

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

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 2004 calendar year, or tax year beginning 2004, 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 12 521,495.

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. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED NOV 15 2005 Revenue

RECEIVED NOV 04 2005 OGDEN, UT

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, 24 Benefits paid, 25 Compensation of officers, 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, 43 Other expenses not covered above, 44 Total functional expenses.

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 4

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 2 columns: Description of program service accomplishments and Program Service Expenses. Row a: PROVISION OF 417 UNITS OF LOW TO MODERATE INCOME HOUSING FOR FAMILIES AND INDIVIDUALS. (Grants and allocations \$ 5,000.) 537,601.

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

		(A)		(B)
		Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	966,764.	46	640,451.
	47a Accounts receivable	47a 610,449.		
	b Less: allowance for doubtful accounts	47b	47c	610,449.
	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	552.	53	3,233.
	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 1,454,914.		
	b Less: accumulated depreciation (attach schedule)	57b 237,462.	1,247,064.	57c 1,217,452.
	58 Other assets (describe <input type="checkbox"/> STMT 8)		151,884.	58 160,075.
59 Total assets (add lines 45 through 58) (must equal line 74)		3,007,639.	59 2,631,660.	
Liabilities	60 Accounts payable and accrued expenses	49,241.	60	35,520.
	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)	STMT 9	1,151,131.	64b 1,105,874.
	65 Other liabilities (describe <input type="checkbox"/> STMT 10)		467,531.	65 457,987.
66 Total liabilities (add lines 60 through 65)		1,667,903.	66 1,599,381.	
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		1,339,736.	67 1,032,279.
	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)		1,339,736.	73 1,032,279.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,007,639.	74 2,631,660.

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 . . .	76	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	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . .	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
80 a 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? . . .	80a	X
b If "Yes," enter the name of the organization <u>STMT 14</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures See line 81 instructions. 81a NONE		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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?	82a	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		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	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?	85b	N/A
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		
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
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h 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?	85h	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
89 a 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
90 a 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, 2004 (See instructions.)	90b	6
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	92	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					100,000.
b ASSET MGMT FEE					79,931.
c RENTAL INCOME (LOSS)					144,504.
d ADMIN FEE					7,661.
e MISC. INCOME					5,928.
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	16,835.	
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			18	-3,312.	
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))				13,523.	338,024.
105 Total (add line 104, columns (B), (D), and (E))					351,547.

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).
▼	STMT 15

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 16	%		150,662.	1,189,802.
	%			
	%			
	%			

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 Here

Signature of officer: *[Handwritten Signature]* Date: *11/1/05*

CPA Date: 10/6/05 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): P00530915

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

2004

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
HELEN MCILVAIN	DEVELOPMEN			
	FULL TIME	75,474.	NONE	NONE
MARTHA PASCHAL	DEVELOPMEN			
	FULL TIME	96,090.	9,000.	NONE
STEVEN LOE	CONTROLLER			
	FULL TIME	58,285.	13,000.	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
NONE		NONE
Total number of others receiving over \$50,000 for professional services	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

JSA

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>STMT. 17.</u>	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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 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)

(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 5 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.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	179,384.	97,888.	195,102.	452,986.	925,360.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,061,799.	516,488.	46,968.	67,978.	1,693,233.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,426.	14,786.	22,806.	29,886.	82,904.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,256,609.	629,162.	264,876.	550,850.	2,701,497.
24 Line 23 minus line 17	194,810.	112,674.	217,908.	482,872.	1,008,264.
25 Enter 1% of line 23	12,566.	6,292.	2,649.	5,509.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add. Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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 (2003) _____ NONE (2002) _____ NONE (2001) _____ NONE (2000) _____ 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: (2003) _____ 14,868 (2002) _____ 8,708 (2001) _____ 20,000 (2000) _____ 4,491 c Add. Amounts from column (e) for lines: 15 _____ 925,360 16 _____ 17 _____ 1,693,233 20 _____ 21 _____					27c 2,618,593.
d Add. Line 27a total _____ NONE and line 27b total _____ 48,067					27d 48,067.
e Public support (line 27c total minus line 27d total)					27e 2,570,526.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 2,701,497.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.1519 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 3.0688 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -	41	
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Identifying number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	54,045.

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	375.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> ▶		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	54,420.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)								25
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions).								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - See page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	31 Total commuting miles driven during the year											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions).						
43 Amortization of costs that began before your 2004 tax year					43	552.
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report.					44	552.

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	Method	Conv	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.	3,319.	3,319.	SL		5.000				
OFFICE EQUIPMENT	11/29/2000	1,875.	100.000			1,875.	1,313.	1,688.	SL	HY	5.000		5	375.	375.
MISC FURNITURE	10/01/2001	7,450.	100.000			7,450.	3,370.	4,860.	SL		5.000				1,490.
NETWORK AAA	03/08/2002	4,675.	100.000			4,675.	1,714.	1,714.	SL		5.000				234.
HARDWARE	07/01/2002	3,302.	100.000			3,302.	990.	1,650.	SL		5.000				660.
CHAIRS	08/01/2002	1,264.	100.000			1,264.	358.	611.	SL		5.000				253.
FAX MACHINE	08/13/2002	414.	100.000			414.	118.	201.	SL		5.000				83.
BUILDING IMPROVEMENTS	07/01/2002	58,476.	100.000			58,476.	5,847.	9,745.	SL		15.000				3,898.
HVAC SYSTEM	06/20/2003	10,875.	100.000			10,875.	363.	1,088.	SL		15.000				725.
LAND	09/21/1999	121,170.	100.000				NONE	NONE							
BUILDING	09/21/1999	565,798.	100.000			565,798.	88,293.	108,867.	SL		27.500				20,574.
REHAB	06/15/2000	421,173.	100.000			421,173.	54,240.	69,555.	SL		27.500				15,315.
BOILER	05/31/2000	1,027.	100.000			1,027.	134.	171.	SL		27.500				37.
LAND IMPROVEMENTS	11/30/2000	7,460.	100.000			7,460.	2,090.	2,627.	DB		15.000				537.
BOILER	11/30/2000	7,251.	100.000			7,251.	825.	1,089.	SL		27.500				264.
BUILDING IMPROVEMENTS	09/30/2000	3,525.	100.000			3,525.	421.	549.	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
4X9024 1 000

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	Method	Conv	Life	ACRS class	M/A CRS class	Current-year 179 expense	Current-year depreciation
FAUCETS	11/30/2000	491.	100.000			491.	319.	368.	DOB		7.000				49.
BOILER	03/31/2001	2,199.	100.000			2,199.	223.	303.	SL		27.500				80.
DOORS	06/03/2001	1,950.	100.000			1,950.	180.	251.	SL		27.500				71.
BUILDING IMPROVEME	07/31/2002	3,769.	100.000			3,769.	200.	337.	SL		27.500				137.
BUILDING IMPROVEME	10/31/2002	434.	100.000			434.	19.	35.	SL		27.500				16.
BUILDING IMPROVEME	10/31/2002	141,971.	100.000			141,971.	6,239.	11,402.	SL		27.500				5,163.
BUILDING IMPROVEME	09/30/2002	854.	100.000			854.	40.	71.	SL		27.500				31.
BUILDING IMPROVEME	07/31/2001	33,255.	100.000			33,255.	2,972.	4,181.	SL		27.500				1,209.
CARPET	06/30/2003	858.	100.000			858.	43.	125.	DB		15.000				82.
IMPROVEMENTS	06/30/2003	15,557.	100.000			15,557.	283.	849.	SL		27.500				566.
OFFICE EQUIPMENT	02/01/2004	10,001.	100.000			10,001.		1,834.	SL		5.000				1,834.
IMPROVEMENTS	05/31/2004	16,120.	100.000			16,120.		342.	SL		27.500				342.
CABINETS	04/30/2004	522.	100.000			522.		70.	SL		5.000				70.
CARPET	04/30/2004	1,477.	100.000			1,477.		197.	SL		5.000				197.
Less Retired Assets		8,578.				8,578.	5,033.								
Subtotals		1,454,914.				1,333,744.	183,275.	237,461.							54,420.

Listed Property

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.	375.	464.	M461	30.000	89.
LOAN FEES	10/31/2000	5,000.	696.	863.	M461	30.000	167.
LOAN FEES	04/12/2002	8,879.	518.	814.	M461	30.000	296.
TOTALS		16,562.	1,589.	2,141.			552.

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		1,454,914.	183,275.	237,461.			54,420.

*Assets Retired
JSA
4X9024 1 000

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
LOSSES FROM EQUITY INVESTMENT	26. -----
TOTAL	26. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

ALLIANCE FOR HOUSING SOLUTIONS
4219 N. 39TH STREET
ARLINGTON, VA 22207

NONE

5,000.

TOTAL CONTRIBUTIONS PAID

5,000.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PARKING EXPENSE	75.		75.	
NEWSLETTER	6,749.		6,749.	
TRAINING	14,511.	455.	14,056.	
REPAIRS AND MAINTENANCE	18,640.	17,848.	792.	
PROPERTY MGMT ADMIN	10,650.	2,114.	8,536.	
RESIDENT SPECIALIST	1,236.	1,236.		
LICENSES, TAXES & INSURANCE	9,386.	4,285.	5,101.	
DUES & SUBSCRIPTIONS	2,401.	28.	2,373.	
DEVELOPMENT & CONSULTING SERVI	73,130.	62,364.	4,691.	6,075.
BAD DEBT EXPENSE	889.	889.		
MANAGEMENT FEE	6,000.	6,000.		
MISC OPERATING EXPENSES	6,272.	6,272.		
SPECIAL EVENTS	15,371.			
PROPERTY EXPENSE	11,120.	11,120.	12,200.	3,171.
TOTALS	176,430.	112,611.	54,573.	9,246.

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 -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MORTGAGE ESCROW DEPOSITS	12,161.	15,430.
LOAN FEES	16,562.	16,562.
ACCUMULATED AMORTIZATION	-1,589.	-2,141.
PROGRAM RELATED INVESTMENT - CALVERT MANOR, LP	-238.	-252.
PROGRAM RELATED INVESTMENT - LORCOM ARMS, LLC	-12.	-24.
PROGRAM RELATED INVESTMENT - COLUMBIA GROVE, INC	125,000.	125,000.
CONSTRUCTION IN PROGRESS	NONE	5,500.
	-----	-----
TOTALS	151,884.	160,075.
	=====	=====

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

BEGINNING BALANCE DUE 954,650.
ENDING BALANCE DUE 936,983.

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

BEGINNING BALANCE DUE 196,481.
ENDING BALANCE DUE 168,891.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,151,131.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,105,874.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DHS RENT FUND	222,854.	213,162.
DEFERRED DEVELOPMENT FEES	240,000.	240,000.
SECURITY DEPOSIT PAYABLES	4,677.	4,825.
TOTALS	467,531. =====	457,987. =====

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
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
MARGARET "MIDGE" WHOLEY 2103 NORTH 21ST ROAD ARLINGTON, VA 22201	SECRETARY 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
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 MERRANO 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	98,859.	7,200.	NONE
THOMAS L. PENN 3515 1ST PLACE N. ARLINGTON, VA 22201	DIRECTOR PART	NONE	NONE	NONE
CAROLYN S. SETTLES 1005 NORTH GLEBE ROAD, SUITE 600 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
STEVE WEINSTOCK 3618 NORTH NELSON STREET ARLINGTON, VA 22207	PART PART	NONE	NONE	NONE
GRAND TOTALS		98,859.	7,200.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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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

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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 -----
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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	150,662.	1,189,802.
TOTAL INCOME			150,662.	1,189,802.

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

Department of the Treasury
Internal Revenue Service

► 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization BLE HOUSING ARLINGTON PARTNERSHIP FOR AFFORDA INC. AND SUBSIDIARIES	Employer identification number 54-1515133
	Number, street, and room or suite no. If a P.O. box, see instructions. 2704 N. PERSHING DRIVE	
File by the due date for filing your return. See instructions.	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

• The books are in the care of ► _____

Telephone No. ► _____ FAX No. ► _____

- 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-months for a **Form 990-T corporation**) extension of time until 08/15, **2005**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2004 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 \$ _____

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Reznick Group CPA PC
7700 Old Georgetown Road, Suite 400
Bethesda MD 20814-6100
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 HOUS	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-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

• The books are in the care of _____
 Telephone No. _____ FAX No. _____

• 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 11/15/2005.

5 For calendar year 2004, 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.

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 T. Smith Title CPA Date 8/15/05

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 to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which

Other _____

EXTENSION APPROVED

SEP 07 2005

FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN,

By: _____
 Director

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

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Tammy Nagy
Reznick Group, P.C.
7700 Old Georgetown Road, #400
Bethesda, MD 20814-6224

POSTMARK DATE AUG 19 2005