

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)

OMB No. 1545-1150
2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 08-01-2019, and ending 07-31-2020

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) Room/suite
2112 BAINBRIDGE ST APT A1
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 **\$ 62,009**

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

Table with 9 rows for Revenue. Columns include description, sub-rows (5a-5c, 6a-6d, 7a-7c), and total revenue of 62,009.

Table with 7 rows for Expenses. Columns include description, sub-rows (10-17), and total expenses of 79,855.

Table with 3 rows for Net Assets. Columns include description, sub-rows (18-21), and net assets of 57,012.

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, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

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, question text, 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, question text, 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	2020-11-04 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	76,805

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

2019

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: 5. TOTAL TO FORM 990-EZ, LINE 14: 75,052.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION: DEPRECIATION. AMOUNT: 9,607. DESCRIPTION: OTHER EXPENSES. AMOUNT: 65,445.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: OFFICE EXPENSES. AMOUNT: 1,628. DESCRIPTION: MISCELLANEOUS EXPENSES. AMOUNT: 125. TOTAL TO FORM 990-EZ, LINE 16: 1,753.

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: 7,429.

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: 3,348. END OF YEAR AMOUNT: 3,348.