

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2006
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING Number and street (or P O box if mail is not delivered to street address) Room/suite 2704 N. PERSHING DRIVE City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201	D Employer identification number 54-1515133	E Telephone number (703) 276-7444	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
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● 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) Yes No

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

G Website ▶ N/A

J Organization type (check only one) ▶ 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

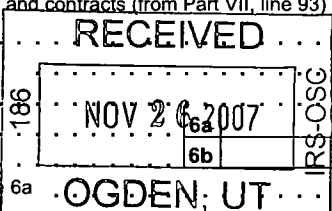
I Group Exemption Number ▶

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 700,122.

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	168,679.
	c Indirect public support (not included on line 1a)	1c	18,308.
	d Government contributions (grants) (not included on line 1a)	1d	72,600.
	e Total (add lines 1a through 1d) (cash \$ 259,587. noncash \$ NONE)	1e	259,587.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	332,442.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	108,093.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less rental expenses	6b	
c Net rental income or (loss) Subtract line 6b from line 6a	6c		
7 Other investment income (describe ▶)	7		
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less cost or other basis and sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	551.
	d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	-551.
9	9 a Gross revenue (not including \$ of contributions reported on line 1b)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c	
10 a	Gross sales of inventory, less returns and allowances	10a	
	b Less cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	699,571.	
Expenses	13 Program services (from line 44, column (B))	13	459,418.
	14 Management and general (from line 44, column (C))	14	333,947.
	15 Fundraising (from line 44, column (D))	15	25,539.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses Add lines 16 and 44, column (A)	17	818,904.
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18	-119,333.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	735,610.
	20 Other changes in net assets or fund balances (attach explanation) \$TMT. 1	20	-473,766.
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	142,511.



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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2006)

917 5 23

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 the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	109,800.	77,958.	28,548.	STMT 2 3,294.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	349,494.	178,470.	160,173.	10,851.
27	Pension plan contributions not included on lines 25a, b, and c	12,642.		12,642.	
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	23,340.		23,340.	
32	Legal fees	5,184.		5,184.	
33	Supplies	6,171.	264.	5,907.	
34	Telephone	5,153.	926.	4,227.	
35	Postage and shipping	6,485.		6,135.	350.
36	Occupancy	26,299.	24,888.	1,411.	
37	Equipment rental and maintenance				
38	Printing and publications	2,517.		78.	2,439.
39	Travel	921.	19.	902.	
40	Conferences, conventions, and meetings				
41	Interest	76,737.	52,074.	24,663.	
42	Depreciation, depletion, etc (attach schedule)	55,405.	45,107.	10,298.	
43	Other expenses not covered above (itemize)				
43a	a STMT 3	138,756.	79,712.	50,439.	8,605.
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	818,904.	459,418.	333,947.	25,539.

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 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 IV Balance Sheets (See 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	476,316.	46 568,750.
	47 a Accounts receivable	47a 920,122.	
	b Less: allowance for doubtful accounts	47b	47c 920,122.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51 a Other notes and loans receivable (attach schedule)	51a STMT 5 2,676,219.	
	b Less: allowance for doubtful accounts	51b	51c NONE 2,676,219.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	1,730.	53 1,505.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments - other (attach schedule)		56
	57 a Land, buildings, and equipment: basis	57a STMT 8 1,456,567.	
	b Less: accumulated depreciation (attach schedule)	57b 331,945.	57c 1,163,413. 1,124,622.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 9)	168,741.	58 -278,540.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,531,058.	59 5,012,678.	
Liabilities	60 Accounts payable and accrued expenses	37,181.	60 44,433.
	61 Grants payable		61
	62 Deferred revenue	NONE	62 2,600,000.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64 a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)	STMT 10 1,309,571.	64b 1,025,793.
	65 Other liabilities (describe <input type="checkbox"/> STMT 11)	448,696.	65 1,199,941.
	66 Total liabilities. Add lines 60 through 65	1,795,448.	66 4,870,167.
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	735,610.	67 142,511.
	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 and column (B) must equal line 21)	735,610.	73 142,511.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,531,058.	74 5,012,678.	

Part V-A Current Officers, Directors, Trustees, and Key Employees(continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (13), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

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 b 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE
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 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 6
91 a The books are in care of THE ORGANIZATION Telephone no 703-276-2657
Located at ARLINGTON, VA ZIP + 4 22201
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year 92 | _____ N/A

Part VII Analysis of Income-Producing Activities(See 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 ASSET MGMT FEE					69,672.
b RENTAL INCOME (LOSS)					161,213.
c ADMIN FEE					6,223.
d MISC. INCOME					6,471.
e DEVELOPMENT FEE					88,863.
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	108,093.	
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	-551.	
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))				107,542.	332,442.
105 Total (add line 104, columns (B), (D), and (E))					439,984.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 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	%		360	1,162,111
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts(See 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Steven Fox Date: 11/14/2007

Type or print name and title: Steven Fox, Asst. Treas. & CFO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/13/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C. Preparer's SSN or PTIN (See Gen. Inst. X): P00530915

7700 OLD GEORGETOWN ROAD, SUITE 400 EIN: 52-1088612

BETHESDA, MD 20814-6224 Phone no: 301-652-9100

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
MARTHA PASCHAL	DIR OF R/E DEVELOPME 40.00	114,285.	11,000.	NONE
JUDITH YODER	DIR OF OPERATIONS 40.00	50,118.	870.	NONE

Total number of other employees paid over \$50,000 . . ▶ NONE

Part II-A 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		

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2006

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

Table with 3 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. Did the organization make grants for scholarships, fellowships, student loans, etc? 3b. Did the organization have a section 403(b) annuity plan for its employees? 3c. Did the organization receive or hold an easement for conservation purposes... 3d. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4a. Did the organization maintain any donor advised funds? 4b. Did the organization make any taxable distributions under section 4966? 4c. Did the organization make a distribution to a donor, donor advisor, or related person? d. Enter the total number of donor advised funds owned at the end of the tax year. e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. f. Enter the total number of separate funds or accounts owned at the end of the tax year... g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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)
- 11 a 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)
- 11 b 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 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005, (b) 2004, (c) 2003, (d) 2002, (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; 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

(2005) NONE (2004) NONE (2003) NONE (2002) 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 11b, 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

(2005) 25,000 (2004) 21,472 (2003) 14,868 (2002) 8,708

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total NONE and line 27b total 70,048; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test Enter amount from line 23, column (e); 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 2002 through 2005, 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

Part V Private School Questionnaire (See page 9 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?		
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)			

34 a	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 10 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 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

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 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2006, 2005, 2004, 2003) and Total. Rows include lines 45-50 for nontaxable amounts and total expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table for reporting lobbying activity with columns Yes, No, Amount. Rows list activities a-i: Volunteers, Paid staff, Media advertisements, Mailings, Publications, Grants, Direct contact, Rallies, Total lobbying expenditures.

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

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
LOSSES FROM EQUITY INVESTMENT	473,766.
TOTAL	473,766.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
DOUGLAS PETERSON COMPENSATION:	77,958.	28,548.	3,294.
TOTALS	77,958.	28,548.	3,294.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PARKING EXPENSE	25.		25.	
NEWSLETTER	10,369.		9,177.	1,192.
TRAINING	3,887.	48.	3,790.	49.
REPAIRS AND MAINTENANCE	34,705.	30,229.	4,476.	
PROPERTY MGMT ADMIN	25,017.	9,794.	15,223.	
RESIDENT SPECIALIST	720.	720.		
LICENSES, TAXES & INSURANCE	18,743.	11,109.	7,634.	
DUES & SUBSCRIPTIONS	3,022.		2,908.	114.
DEVELOPMENT & CONSULTING SERVI	27,250.	13,450.	6,550.	7,250.
BAD DEBT EXPENSE	887.	887.		
MANAGEMENT FEE	6,000.	6,000.		
MISC OPERATING EXPENSES	7,475.	7,475.		
SPECIAL EVENTS	656.		656.	
TOTALS	138,756.	79,712.	50,439.	8,605.

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, 2006, THE ORGANIZATION SPONSORS 517 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 - 33 UNIT, GARDEN-STYLE, FOUR BUILDINGS, LOCATED IN THE WESTOVER NEIGHBORHOOD, PURCHASED SEPTEMBER 9, 1991 AND 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 - 16 UNIT, GARDEN STYLE, ONE BUILDING AND FIVE TOWNHOMES, 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. COURTHOUSE CROSSING - 112 UNIT LOW-RISE APARTMENT COMPLEX LOCATED IN THE COURTHOUSE NEIGHBORHOOD, PURCHASED JUNE 1, 2006.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

=====

BORROWER: APAH - NOTE FROM COURTHOUSE CROSSING
 ORIGINAL AMOUNT: 2,600,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 05/31/2006
 MATURITY DATE: 05/31/2047

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	2,676,219.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	NONE
--	------

=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	2,676,219.
--	------------

=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MORTGAGE ESCROW DEPOSITS	20,264.	23,857.
LOAN FEES	16,562.	16,562.
ACCUMULATED AMORTIZATION	-2,693.	-3,245.
PROGRAM RELATED INVESTMENT - CALVERT MANOR, LP	-270.	-278.
PROGRAM RELATED INVESTMENT - LORCOM ARMS, LLC	-37.	-51.
PROGRAM RELATED INVESTMENT - COLUMBIA GROVE, INC	125,000.	125,000.
CONSTRUCTION IN PROGRESS	9,915.	33,360.
PROGRAM RELATED INVESTMENT - COURTHOUSE CROSSING	NONE	-473,745.
	-----	-----
TOTALS	168,741.	-278,540.
	=====	=====

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 918,439.
ENDING BALANCE DUE 898,976.

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 139,370.
ENDING BALANCE DUE 107,836.

LENDER: APAH - VA COMMERCE BANK
ORIGINAL AMOUNT: 250,000.
INTEREST RATE: 0.082500
DATE OF NOTE: 07/05/2005

BEGINNING BALANCE DUE 251,762.
ENDING BALANCE DUE 18,981.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,309,571.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,025,793.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DHS RENT FUND	204,521.	195,482.
DEFERRED DEVELOPMENT FEES	240,000.	999,609.
SECURITY DEPOSIT PAYABLES	4,175.	4,850.
TOTALS	----- 448,696. =====	----- 1,199,941. =====

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JANE HAMMITT 4636 NORTH 13TH STREET ARLINGTON, VA 22207	1.00	NONE	NONE	NONE
DOUG DOWLING 3634 NORTH 37TH ST. ARLINGTON, VA 22207	TREASURER 1.00	NONE	NONE	NONE
WILLIAM FOGARTY 3700 ROBERTS LANE ARLINGTON, VA 22207	VP 1.00	NONE	NONE	NONE
ELIZABETH STASIAK PERRY 6341 WASHINGTON BLVD. ARLINGTON, VA 22205	1.00	NONE	NONE	NONE
RANDY ANDERSON VIRGINIA COMMERCE BANK 5350 LEE HWY. ARLINGTON, VA 22207	EXECUTIVE VP 1.00	NONE	NONE	NONE
TOM PARKER 2739 NORTH NELSON STREET ARLINGTON, VA 22207	1.00	NONE	NONE	NONE
RITA BAMBERGER THE HOLLADAY CORPORATION 3400 IDAHO AVE., NW, SUITE 500 WASHINGTON, DC 20016	SECRETARY 1.00	NONE	NONE	NONE
DOUGLAS PETERSON	EXEC DIR 40.00	109,800.	7,200.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2704 NORTH PERSHING DRIVE ARLINGTON, VA 22201				
BROOKS ALLEN BLAKE 872 N. KENTUCKY STREET ARLINGTON, VA 22205	1.00	NONE	NONE	NONE
CAROLYN S. SETTLES SETTLES ASSOCIATES INC. 2739 NORTH NELSON STREET ARLINGTON, VA 22207	PRESIDENT AND CHAIR 1.00	NONE	NONE	NONE
STEVE WEINSTOCK WEINSTOCK PROPERTIES, LLC 3618 NORTH NELSON STREET ARLINGTON, VA 22207	1.00	NONE	NONE	NONE
WARREN DAHLSTROM 3600 N. 27TH STREET ARLINGTON, VA 22207	1.00	NONE	NONE	NONE
DANINE FRESCH GRAY 6100 NORTH 35TH STREET ARLINGTON, VA 22213	1.00	NONE	NONE	NONE
ALICE HOGAN 1505 NORTH POWHATUN STREET ARLINGTON, VA 22205	1.00	NONE	NONE	NONE
GRAND TOTALS		109,800.	7,200.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: FISHER HOUSE
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: QUEEN'S COURT
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ROSSLYN RIDGE
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CARLYN SPRINGS CORPORATION
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CAMERON COMMONS DEVELOPMENT CORP
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COLUMBIA GROVE, INC.
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: LORCOM ARMS LIMITED PARTNERSHIP
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: COURTHOUSE CROSSING LIMITED PARTNERSHIP
EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: CALVERT MANOR LIMNITED PARTNERSHIP
EXEMPT: NONEXEMPT: X

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	ASSET MANAGEMENT FEE FROM SUBSIDIARIES.
93B	RENTAL INCOME/(LOSS) FROM THE PROVISION LOW INCOME HOUSING
93C	ADMIN FEE AND MANAGEMENT FEE FROM GOVT AGENCIES TO
93C	ADMINISTER PROGRAMS FOR PLACEMENT OF TENANTS IN AFFORDABLE
93C	HOUSING
93D	TO PROVIDE SERVICES FOR THE CONVENIENCE OF TENANTS
93E	DEVELOPMENT FEES FROM SUBSIDIARIES

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	360.	1,162,111.
TOTAL INCOME			360.	1,162,111.

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

SEE PART V OF FORM 990.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

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 the instructions for a higher limit for certain businesses	1
2	Total cost of section 179 property placed in service (see 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 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 2005 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 2007 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.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16
		54,853.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17
18	If you are electing 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 2006 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 2006 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 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
		54,853.
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 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				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

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)												
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

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 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 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 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 2006 tax year (see instructions)						
43 Amortization of costs that began before your 2006 tax year					43	552.
44 Total. Add amounts in column (f) See the instructions for where to report					44	552.

1664-0000

Form **8868**
(Rev. December 2006)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your 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	
	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 section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15, 07 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2006 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.	3a	\$
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.	3b	\$
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.	3c	\$

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.

Form 8868 (Rev. 12-2006)

Reznick Group CPA PC
7700 Old Georgetown Road, Suite 400
Bethesda, MD 20814-8100
EIN 52-1088812

JSA
6F8014 1000

- 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. You 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	Employer identification number
	ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUS	54-1515133
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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 _____, 20____.

5 For calendar year 2006, or other tax year beginning _____, 20____ and ending _____, 20____.

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.	\$
8b	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.	\$
8c	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.	\$

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: *[Handwritten Signature]* Title: CPA Date: 7/29/07

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 extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

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

Type or print	Name	REZNICK GROUP, P.C.
	Number	ATTN: MABEL BARRIOS
	City or	7700 OLD GEORGETOWN RD, #400
		BETHESDA, MD 20814-6224

06-4.1 05/07/2007 15:43:37

Attn: Mabel Barrios

Reznick Group CPA PC
 7700 Old Georgetown Road, Suite 400
 Bethesda, MD 20814-6100
 ENR 52-1089512