	Q.
POSTA	990-E7

Short Form

Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

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

\$\$				Onder Section 501(c), 521, or 4547(a)(1) or the internal nevertie Gode (except private for						
콧끙				Open to Public						
NVELOPE MARK DATE			of the Treasury nue Service	30/V	Inspection					
mi ==				► Go to www.irs.gov/Form990EZ for instructions and the latest information. ar year, or tax year beginning January 1 , 2020, and ending	Decembe	er 31 , 20 20				
MA			oplicable.			dentification number				
_	_	Address o	•	The Settlers Point Apartment Corporation of the NPCDC	200152350					
17	`				Telephone	number				
7 2		nıtıal retu	m	1330 New Hampshire Ave, NW	(2	02) 861-5839				
0	=		m/terminated		Group Ex	`				
21	=	Amended			Number					
	_		n pending			if the organization is not				
. 1		vecouri V ebsit e	ting Method:			ttach Schedule B				
				· · · · · · · · · · · · · · · · · · ·		90-EZ, or 990-PF).				
20				✓ Corporation ☐ Trust ☐ Association ☐ Other	,					
00	IA	dd line	organization:	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets					
				\$500,000 or more, file Form 990 instead of Form 990-EZ.	. ▶	œ				
		art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I\ 🔞				
	F &	art i		the organization used Schedule O to respond to any question in this Part I.						
	स्त्र	_		ons, gifts, grants, and similar amounts received		· · · · · · <u> </u>				
		1				- 0				
		2		ervice revenue including government fees and contracts	. 3	0				
	[2]	3		up dues and assessments	. 4	0				
		4	Investment	1 1	·	<u> </u>				
		5a		ount from sale of assets other than inventory 5a	0					
		b		or other basis and sales expenses						
		C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. <u>5c</u>	0				
		6	_	nd fundraising events:						
	a	а		ome from gaming (attach Schedule G if greater than						
	Ž		\$15,000) .							
	Revenue	b		me from fundraising events (not including \$ 0 of contributions						
	æ			aising events reported on line 1) (attach Schedule G if the	١.					
				ch gross income and contributions exceeds \$15,000)	<u> </u>					
		C		et expenses from gaming and fundraising events 6c	-4					
		d d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	1	,				
			line 6c) .		6d	0				
		7a		s of inventory, less returns and allowances	0					
	တ္ထု	b		of goods sold						
	¥	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	0				
	ANN	8		nue (describe in Schedule O) 05 17 a 1 · · · / · · · · · · · · · · · · · · ·	. 8	0				
	Z	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 / . /	▶ 9	0				
	m	10		d similar amounts paid (list in Schedule O) aid to or for members ther compensation, and employee benefits	. 10	0				
	O	11	Benefits pa	aid to or for members	. 11	0				
	%	12	Salaries, of	ther compensation, and employee benefits 🗹	. 12	0				
	150	13	Profession	al fees and other payments to independent contractors	. 13	0				
	æ	14	Occupancy	y, rent, utilities, and maintenance	. 14	0				
	SExpension Services S	15			. 15	0				
ļ	2	16	•	enses (describe in Schedule O) 🗹	. 16	0				
j	202	17		enses. Add lines 10 through 16	▶ 17	0				
		18	Excess or	(deficit) for the year (subtract line 17 from line 9)	. 18	0				
	Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi						
	As		-	ar figure reported on prior year's return)	· 19	0				
	Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	. 20	0				
		21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	0				
		D		ion Act Nation and the concepts instructions Cat No. 106421		5 990-E7 (0000)				

The state of the state of

	Part II Balance Sheets (see the instructions for Part II)							1,5			
		Check if the organization used Schedule	O to respond to ar	ny question in this		<u>. </u>		<u>11</u>			
		~ ·		1	(A) Beginning of year		(B) End of year				
	22	Cash, savings, and investments		[, 0	22		0			
	23	Land and buildings			0	23	i .	0			
	24	Other assets (describe in Schedule O)		[0	24		0			
	25	Total assets			0	25	14	0			
	26	Total liabilities (describe in Schedule O)				26	• />	0			
	27	Net assets or fund balances (line 27 of column				27		0			
						~	_				
?	Par						Expenses				
		Check if the organization used Schedule	to to respond to al	iy question in this	Part III □	(Re	equired for section				
	What	t is the organization's primary exempt purpose?				501	I(c)(3) and 501(c)(4)				
	Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	rogram services,		anizations, optional	l for			
	as m	neasured by expenses. In a clear and concise m	nanner, describe the	e services provide	d, the number of	oth	ers.)				
	perso	ons benefited, and other relevant information for ea	ach program title.			<u> </u>					
?	28					ł					
							1				
	?	(Grants \$) If this amount	includes foreign ara	nts check here	▶ □	28	a	0			
						+==	-	<u> </u>			
	29]					
						l					
								_			
		(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ Ц</u>	29	а	0			
	30					ł	1				
							1				
							ļ				
		(Grants \$) If this amount	ıncludes foreign gra	ints, check here	▶ □	30	a	0			
	31	Other program services (describe in Schedule O)									
	٠.		includes foreign gra			31	a	0			
	20	Total program service expenses (add lines 28a				32					
	JZ	Total program service expenses (and intes zoa									
							ictions for Part IV	<u> </u>			
		t IV List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not com	pensated—see the	nstr		<u> </u>			
			y Employees (list each	n one even if not com ny question in this	pensated—see the i	nstr		<u> </u>			
		List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each e O to respond to al (b) Average	n one even if not com ny question in this (c) Reportable	pensated—see the in Part IV	nstr	<u> </u>	v)			
		t IV List of Officers, Directors, Trustees, and Ke	y Employees (list each e O to respond to an (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstru · ·ee (e	<u> </u>	V)			
		List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each e O to respond to al (b) Average	n one even if not coming question in this (c) Reportable compensation	pensated—see the I Part IV	nstru · ·ee (e	e) Estimated amoun	V)			
	Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstru · ·ee (e	e) Estimated amoun	V)			
	Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to an (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstru · ·ee (e	e) Estimated amoun	V)			
	Par Mich Mana	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title melle Owens aging Director	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstru · ·ee (e	e) Estimated amoun	V)			
	Mich Mana Irena	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (b) Name and title (c) Name and title	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (ff not paid, enter -0-)	pensated—see the I Part IV	nstru · ·ee (e	e) Estimated amoun	V)			
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	Form 99	90-EZ (2020)	. 4	ج _ P	age 3	,
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
				Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
7	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	0.4			- 2
	35a	change on Schedule O. See instructions	34		~	
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	_
	c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		<u> </u>	-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>	- 12
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
	b	Did the organization file Form 1120-POL for this year?	37ь		~	i
	38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		7	127
	ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	-			
	а	Initiation fees and capital contributions included on line 9]	-		ĺ
	b	Gross receipts, included on line 9, for public use of club facilities	-			1
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b ,	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			<u> </u>
	41	List the states with which a copy of this return is filed ▶				
	42a		202)86		9	
	ь	Located at ► 1330 New Hampshire Ave, NW Suite 111 Washington, DC ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	20036	Yes	No	
	-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	103	7	į
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		<u> </u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. ≯	► □ 	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
		Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>	
		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	_		
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	<u> </u>	
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		-12/8	

Pa	_	_	•

46	to ca	he organization engage, directly or includates for public office? If "Yes," co	omplete Schedule C,				in opposi		6	20 V
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	_	stions 47-49b an	nd 5	2, and cor	nplete th	•	•	ies
		Check if the organization used Sch	edule O to respond	to any question I	n thi	is Part VI		י)טטרי	, 	. 🗆
47		the organization engage in lobbying a ? If "Yes," complete Schedule C, Part		section 501(h) elec	tion	ın effect d	uring the	- 1	Yes	No
48 49a b 50	Is the Did t If "Ye Com	e organization a school as described in the organization make any transfers to es," was the related organization a sec plete this table for the organization's for loyees) who each received more than	section 170(b)(1)(A)(ii an exempt non-cha ction 527 organizatio five highest compens	ritable related orga n? sated employees (o	aniza other	ition? r than office	49a 49b officers, directors, trustees, a			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	- h	(d) Health b contributions to benefit plans, a compens	o employee nd deferred		nated amo	
			0		0		o			0
			0		0		0		_	0
			0		0		0			0
			0		0		0			0
			0				0			0
51	\$100	plete this table for the organization's ,000 of compensation from the organi	ization. If there is no	ne, enter "None." (b) Type of s				Compen		e than
				0						0
				0						0
		······································		0						
				0						0
										0
			,	0						_
d 52	Did	number of other independent contract the organization complete Schedule letted Schedule A	•	· · · · · · · · · · · · · · · · · · ·	. ► gani:	zations mu	ıst attach	_	es 🗌	No
		of perjury, I declare that I have examined this reid complete. Declaration of preparer (other than						owledge	and belief	, it is
Sign Here	?	Signature of officer Irena Karpinski, Secretary/ Vice Pre Type or print name and title	sident			Date	5-1	5	٤ (
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date		Check Self-emplo		N	
Use (Firm's name Firm's address >					EIN ►	-		
May th	ne IRS	Firm's address ► discuss this return with the preparer:	shown above? See ii	nstructions		Phone	e no	► Y	es 🗍	No