

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING. D Employer identification number: 54-1515133. E Telephone number: (703) 276-7444. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

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

G Website: N/A

J Organization type (check only one) 501(c) (3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 555,087.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Expenses (Program services, Management and general, Fundraising, Payments to affiliates), Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc (attach schedule), 43 Other expenses not covered above (itemize) STMT 2, 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.

Joint Costs. Check [] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? STMT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

Table with 3 columns: Description, Amount, Program Service Expenses. Row a: PROVISION OF 417 UNITS OF LOW TO MODERATE INCOME HOUSING FOR FAMILIES AND INDIVIDUALS. (Grants and allocations \$ NONE) 515,053. Row b: (Grants and allocations \$) Row c: (Grants and allocations \$) Row d: (Grants and allocations \$) Row e: Other program services (attach schedule) (Grants and allocations \$) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 515,053.

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing		45		
	46	Savings and temporary cash investments	991,654.	46	966,764.	
	47a	Accounts receivable	47a	641,375.		
	b	Less allowance for doubtful accounts	47b		47c	641,375.
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		133,654.	53	552.
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	1,435,372.			
b	Less accumulated depreciation (attach schedule)	57b	188,308.	57c	1,247,064.	
58	Other assets (describe <input type="checkbox"/> STMT 4)		-233,136.	58	151,884.	
59 Total assets (add lines 45 through 58) (must equal line 74)			2,127,644.	59	3,007,639.	
Liabilities	60	Accounts payable and accrued expenses		60	49,241.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule) <input type="checkbox"/> STMT 5		NONE	64b	1,151,131.
65	Other liabilities (describe <input type="checkbox"/> STMT 6)		463,983.	65	467,531.	
66 Total liabilities (add lines 60 through 65)			534,849.	66	1,667,903.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		67	1,339,736.	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,592,795.	73	1,339,736.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		2,127,644.	74	3,007,639.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If "Yes," enter the name of the organization <u>STMT 10</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions.	81a	NONE
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		85b	N/A
c Dues, assessments, and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities		86b	N/A
87	501(c)(12) orgs Enter. a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under. section 4911 <u>NONE</u> , section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization			NONE
90a	List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		90b	5
91	The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>703-276-2657</u> Located at <u>ARLINGTON, VA</u> ZIP + 4 <u>22201</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		NONE

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a DEVELOPMENT FEES					86,899.
b ASSET MGMT FEE					105,766.
c RENTAL INCOME (LOSS)					146,654.
d ADMIN FEE					7,391.
e MISC. INCOME					12,567.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,426.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				15,426.	359,277.
105 Total (add line 104, columns (B), (D), and (E))					374,703.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
11	STMT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 12	%		146,689.	1,209,076.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign

Signature of officer: *Steven C. Joel*

Date: *10/15/04*

CFO

CPA	Date 9-15-04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) P00229257
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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2003

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>HELEN MCILVAIN</u>	DEVELOPMENT DIRECTOR			
	FULL TIME	66,513.	NONE	NONE
<u>MARTHA PASCHAL</u>	DEVELOPMENT DIRECTOR			
	FULL TIME	109,477.	2,000.	NONE
Total number of other employees paid over \$50,000	▶ NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		NONE
Total number of others receiving over \$50,000 for professional services	▶ NONE	

Part III Statements About Activities (See page 2 of the instructions.)

Table with 4 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc? 3b. Do you have a section 403(b) annuity plan for your employees? 4. Did you maintain any separate account for participating donors...

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [X] 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year.

(2002) NONE (2001) NONE (2000) NONE (1999) NONE

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2002) 8,708 (2001) 20,000 (2000) 4,491 (1999) NONE

c Add. Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total NONE and line 27b total 33,199; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) **NOT APPLICABLE**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Table with columns for Calendar year (or fiscal year beginning in) 2003, 2002, 2001, 2000, and Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, and Grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

Table with columns Yes, No, and Amount. Rows list various lobbying activities (a-i) and a total line for lobbying expenditures.

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
OFFICE EQUIPMENT	04/30/1996	10,631.	100.000			10,631.	10,631.	10,631.	SL	5.000				
OFFICE EQUIPMENT	12/01/1991	2,309.	100.000			2,309.	2,309.	2,309.	SL	5.000				
OFFICE EQUIPMENT	09/02/1997	1,456.	100.000			1,456.	1,455.	1,455.	SL	5.000				
OFFICE EQUIPMENT	10/05/1999	3,903.	100.000			3,903.	2,538.	3,319.	SL	5.000				781.
OFFICE EQUIPMENT	11/29/2000	1,875.	100.000			1,875.	938.	1,313.	SL	HY 5.000		5		375.
MISC FURNITURE	10/01/2001	7,450.	100.000			7,450.	1,880.	3,370.	SL	5.000				1,490.
NETWORK AAA	03/08/2002	4,675.	100.000			4,675.	779.	1,714.	SL	5.000				935.
HARDWARE	07/01/2002	3,302.	100.000			3,302.	330.	990.	SL	5.000				660.
CHAIRS	08/01/2002	1,264.	100.000			1,264.	105.	358.	SL	5.000				253.
FAX MACHINE	08/13/2002	414.	100.000			414.	35.	118.	SL	5.000				83.
BUILDING IMPROVEME	07/01/2002	58,476.	100.000			58,476.	1,949.	5,847.	SL	15.000				3,898
HVAC SYSTEM	06/20/2003	10,875.	100.000			10,875.		363.	SL	15.000				363.
LAND	09/21/1999	121,170.	100.000				NONE	NONE						
BUILDING	09/21/1999	565,798.	100.000			565,798.	67,719.	88,293.	SL	27.500				20,574.
REHAB	06/15/2000	421,173.	100.000			421,173.	38,925.	54,240.	SL	27.500				15,315.
BOILER	05/31/2000	1,027.	100.000			1,027.	97.	134.	SL	27.500				37.
LAND IMPROVEMENTS	11/30/2000	7,460.	100.000			7,460.	1,493.	2,090.	DB	15.000				597.
BOILER	11/30/2000	7,251.	100.000			7,251.	561.	825.	SL	27.500				264.
BUILDING IMPROVEME	09/30/2000	3,525.	100.000			3,525.	293.	421.	SL	27.500				128.
Less Retired Assets														
Subtotals														

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

* Assets Retired

JSA

3X9024 2 000

Description of Property
GENERAL DEPRECIATION
DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FAUCETS	11/30/2000	491.	100.000			491.	250.	319.	DDB	7.000				69.
BOILER	03/31/2001	2,199.	100.000			2,199.	143.	223.	SL	27.500				80
DOORS	06/03/2001	1,950.	100.000			1,950.	109.	180.	SL	27.500				71.
BUILDING IMPROVEME	07/31/2002	3,769.	100.000			3,769.	63.	200.	SL	27.500				137
BUILDING IMPROVEME	10/31/2002	434.	100.000			434.	3.	19.	SL	27.500				16.
BUILDING IMPROVEME	10/31/2002	141,971.	100.000			141,971.	1,076.	6,239.	SL	27.500				5,163.
BUILDING IMPROVEME	09/30/2002	854.	100.000			854.	9.	40.	SL	27.500				31.
BUILDING IMPROVEME	07/31/2001	33,255.	100.000			33,255.	1,763.	2,972.	SL	27.500				1,209.
CARPET	06/30/2003	858.	100.000			858.		43.	DB	15.000				43
IMPROVEMENTS	06/30/2003	15,557.	100.000			15,557.		283.	SL	27.500				283.
Less Retired Assets														
Subtotals		1,435,372.				1,314,202.	135,453.	188,308.						52,855.
Listed Property														
Less Retired Assets														
Subtotals		1,435,372.				1,314,202.	135,453.	188,308.						52,855.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
LOAN FEES	11/01/2000	2,683.	286.	375.	A461	30.000	89.
LOAN FEES	10/31/2000	5,000.	529.	696.	A461	30.000	167.
LOAN FEES	04/12/2002	8,879.	222.	518.	A461	30.000	296
TOTALS		16,562.	1,037.	1,589.			552

*Assets Retired
JSA
3X9024 2 000

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PARKING EXPENSE	11.		11.	
NEWSLETTER	8,214.	6,038.		2,176.
TRAINING	4,393.		4,393.	
REPAIRS AND MAINTENANCE	14,682.	14,572.	110.	
PROPERTY MGMT ADMIN	71,065.	51,354.	19,711.	
RESIDENT SPECIALIST	1,092.	1,092.		
LICENSES, TAXES & INSURANCE	14,516.	4,234.	10,282.	
DUES & SUBSCRIPTIONS	4,827.	575.	4,252.	
DEVELOPMENT & CONSULTING SERVI	58,756.	26,598.	21,733.	10,425.
BAD DEBT EXPENSE	2,182.	2,182.		
MANAGEMENT FEE	6,000.	6,000.		
MISC OPERATING EXPENSES	7,462.	7,462.		
TOTALS	193,200.	120,107.	60,492.	12,601.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE ORGANIZATION WAS INCORPORATED IN 1989 IN THE COMMONWEALTH OF VIRGINIA AS A NONSTOCK, NONPROFIT CORPORATION. ITS PURPOSE AND MISSION IS TO SPONSOR, DEVELOP, REHABILITATE, ADMINISTER AND OTHERWISE PROVIDE, ON A NONPROFIT BASIS, HOUSING WITHIN ARLINGTON COUNTY, VIRGINIA, FOR LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS. THE ORGANIZATION DERIVES ITS REVENUE PRINCIPALLY FROM RENTAL REVENUE, GRANTS, CONTRIBUTIONS AND SPONSORSHIP OF SPECIAL EVENTS. AS OF DECEMBER 31, 2003, THE ORGANIZATION SPONSORS 417 RENTAL UNITS LOCATED IN ARLINGTON COUNTY. APPROXIMATELY 80% OF THE RENTAL UNITS IN THE BUILDINGS DESCRIBED BELOW ARE AVAILABLE FOR OCCUPANCY BY RESIDENTS AND FAMILIES WHOSE INCOME QUALIFIES THEM FOR SUCH AFFORDABLE UNITS.

FISHER HOUSE I AND II - 17 UNIT, GARDEN-STYLE, TWO BUILDINGS, LOCATED IN THE WESTOVER NEIGHBORHOOD, PURCHASED SEPTEMBER 9, 1991.

FISHER HOUSE DEVELOPMENT CORPORATION (FORMERLY FISHER HOUSE III AND IV) - 16 UNIT, GARDEN-STYLE, TWO BUILDINGS, LOCATED IN THE WESTOVER NEIGHBORHOOD, PURCHASED JUNE 23, 1995.

QUEENS COURT - 39 UNIT, GARDEN-STYLE, THREE BUILDINGS, LOCATED IN THE ROSSLYN NEIGHBORHOOD, PURCHASED AUGUST 7, 1995.

ROSSLYN RIDGE - 22 UNIT, GARDEN-STYLE, ONE BUILDING, LOCATED IN THE ROSSLYN NEIGHBORHOOD, PURCHASED MAY 12, 1994.

CARLYN SPRINGS - 27 UNIT, GARDEN STYLE, ONE BUILDING, IN THE BALSTON NEIGHBORHOOD, PURCHASED OCTOBER 31, 1997.

CAMERON COMMONS - 11 UNIT, GARDEN STYLE, ONE BUILDING, IN THE HIGH VIEW PARK NEIGHBORHOOD, PURCHASED AUGUST 1, 2001.

CALVERT MANOR - 23 UNIT, GARDEN STYLE, ONE BUILDING, IN THE ROSSLYN NEIGHBORHOOD, PURCHASED SEPTEMBER 24, 1997.

PERSHING DRIVE - 14 UNIT, ONE BUILDING, IN ARLINGTON, PURCHASED SEPTEMBER 21, 1999.

LORCOM ARMS - 38 UNIT, GARDEN STYLE, ONE BUILDING, LOCATED IN THE NORTH ARLINGTON NEIGHBORHOOD, PURCHASED MARCH 2, 2000.

COLUMBIA GROVE - 210 UNIT, GARDEN STYLE APARTMENT COMPLEX LOCATED IN THE COLUMBIA FOREST NEIGHBORHOOD, 100% OF THE STOCK PURCHASED MAY 9, 2003.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
MORTGAGE ESCROW DEPOSITS	12,161.
LOAN FEES	16,562.
ACCUMULATED AMORTIZATION	-1,589.
PROGRAM RELATED INVESTMENT - CALVERT MANOR, LP	-238.
PROGRAM RELATED INVESTMENT - LORCOM ARMS, LLC	-12.
PROGRAM RELATED INVESTMENT - COLUMBIA GROVE, INC	125,000.
TOTALS	----- 151,884. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER:	BARK - VHDA	
ORIGINAL AMOUNT:	1,000,000.	
INTEREST RATE:	0.048500	
MATURITY DATE:	11/01/2030	
ENDING BALANCE DUE	954,650.

LENDER:	BARK - VA COMMERCE	
ORIGINAL AMOUNT:	371,000.	
INTEREST RATE:	0.075000	
DATE OF NOTE:	04/12/2002	
MATURITY DATE:	04/12/2007	
ENDING BALANCE DUE	196,481.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE		1,151,131.
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FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DHS RENT FUND	222,854.
DEFERRED DEVELOPMENT FEES	240,000.
SECURITY DEPOSIT PAYABLES	4,677.

TOTALS	467,531. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM GRILLO 606 NORTH EDGEWOOD STREET ARLINGTON, VA 22201	DIRECTOR PART	NONE	NONE	NONE
JAMES R. SHEA 131 NORTH JACKSON STREET ARLINGTON, VA 22201	PRESIDENT PART	NONE	NONE	NONE
MARTHA "MARTY" ALMQUIST 6109 N. 18TH ROAD ARLINGTON, VA 22205	DIRECTOR PART	NONE	NONE	NONE
DOUG DOWLING 3634 NORTH 37TH ST. ARLINGTON, VA 22207	TREASURER PART	NONE	NONE	NONE
WILLIAM FOGARTY 3401 NORTH RANDOLPH STREET ARLINGTON, VA 22207	ASST. SECR PART	NONE	NONE	NONE
JACK SWEENEY 2010 CHADDS FORD DR RESTON, VA 20191	DIRECTOR PART	NONE	NONE	NONE
RANDY ANDERSON 5350 LEE HWY. ARLINGTON, VA 22207	EXECUTIVE PART	NONE	NONE	NONE
TOM PARKER 3522 NORTH 3RD STREET ARLINGTON, VA 22201	PRESIDENT PART	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARGARET "MIDGE" WHOLEY 2103 NORTH 21ST ROAD ARLINGTON, VA 22201	SECRETARY PART	NONE	NONE	NONE
SCOTT RITTER 2071 CHAIN BRIDGE ROAD VIENNA, VA 22182	DIRECTOR PART	NONE	NONE	NONE
PAUL TIMPANE 1329 S. MONROE STREET ARLINGTON, VA 22204	VP & ASST. PART	NONE	NONE	NONE
RITA BAMBERGER 3400 IDAHO AVE., NW, SUITE 500 WASHINGTON, DC 20016	DIRECTOR PART	NONE	NONE	NONE
ANTON "TONY" GARDNER 1608 MERANO LANE CHARLOTTESVILLE, VA 22911	DIRECTOR PART	NONE	NONE	NONE
DICK HERBST 2206 SOUTH KNOLL STREET ARLINGTON, VA 22202	DIRECTOR PART	NONE	NONE	NONE
DOUGLAS PETERSON 2704 NORTH PERSHING DRIVE ARLINGTON, VA 22201	EXEC DIR FULL TIME	95,321.	7,200.	NONE
THOMAS L. PENN 3215 1ST PLACE N. ARLINGTON, VA 22201	DIRECTOR PART	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAROLYN S. SETTLES 1005 NORTH GLEBE ROAD, SUITE 600 ARLINGTON, VA 22201	DIRECTOR PART	NONE	NONE	NONE
STEVE WEINSTOCK 3618 NORTH NELSON STREET ARLINGTON, VA 22207	PART NONE	NONE	NONE	NONE
GRAND TOTALS		95,321.	7,200.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

FISHER HOUSE I AND II	EXEMPT
FISHER HOUSE DEVELOPMENT	EXEMPT
QUEEN'S COURT	EXEMPT
ROSSLYN RIDGE	EXEMPT
CARLYN SPRINGS CORPORATION	EXEMPT
CAMERON COMMONS DEVELOPMENT CORPORATION	EXEMPT
COLUMBIA GROVE, INC.	NON-EXEMPT

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	FEE FROM SUBSIDIARIES FOR HELPING TO DEVELOP HOUSING PROGAMS
93B	ASSET MANAGEMENT FEE FROM SUBSIDIARIES.
93C	RENTAL INCOME/(LOSS) FROM THE PROVISION LOW INCOME HOUSING
93D	ADMIN FEE AND MANAGEMENT FEE FROM GOVT AGENCIES TO ADMINISTER PROGRAMS FOR PLACEMENT OF TENANTS IN AFFORDABLE HOUSING
93E	TO PROVIDE SERVICES FOR THE CONVENIENCE OF TENANTS

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
THE BARKALOW LLC 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1515133	100.000000	REAL ESTATE	146,689.	1,209,076.
TOTAL INCOME			146,689.	1,209,076.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V OF FORM 990.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING, INC.	Employer identification number 54-1515133
	Number, street, and room or suite no. If a P O box, see instructions 2704 N. PERSHING DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 08/15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2003 or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ -0-
 b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
 c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ -0-

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 5/13/2004
 For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

Keznick Pedder & Silverman
 7700 Old Georgetown Road Suite 400
 Bethesda, MD 20814
 EIN 52-1088612

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
	Number, street, and room or suite no. If a P.O. box, see instructions. 2704 N. PERSHING DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2004

5 For calendar year 2003, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN. WE REQUEST AN EXTENSION OF TIME TO FILE THIS RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ - 0 -

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ - 0 -

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Kevin K. Smith Title ▶ CPA Date ▶ 8/15/2004

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

By: _____ Date _____

Director _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name REZNICK FEDDER & SILVERMAN, CPA'S	Reznick Fedder & Silverman 7700 Old Georgetown Road, Suite 400 Bethesda, MD 20814 EIN 52-1088612
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 7700 OLD GEORGETOWN ROAD, SUITE 400	
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20814-6100	