATE	VA	287,240	1,001,996	APAH INC
(9) APAH SNOWDEN LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 83-2130299	RENTAL REAL ESTATE	MD	0	0	APAH INC
(10) APAH OAKWOOD LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 85-1057001	RENTAL REAL ESTATE	VA	32,795	5,712,393	APAH INC
(11) OAKWOOD SOUTH NINE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 85-0997411	RENTAL REAL ESTATE	VA	0	0	APAH INC
(12) OAKWOOD NORTH FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 85-1025353	RENTAL REAL ESTATE	VA	0	0	APAH INC
(13) APAH FORT TOTTEN LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(14) APAH STERLING 4 LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3141705	RENTAL REAL ESTATE	VA	0	0	APAH INC
(15) GOOSE CREEK SENIOR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(16) APAH AVONLEA PHASE I LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	5,807,018	APAH INC
(17) APAH AVONLEA PHASE II LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	6,657,326	APAH INC
(18) APAH ACQUISITIONS LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(19) APAH BRADDOCK ROAD LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(20) APAH CRYSTAL HOUSE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(21) APAH FORT TOTTEN COMMERCIAL LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	1,086,212	APAH INC

(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
(22) APAH TYSONS COMMUNITY CENTER DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(23) APAH TYSONS NORTH FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(24) APAH TYSONS ROUTE 7 DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(25) APAH TYSONS SOUTH FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(26) AVONLEA FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(27) AVONLEA NINE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(28) FALKLAND NORTH LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	962,146	39,385,938	APAH INC
(29) CH3 NORTH FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC
(30) CRYSTAL HOUSE SIX DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	0	0	APAH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARLYN SPRINGS-FOXCROFT TERRACE DEVELOPMENT 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1869305	RENTAL REAL ESTATE	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 REAL ESTATE	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 REAL ESTATE	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 REAL ESTATE	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 REAL ESTATE	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 ESTATE	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 ESTATE	VA	APAH INC	RELATED				No		No		0.010 %
(3) ARLINGTON MILL LP 4318 N CAR SPR RD ARLINGTON, VA 22203 27-5271832	RENTAL REAL ESTATE	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 ESTATE	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 ESTATE	VA	APAH INC	RELATED		-11,555	2,506,776		No	No		100.000 %
(6) CAMERON COMMONS LLC 4318 N CAR SPR RD ARLINGTON, VA 22203 26-2832867	RENTAL REAL ESTATE	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 ESTATE	VA	APAH INC	RELATED		464,204	9,607,485		No	No		100.000 %
(8) COLUMBIA HILLS EAST LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 47-3107440	RENTAL REAL ESTATE	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 ESTATE	VA	APAH INC	RELATED					No	No		0.010 %
(10) COURTHOUSE CROSSING LP 4318 N CAR SPR RD ARLINGTON, VA 22203 20-4454348	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		0.010 %
(11) FISHER HOUSE LP 4318 N CAR SPR RD ARLINGTON, VA 22203 59-3824406	RENTAL REAL ESTATE	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 ESTATE	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 ESTATE	VA	APAH INC	RELATED					No	No		0.010 %
(14) LORCOM ARMS LP 4318 N CAR SPR RD ARLINGTON, VA 22203 54-2011290	RENTAL REAL ESTATE	VA	APAH INC	RELATED		-47,152	3,020,858		No	No		99.990 %
(15) NORTH PIERCE ASSOCIATES LP 4318 N CAR SPR RD ARLINGTON, VA 22203 20-5722181	RENTAL REAL ESTATE	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 ESTATE	VA	APAH INC	RELATED		-278,719	42,812,169		No	No		100.000 %
(17) THE SPRINGS APARTMENTS LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 35-2495147	RENTAL REAL ESTATE	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 ESTATE	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 ESTATE	VA	APAH INC	RELATED					No	No		0.010 %
(20) OAKWOOD SOUTH NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 85-1041479	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(21) OAKWOOD NORTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 85-1008518	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(22) QUEENS SOUTH NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 82-3925442	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		0.010 %
(23) QUEENS NORTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 82-3934931	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		0.010 %
(24) BRADDOCK FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 87-2131929	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(25) BRADDOCK NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 87-2090932	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(26) BALLSTON LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 86-3099483	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(27) ARNA MARBELLA LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203 87-3487068	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(28) GOOSE CREEK SENIOR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(29) MARBELLA NORTH NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(30) MARBELLA SOUTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(31) APAH BRADDOCK ROAD LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(32) APAH TYSONS NORTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(33) APAH TYSONS SOUTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(34) AVONLEA FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(35) AVONLEA NINE LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(36) CRYSTAL HOUSE SIX LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(37) CRYSTAL HOUSE JV LLC 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(38) CH3 NORTH FOUR LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(39) FORT TOTTEN JV LLC 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(40) MT STERLING SENIOR 4 MANAGER LLC 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(41) MT STERLING SENIOR 4 OWNER LLC 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(42) MT STERLING SENIOR 9 MANAGER LLC 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(43) MT STERLING SENIOR 9 OWNER LLC 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	RELATED					No	No		100.000 %
(44) FORT TOTTEN LIMITED PARTNERSHIP 4318 N CAR SPR RD ARLINGTON, VA 22203	RENTAL REAL ESTATE	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 ESTATE	VA	APAH INC	C	-1,152	723,892	100.000 %	Yes	
(2) APAH SNOWDEN DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 83-2716522	RENTAL REAL ESTATE	VA	APAH INC	C	-1,559	-291,420	100.000 %	Yes	
(3) APAH STERLING 9 LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-4477379	RENTAL REAL ESTATE	VA	APAH INC	C			100.000 %	Yes	
(4) APAH WESTOVER DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-2139683	RENTAL REAL ESTATE	VA	APAH INC	C	-268,934	1,954,565	100.000 %	Yes	
(5) ARLINGTON MILL DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-5271280	RENTAL REAL ESTATE	VA	APAH INC	C	-81,327	204,765	100.000 %	Yes	
(6) BUCHANAN GARDENS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 27-3918318	RENTAL REAL ESTATE	VA	APAH INC	C	-81,221	82,593	100.000 %	Yes	
(7) CALVERT MANOR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1862795	RENTAL REAL ESTATE	VA	APAH INC	C	-12	100,623	100.000 %	Yes	
(8) COLUMBIA GROVE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-2596777	RENTAL REAL ESTATE	VA	APAH INC	C	582,980	1,587,406	100.000 %	Yes	
(9) COLUMBIA GROVE INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 54-1429115	RENTAL REAL ESTATE	VA	APAH INC	C	-1,099	1,333,033	100.000 %	Yes	
(10) COLUMBIA HILLS EAST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-3090506	RENTAL REAL ESTATE	VA	APAH INC	C	23,139	647,431	100.000 %	Yes	
(11) COLUMBIA HILLS WEST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-3171063	RENTAL REAL ESTATE	VA	APAH INC	C	-78,236	12,775,531	100.000 %	Yes	
(12) COURTHOUSE CROSSINGS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 20-4454298	RENTAL REAL ESTATE	VA	APAH INC	C	-837,341	665,424	100.000 %	Yes	
(13) FHDC CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 26-0345148	RENTAL REAL ESTATE	VA	APAH INC	C	-124,266	781,984	100.000 %	Yes	
(14) GILLIAM PLACE EAST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1465747	RENTAL REAL ESTATE	VA	APAH INC	C	-81,367	1,181,708	100.000 %	Yes	
(15) GILLIAM PLACE WEST DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 81-1493174	RENTAL REAL ESTATE	VA	APAH INC	C	-1,331	2,565,306	100.000 %	Yes	
(16) LORCOM ARMS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 47-0861663	RENTAL REAL ESTATE	VA	APAH INC	C	-5	359,320	100.000 %	Yes	
(17) POST EAST FOUR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-2287362	RENTAL REAL ESTATE	VA	ROSSLYN RIDGE DEVELOPMENT CORPORATION	C	-1,335	4,270,951		No	
(18) POST WEST NINE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 84-3309263	RENTAL REAL ESTATE	VA	APAH INC	C		6,426,110	100.000 %	Yes	
(19) QUEEN'S NORTH FOUR DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-3934830	RENTAL REAL ESTATE	VA	APAH INC	C	-1,440	387,081	100.000 %	Yes	
(20) QUEEN'S SOUTH NINE DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 82-3925305	RENTAL REAL ESTATE	VA	APAH INC	C	-81,367	1,376,602	100.000 %	Yes	
(21) THE SPRINGS DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 46-4817667	RENTAL REAL ESTATE	VA	APAH INC	C	-81,175	246,621	100.000 %	Yes	
(22) BALLSTON GP LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 86-3067429	RENTAL REAL ESTATE	VA	APAH INC	C		71,930,938	100.000 %	Yes	
(23) BRADDOCK FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 87-2109329	RENTAL REAL ESTATE	VA	APAH INC	C		20,078,813	100.000 %	Yes	
(24) BRADDOCK NINE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 87-2089234	RENTAL REAL ESTATE	VA	APAH INC	C		14,387,667	100.000 %	Yes	
(25) ARNA MARBELLA GP DEVELOPMENT CORPORATION 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203 88-0557888	RENTAL REAL ESTATE	VA	APAH INC	C	-349	7,633,140	100.000 %	Yes	
(26) MARBELLA SOUTH FOUR DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	C	-50	13,594,552	100.000 %	Yes	
(27) MARBELLA NORTH NINE DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	C	-50	11,497,454	100.000 %	Yes	
(28) FORT TOTTEN DEVELOPMENT LLC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	RENTAL REAL ESTATE	VA	APAH INC	C		42,766,369	100.000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MT STERLING SENIOR 4 OWNER LLC	P	52,901	COST
(2) MT STERLING SENIOR 9 OWNER LLC	P	56,246	COST
(3) BRADDOCK FOUR LIMITED PARTNERSHIP	P	62,284	COST
(4) BALLSTON LIMITED PARTNERSHIP	P	70,691	COST
(5) CALVERT MANOR LIMITED PARTNERSHIP	P	107,428	COST
(6) OAKWOOD NORTH FOUR LIMITED PARTNERSHIP	P	121,791	COST
(7) APAH FORT TOTTEN COMMERCIAL LLC	D	147,719	COST
(8) FORT TOTTEN LIMITED PARTNERSHIP	P	170,070	COST
(9) ARNA MARBELLA LIMITED PARTNERSHIP	P	187,852	COST
(10) APAH OAKWOOD LLC	D	250,000	COST
(11) ARNA MARBELLA LIMITED PARTNERSHIP	D	282,187	COST
(12) ROSSLYN RIDGE DEVELOPMENT CORP	O	343,043	COST
(13) GILLIAM PLACE WEST LIMITED PARTNERSHIP	P	418,009	COST
(14) APAH TYSONS SOUTH FOUR LIMITED PARTNERSHIP	P	556,612	COST
(15) MARBELLA NORTH NINE LIMITED PARTNERSHIP	D	4,213,759	COST
(16) MARBELLA SOUTH FOUR LIMITED PARTNERSHIP	D	9,550,000	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2023

Additional Data[Return to Form](#)**Software ID:****Software Version:**