

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)

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 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, 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).

G Website: N/A

J Organization type (check only one): [X] 501(c)(3) [ ] 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.

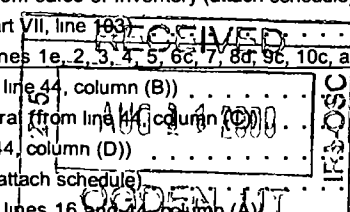
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [ ] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [ ] Yes [ ] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No. 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: 3,216,195.

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

Table with 21 rows and 3 columns: Description, Sub-description, Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 3,216,195. Total expenses: 859,378. Net assets at end of year: 2,499,328.

Revenue SCANNED AUG 26 2008



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

Handwritten numbers: 617, 7, 12

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)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-29, 30-39, 40-43, 43a-43g, and 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 the instructions.)

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.

What is the organization's primary exempt purpose? **SEE STATEMENT 2**  
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)

**a** PROVISION OF 517 UNITS OF LOW TO MODERATE INCOME HOUSING FOR FAMILIES AND INDIVIDUALS.  
-----  
-----  
-----  
(Grants and allocations \$ NONE ) If this amount includes foreign grants, check here

469,546.

**b** -----  
-----  
-----  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c** -----  
-----  
-----  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d** -----  
-----  
-----  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e** Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . **469,546.**

Form 990 (2007)

**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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	568,750.	<b>46</b>	771,815.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 6,418,477.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	920,122.	<b>47c</b> 6,418,477.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . S,T,M,T 3	<b>51a</b> 2,810,030.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	2,676,219.	<b>51c</b> 2,810,030.
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	1,505.	<b>53</b>	2,171.
	<b>54a</b> Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment, basis . . . . .	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis S,T,M,T 7	<b>57a</b> 1,458,832.		
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 386,920.	1,124,622.	<b>57c</b> 1,071,912.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8 )		-278,540.	<b>58</b> -310,732.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		5,012,678.	<b>59</b> 10,763,673.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	44,433.	<b>60</b>	85,367.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	2,600,000.	<b>62</b>	2,600,000.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . . S,T,M,T 10	1,025,793.	<b>64b</b>	955,001.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 11 )	1,199,941.	<b>65</b>	4,623,977.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		4,870,167.	<b>66</b> 8,264,345.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	142,511.	<b>67</b>	2,499,328.
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		142,511.	<b>73</b> 2,499,328.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		5,012,678.	<b>74</b> 10,763,673.	





Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88a	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	X	
88b	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		X
89a	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		
89b	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		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	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?		X
90a	List the states with which a copy of this return is filed	NONE	
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	4	
91a	The books are in care of	THE ORGANIZATION	
	Located at	ARLINGTON, VA	
	Telephone no	703-276-2657	
	ZIP + 4	22201	
91b	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)? If "Yes," enter the name of the foreign country		X
	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  X  
 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					149,908.
b RENTAL INCOME( LOSS)					173,522.
c ADMIN FEE					6,343.
d MISC. INCOME					4,102.
e DEVELOPMENT FEE					2,286,403.
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	154,080.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				154,080.	2,620,278.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					2,774,358.

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 17

**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 18	%		1,751.	1,121,851.
	%			
	%			
	%			

**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).

<b>106</b> 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	----- -----			
<b>Totals</b>				

<b>107</b> 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	----- -----			
<b>Totals</b>				

<b>108</b> 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

<b>Please Sign Here</b>	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: <i>[Signature]</i> Type or print name and title: <i>Nina Janopaul Assistant Secretary</i>	Date: <i>8/16/08</i>		
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP + 4: <i>REZNICK GROUP, P. C. 7700 OLD GEORGETOWN ROAD, SUITE 400 BETHESDA, MD 20814-6224</i>	Date: <i>8/1/08</i>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X): <i>P00223815</i> EIN: <i>52-1088612</i> Phone no: <i>301-652-9100</i>

**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

**2007**

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 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
NINA JANOPAUL	DIR OF R/E DEVELOPME 40.00	55,333.	20,500.	NONE
JUDITH YODER	DIR OF OPERATIONS 40.00	55,290.	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

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

Table with 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...; 3b. Did the organization have a section 403(b) annuity plan...; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling...; 4a. Did the organization maintain any donor advised funds...; 4b. Did the organization make any taxable distributions...; 4c. Did the organization make a distribution to a donor...; d. Enter the total number of donor advised funds...; e. Enter the aggregate value of assets held in all donor advised funds...; f. Enter the total number of separate funds or accounts...; g. Enter the aggregate value of assets held in all funds or accounts...

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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)
- 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 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 8 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	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT, 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

(2006) NONE (2005) NONE (2004) NONE (2003) 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

(2006) 4,737. (2005) 25,000. (2004) 21,472. (2003) 14,868.

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total, NONE and line 27b total 66,077.; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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)

Table with 3 columns: Question, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, scholarships, and financial aid.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - <b>If the amount on line 40 is -            The lobbying nontaxable amount is -</b> 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 . . . . .	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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.)

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying 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.)

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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

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



FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PARKING EXPENSE	182.		182.	
NEWSLETTER	4,464.		4,108.	
TRAINING	8,113.	356.	8,059.	54.
REPAIRS AND MAINTENANCE	30,575.	26,651.	3,924.	
PROPERTY MGMT ADMIN	81,758.	71,778.	9,980.	
LICENSES, TAXES & INSURANCE	15,310.	7,220.	8,090.	
DUES & SUBSCRIPTIONS	4,041.		4,041.	
DEVELOPMENT & CONSULTING SERVI	89,324.	57,709.	4,770.	26,845.
BAD DEBT EXPENSE	3,140.	3,140.		
MANAGEMENT FEE	5,950.	5,950.		
MISC OPERATING EXPENSES	19,922.	12,622.	7,300.	
SPECIAL EVENTS	13,001.		12,294.	707.
TOTALS	275,780.	185,426.	62,748.	27,606.

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 ..... 2,676,219.  
ENDING BALANCE DUE ..... 2,810,030.  
-----

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE ..... 2,676,219.  
=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES ..... 2,810,030.  
=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
TOTALS	1,505.	2,171.

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

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MORTGAGE ESCROW DEPOSITS	23,857.	25,440.
LOAN FEES	16,562.	16,562.
ACCUMULATED AMORTIZATION	-3,245.	-3,497.
PROGRAM RELATED INVESTMENT - CALVERT MANOR, LP	-278.	-311.
PROGRAM RELATED INVESTMENT - LORCOM ARMS, LLC	-51.	-65.
PROGRAM RELATED INVESTMENT - COLUMBIA GROVE, INC	125,000.	125,000.
CONSTRUCTION IN PROGRESS	33,360.	NONE
PROGRAM RELATED INVESTMENT - COURTHOUSE CROSSING	-473,745.	-473,861.
TOTALS	----- -278,540. =====	----- -310,732. =====

FORM 990, PART IV - DEFERRED REVENUE  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
TOTALS	----- 2,600,000. =====	----- 2,600,000. =====

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 898,976.
ENDING BALANCE DUE 878,832.

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 107,836.
ENDING BALANCE DUE 74,178.

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

BEGINNING BALANCE DUE 18,981.
ENDING BALANCE DUE 1,991.

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 955,001.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DHS RENT FUND	195,482.	194,060.
DEFERRED DEVELOPMENT FEES	999,609.	4,425,892.
SECURITY DEPOSIT PAYABLES	4,850.	4,025.
	-----	-----
TOTALS	1,199,941.	4,623,977.
	=====	=====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JANE HAMMITT 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
DOUG DOWLING 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	TREASURER 1.00	NONE	NONE	NONE
WILLIAM FOGARTY 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	VP 1.00	NONE	NONE	NONE
ELIZABETH STASIAK PERRY 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
RANDY ANDERSON VIRGINIA COMMERCE BANK 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	EXECUTIVE VP 1.00	NONE	NONE	NONE
TOM PARKER 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RITA BAMBERGER THE HOLLADAY CORPORATION 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	SECRETARY 1.00	NONE	NONE	NONE
DOUGLAS PETERSON 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	EXEC DIR 1.00	53,979.	3,000.	NONE
BROOKS ALLEN BLAKE 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
CAROLYN S. SETTLES SETTLES ASSOCIATES INC. 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	PRESIDENT AND CHAIR 1.00	NONE	NONE	NONE
STEVE WEINSTOCK WEINSTOCK PROPERTIES, LLC 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
WARREN DAHLSTROM 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DANINE FRESCH GRAY 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
ALICE HOGAN 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
ROBERT D FOX 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
LUCY DENNEY 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
DAVID C HANNAH 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
FRANK J. POLI 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SARAH J REESE 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
ROBERT K. WIBERG 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
JOHN GENELLO 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	1.00	NONE	NONE	NONE
GRAND TOTALS		53,979.	3,000.	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	1.000000	REAL ESTATE	1,751.	1,121,851.
TOTAL INCOME			1,751.	1,121,851.

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

SEE PART V OF FORM 990.

**Depreciation and Amortization**  
(Including Information on Listed Property)

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

Name(s) shown on return

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Identifying number

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 2006 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 2008 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) and cellulosic biomass ethanol plant 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	54,975.

**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 2007 . . . . .	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 . . . . . ▶		

**Section B - Assets Placed in Service During 2007 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 2007 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	54,975.
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 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) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?											
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 instructions).

	Yes	No
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	
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 2007 tax year (see instructions)					
43	Amortization of costs that began before your 2007 tax year				43	552.
44	Total. Add amounts in column (f) See the instructions for where to report				44	552.



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	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING IMPROVEME	10/31/2002	141,971.	100.000			141,971.	21,728.	26,891.	SL		27.500				5,163.
BUILDING IMPROVEME	09/30/2002	854.	100.000			854.	133.	164.	SL		27.500				31
BUILDING IMPROVEME	07/31/2001	33,255.	100.000			33,255.	6,599.	7,808.	SL		27.500				1,209.
CARPET	06/30/2003	858	100.000			858.	264.	323.	DB		5.000				59.
IMPROVEMENTS	06/30/2003	15,557.	100.000			15,557.	1,981.	2,547.	SL		27.500				566.
OFFICE EQUIPMENT	02/01/2004	10,001.	100.000			10,001.	5,834.	7,834.	SL		5.000				2,000.
IMPROVEMENTS	05/31/2004	16,120.	100.000			16,120.	1,514.	2,100.	SL		27.500				586.
CABINETS	04/30/2004	522.	100.000			522.	278.	382.	SL		5.000				104.
CARPET	04/30/2004	1,477.	100.000			1,477.	787.	1,082.	SL		5.000				295.
REFRIGERATORS	11/30/2005	429.	100.000			429.	66.	127.	SL		7.000				61.
COMPUTERS	06/15/2006	1,894.	100.000			1,894.	221.	600.	SL		5.000				379
COMPUTERS	08/28/2006	8,269.	100.000			8,269	551.	2,205.	SL		5.000				1,654.
PRINTER	10/17/2006	450.	100.000			450.	15.	105.	SL		5.000				90
BUILDING IMPROVEME	11/30/2006	3,500.	100.000			3,500.	11.	138.	SL		27.500				127
SHELVING	02/18/2006	1,000	100.000			1,000.	167.	367.	SL		5.000				200
SHELVING	04/06/2006	1,500	100.000			1,500.	225	525.	SL		5.000				300.
SOFTWARE	04/23/2007	2,265.	100.000			2,265.		302	SL		5.000				302
Less Retired Assets															
<b>Subtotals</b>		1,458,832.				1,337,662.	331,945.	386,920.							54,975.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
LOAN FEES	11/01/2000	2,683	642.	731.	A461	30.000	89.
LOAN FEES	10/31/2000	5,000	1,197.	1,364.	A461	30.000	167.
LOAN FEES	04/12/2002	8,879	1,406.	1,702.	A461	30.000	296.
<b>TOTALS</b>		16,562.	3,245.	3,797.			552.

\*Assets Retired

JSA  
7X9024 1 000

# 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  **X**

• 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) 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) 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, 6069, 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](http://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 <b>ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING</b>	Employer identification number <b>54-1515133</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>2704 N. PERSHING DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ARLINGTON, VA 22201</b>	

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 ► THE ORGANIZATION

Telephone No. ► 703 276-2657 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) corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2007 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.

Reznick Group CPA PC  
7700 Old Georgetown Road, Suite 400  
Bethesda, MD 20814-6100  
EIN 52-1089612

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