

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ARLINGTON PARTNERSHIP FOR AFFORDABLE Doing Business As		D Employer identification number 54-1515133
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2704 N. PERSHING DRIVE		E Telephone number (703) 276-7444
		City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201		G Gross receipts \$ 1,062,190.
		F Name and address of principal officer		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/>
				If "No," attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number		
J Website: WWW.APAH.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1989	M State of legal domicile VA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>THE ORGANIZATION'S MISSION IS TO SPONSOR, DEVELOP, REHABILITATE, ADMINISTER AND OTHERWISE PROVIDE, ON A NONPROFIT BASIS, HOUSING WITHIN ARLINGTON COUNTY, VA FOR LOW AND MODERATE INCOME FAMILIES.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5	Total number of employees (Part V, line 2a)	5 6
	6	Total number of volunteers (estimate if necessary)	6 6
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year 441,837. Current Year 208,074.
	9	Program service revenue (Part VIII, line 2g)	2,620,278. 677,901.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,080. 176,215.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,216,195. 1,062,190.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	388,855. 505,170.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE
16b		Total fundraising expenses, Part IX, column (D), line 25	NONE
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24d)	470,523. 460,405.
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	859,378. 965,575.
	19	Revenue less expenses Subtract line 18 from line 12	2,356,817. 96,615.
	20	Total assets (Part X, line 16)	Beginning of Year 10,763,673. End of Year 14,275,934.
	21	Total liabilities (Part X, line 26)	8,264,345. 11,679,991.
	22	Net assets or fund balances Subtract line 21 from line 20	2,499,328. 2,595,943.

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NOV 23 2009
OGDEN, UT
IRS-OSC

Part II Signature Block

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.

Sign Here
 Signature of officer: *Nina Janopaul* Date: 11/16/09
 Type or print name and title: *Nina Janopaul, President/CEO*

Paid Preparer's Use Only
 Preparer's signature: *Edward S. Pagan* Date: 11/13/09
 Check if self-employed: Preparer's identifying number: P00223815
 Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C., 7700 OLD GEORGETOWN ROAD, SUITE 400 BETHESDA, MD 20814-6224
 EIN: 52-1088612 Phone no: 301-652-9100

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED PER 11/13/09

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Part III Statement of Program Service Accomplishments (see instructions)

1. Briefly describe the organization's mission

SEE STATEMENT 1

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 594,249. including grants of \$ NONE) (Revenue \$ 677,901.)

PROVISION OF 517 UNITS OF LOW TO MODERATE INCOME HOUSING FOR FAMILIES AND INDIVIDUALS.

751

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 594,249. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 27 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable... 1a 8
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable... 1b NONE
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return... 2a 6
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b
4a 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)? 4a X
4b 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
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X
5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c
6a Did the organization solicit any contributions that were not tax deductible? 6a X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a X
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X
7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.
9a Did the organization make any taxable distributions under section 4966? 9a
9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter
11a Gross income from members or shareholders 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	VA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	APAH 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 703-276-2657

Part VIII Statement of Revenue

54-1515133

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	11,537.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	23,460.			
	e	Government grants (contributions)	1e	82,600.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	90,477.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		208,074.			
Program Service Revenue			Business Code				
	2a	ASSET MGMT FEE		125,904.	125,904.		
	b	RENTAL INCOME/LOSS		182,517.	182,517.		
	c	ADMIN FEE		6,700.	6,700.		
	d	MISC. INCOME		5,790.	5,790.		
	e	DEVELOPMENT FEE		356,990.	356,990.		
	f	All other program service revenue					
g	Total. Add lines 2a-2f		677,901.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 2	176,215.			176,215.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		NONE				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events			NONE			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory			NONE			
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			NONE			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,062,190.	677,901.		176,215.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	119,500.	86,040.	29,875.	3,585.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	341,227.	172,397.	127,302.	41,528.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	10,114.		10,114.	
9 Other employee benefits	NONE			
10 Payroll taxes	34,329.	34,329.		
11 Fees for services (non-employees)				
a Management	6,256.	6,256.		
b Legal	612.		612.	
c Accounting	43,540.		43,540.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	13,898.		13,898.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	29,220.	27,228.	1,992.	
17 Travel	1,762.	40.	1,722.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	48,119.	45,676.	2,443.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	55,421.	45,722.	9,699.	
23 Insurance	17,270.	6,572.	10,698.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>PARKING EXPENSE</u> -----	180.		180.	
b <u>POSTAGE & DELIVERY</u> -----	5,366.		4,494.	872.
c <u>PRINTING & COPY</u> -----	6,865.		751.	6,114.
d <u>TRAINING</u> -----	9,714.	676.	9,038.	
e <u>REPAIRS AND MAINTENANCE</u> -----	26,307.	23,011.	3,296.	
f All other expenses -----	195,875.	146,302.	44,828.	4,745.
25 Total functional expenses. Add lines 1 through 24f	965,575.	594,249.	314,482.	56,844.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	771,815.	2	1,731,547.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,418,477.	4	8,879,556.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net SFMT. 3	2,810,030.	7	2,950,532.
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	2,171.	9	4,894.
	10a Land, buildings, and equipment cost basis 10a 1,458,832.			
	b Less accumulated depreciation Complete Part VI of Schedule D 10b 441,790.	1,071,912.	10c	1,017,042.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets	13,065.	14	12,513.
	15 Other assets See Part IV, line 11	-323,797.	15	-320,150.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,763,673.	16	14,275,934.	
Liabilities	17 Accounts payable and accrued expenses	85,367.	17	28,808.
	18 Grants payable		18	
	19 Deferred revenue	2,600,000.	19	2,600,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties SFMT. 5	955,001.	23	897,535.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	4,623,977.	25	8,153,648.
	26 Total liabilities. Add lines 17 through 25	8,264,345.	26	11,679,991.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,499,328.	27	2,595,943.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,499,328.	33	2,595,943.	
34 Total liabilities and net assets/fund balances	10,763,673.	34	14,275,934.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	218,732	176,144.	196,871.	441,837.	208,074.	1,241,658
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	315,798.	120,279.	221,356.	2,620,278.	677,901	3,955,612
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	534,530	296,423.	418,227.	3,062,115.	885,975.	5,197,270
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	NONE	NONE	NONE	NONE	NONE	NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	21,472.	25,000.	4,737	NONE	14,373.	65,587.
c Add lines 7a and 7b.	21,472.	25,000.	4,737.	NONE	14,373.	65,587.
8 Public support (Subtract line 7c from line 6)						5,131,683.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	534,530	296,423.	418,227.	3,062,115.	885,975.	5,197,270
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,835.	5,597.	108,093.	154,080.	176,215.	460,820.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	16,835	5,597.	108,093.	154,080.	176,215.	460,820.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						5,658,090.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	90.70 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	91.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	8.14 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	5.54 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose(s) of conservation easements, total number of easements, acreage restricted, and monitoring requirements. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2 regarding reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

Name of the Organization

Employer Identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG DOWLING TREASURER	1.	X		X				NONE	NONE	NONE
WILLIAM FOGARTY VICE PRESIDENT/ASST. SECRETARY	1.	X		X				NONE	NONE	NONE
RANDY ANDERSON EXECUTIVE VP	1.	X		X				NONE	NONE	NONE
TOM PARKER DIRECTOR	1.	X						NONE	NONE	NONE
RITA BAMBERGER SECRETARY	1.	X		X				NONE	NONE	NONE
ORLANDO JOSE CABRERA DIRECTOR	1.	X						NONE	NONE	NONE
TODD ENDO DIRECTOR	1.	X						NONE	NONE	NONE
CAROLYN S. SETTLES PRESIDENT AND CHAIR	1.	X		X				NONE	NONE	NONE
STEVE WEINSTOCK DIRECTOR	1.	X						NONE	NONE	NONE
WARREN DAHLSTROM DIRECTOR	1.	X						NONE	NONE	NONE
DANINE FRESCH GRAY DIRECTOR	1.	X						NONE	NONE	NONE
ALICE HOGAN DIRECTOR	1.	X						NONE	NONE	NONE
ROBERT D FOX DIRECTOR	1.	X						NONE	NONE	NONE
LUCY DENNEY DIRECTOR	1.	X						NONE	NONE	NONE
DAVID C HANNAH DIRECTOR	1.	X						NONE	NONE	NONE
FRANK J. POLI DIRECTOR	1.	X						NONE	NONE	NONE
ROBERT K. WIBERG DIRECTOR	1.	X						NONE	NONE	NONE
JOHN GENELLO ASST. TREASURER	1.	X		X				NONE	NONE	NONE
NINA JANOPAUL PRESIDENT	40.			X				119,500.	NONE	20,500.
JAMES PRITCHETT DIRECTOR OF DEVELOPMENT	40.					X		115,907.	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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02Z2DO 2337 10/30/2009 13:31:26 V08-8.1 38-1664-5000

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

GOVERNANCE

PART VI SECTION A QUESTION 10

THE BOARD OF DIRECTORS PASSED A RESOLUTION WHERE THE FINANCE AND

OPERATIONS COMMITTEE IS APPOINTED TO REVIEW AND APPROVE THE FORM 990.

ONCE THE FORM 990 IS RECEIVED BY APAH THE COMMITTEE WILL HAVE ONE WEEK

(OR LESS DEPENDING ON TIME CONSTRAINTS) TO ISSUE ANY COMMENTS AND THEN

SEND A RESOLUTION TO APPROVE THE 990 TO THE COMMITTEE, AT WHICH POINT

THEY VOTE TO APPROVE THE FORM 990.

Name of the organization

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

GOVERNANCE

PART VI SECTION B QUESTION 13C

EACH YEAR EVERY EMPLOYEE AND BOARD MEMBER IS REQUIRED TO DISCLOSE ANY

CONFLICTS OF INTEREST. ANY THAT ARISE DURING THE YEAR ARE HANDLED BY THE

CHAIR OF THE FINANCE COMMITTEE.

Name of the organization

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

GOVERNANCE

PART VI SECTION B QUESTION 15

COMPENSATION IS DETERMINED BY THE SEARCH COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS WHEN HIRED. IT IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. BOARD MEMBERS REVIEW SALARIES AND BENEFITS FOR EXECUTIVES WITH COMPARABLE ORGANIZATIONS WHEN DETERMINING SALARY.

Name of the organization

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

GOVERNANCE

PART VI SECTION C QUESTION 19

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

GAAP FINANCIAL STATEMENTS

PART IV QUESTION 12 AND PART XI QUESTION 2

THE AUDIT IS DONE ON A CONSOLIDATED BASIS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
THE BARKALOW, LLC 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1957555	RENTAL RE	VA	13,421.	1,084,604.	APAH, INC.

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CARLYN SPTINGS-FOXCROFT TERRACE DEVELOPM 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1869305	RENTAL RE	VA	501(C)(3)	509(A)(2)	APAH, INC.
QUEEN' S COURT DEVELOPMENT CORPORATION 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1782084	RENTAL RE	VA	501(C)(3)	509(A)(2)	APAH, INC.
ROSSLYN RIDGE DEVELOPMENT CORPORATION 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1782087	RENTAL RE	VA	501(C)(3)	509(A)(2)	APAH, INC.

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
SEE SCHEDULE R-1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

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)

A corporation 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 a corporation 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 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 ► 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 corporation required to file Form 990-T) extension of time until 08/15, 2009 to file the exempt organization return for the organization named above. The extension is for the organization's return for

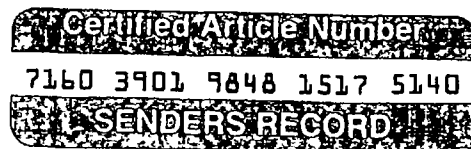
- calendar year 2008 or
- tax year beginning _____, _____, and ending _____, _____

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.



If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

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.

Form section with fields: Name of Exempt Organization (ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING), Employer Identification number (54-1515133), Address (2704 N. PERSHING DRIVE, ARLINGTON, VA 22201)

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

Form section with checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOPI 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 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 it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

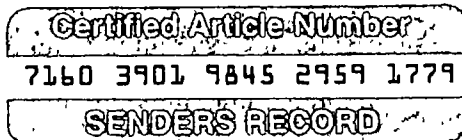
- 4 I request an additional 3-month extension of time until 11/15/2009
5 For calendar year 2008, or other tax year beginning and ending
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (description, amount in dollars). 8a: tentative tax less any nonrefundable credits. 8b: refundable credits and estimated tax payments. 8c: Balance Due.

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: 8/3/09
REZNICK GROUP, P.C.
7700 OLD GEORGETOWN ROAD, SUITE 400
BETHESDA, MD 20814-6224



Reznick Group
7700 Old Georgetown Road
Bethesda, MD 20814
52-1088612

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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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 VIII - INVESTMENT INCOME

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DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	176,215.			176,215.
TOTALS	176,215.			176,215.

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

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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	2,810,030.
ENDING BALANCE DUE	2,950,532.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	2,810,030.
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TOTAL ENDING NOTES AND LOANS RECEIVABLES	2,950,532.
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FORM 990, PART X - DEFERRED REVENUE
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<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
TOTALS	2,600,000.	2,600,000.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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

BEGINNING BALANCE DUE 878,832.
ENDING BALANCE DUE 857,309.

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 74,178.
ENDING BALANCE DUE 38,235.

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

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

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 955,001.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 897,535.

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

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return

Attachment
Sequence No **67**

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 (see instructions)	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 2007 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 2009 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 depreciation allowance for qualified 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	54,869.

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 2008	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 2008 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 2008 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	54,869.
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 depreciation allowance for qualified listed 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)

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 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				43	552.
44 Total. Add amounts in column (f) See the instructions for where to report				44	552.