

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 08-01-2018, and ending 07-31-2019

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

C Name of organization: APOSTOLIC HOUSING INC
Number and street (or P O box, if mail is not delivered to street address): 2112 BAINBRIDGE ST APT A1
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: PHILADELPHIA, PA 19146

D Employer identification number: 23-7023983
E Telephone number: (215) 735-8910
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify):

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 60,470

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received 300
2	Program service revenue including government fees and contracts 60,152
3	Membership dues and assessments
4	Investment income 18
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 60,470
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13 2,300
14	Occupancy, rent, utilities, and maintenance 14 67,315
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 1,752
17	Total expenses. Add lines 10 through 16 17 71,367
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -10,897
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 76,143
20	Other changes in net assets or fund balances (explain in Schedule O) 20 2,183
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 67,429

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	16,041	22	17,039
23 Land and buildings	61,100	23	51,493
24 Other assets (describe in Schedule O)	2,245	24	2,245
25 Total assets	79,386	25	70,777
26 Total liabilities (describe in Schedule O).	3,243	26	3,348
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,143	27	67,429

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO PROVIDE AFFORDABLE, QUALITY HOUSING FOR LOW-INCOME INDIVIDUALS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32		69,067

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KENNETH N SHELTON PRESIDENT	2 00	0	0	0
JOHN C SHELTON THOMAS VICE PRESIDENT	2 00	0	0	0
JOHN R BROWN ESQ SECRETARY	2 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of APOSTOLIC HOUSING INC Telephone no (215) 735-8910
Located at 2112 BAINBRIDGE ST SUITE A1 PHILADELPHIA, PA ZIP + 4 19146

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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.

***** Signature of officer	2019-12-04 Date
JOHN R BROWN SECRETARY Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RACHEL M KIESER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01340945
Firm's name ▶ DRUCKER & SCACCETTI PC			Firm's EIN ▶ 23-2628118		
Firm's address ▶ 1600 MARKET STREET SUITE 3300 PHILADELPHIA, PA 19103			Phone no (215) 665-3960		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-7023983

Name: APOSTOLIC HOUSING INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 RENTAL OF LOW INCOME HOUSING UNITS TO THE PUBLIC (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	69,067

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
APOSTOLIC HOUSING INC

Employer identification number

23-7023983

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 18 TOTAL TO FORM 990-EZ, LINE 14 67,315

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 9,607 DESCRIPTION OTHER EXPENSES AMOUNT 57,708

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 1,407 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 125 DESCRIPTION LICENSES & INSPECTIONS AMOUNT 220 TOTAL TO FORM 990-EZ, LINE 16 1,752

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION FUND TRANSFERS - CHURCH OF THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC AMOUNT 2,183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 2,245 END OF YEAR AMOUNT 2,245

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 3,243 END OF YEAR AMOUNT 3,348