

Return of Organization Exempt From Income Tax

2009

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

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 2009 calendar year, or tax year beginning 2009, 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"/> Terminated <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 HOUSING 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 \$ 4,209,335.
		F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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		J Website: WWW.APAH.ORG		
K Form 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

1 Briefly describe the organization's mission or most significant activities 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.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	19		
4 Number of independent voting members of the governing body (Part VI, line 1b)	16		
5 Total number of employees (Part V, line 2a)	13		
6 Total number of volunteers (estimate if necessary)			
7a Total gross unrelated business revenue from Part VIII, column (C), line 12			
7b Net unrelated business taxable income from Form 990-T, line 34			
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	208,074.	502,443.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	677,901.	3,525,073.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	176,215.	181,819.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,062,190.	4,209,335.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	505,170.	578,761.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 58,350.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	460,405.	368,763.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	965,575.	947,524.
	19 Revenue less expenses Subtract line 18 from line 12	96,615.	3,261,811.
		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	14,275,934.	27,199,734.
	21 Total liabilities (Part X, line 26)	11,679,991.	21,488,009.
	22 Net assets or fund balances Subtract line 21 from line 20	2,595,943.	5,711,725.

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*
 Type or print name and title: **Nina Janopaul President**
 Date: 11/15/10

Paid Preparer's Use Only
 Preparer's signature: *Edward S. Ryan*
 Date: 11/12/10
 Check if self-employed:
 Preparer's identifying number (see instructions): P00223815
 Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C.
 EIN: 52-1088612
 Phone no: 301-652-9100
 7700 OLD GEORGETOWN ROAD, SUITE 400 BETHESDA, MD 20814-6224

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 (2009)

SCANNED DEC 20 2010

Revenue

Expenses

Net Assets or Fund Balances

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 2

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 \$ 571,199. including grants of \$ 0) (Revenue \$ 3,525,073.)

PROVISION OF 861 UNITS OF LOW TO MODERATE INCOME HOUSING FOR FAMILIES AND INDIVIDUALS.

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 ▶ 571,199.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	N/A	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 sections 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
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 organization 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	
9	Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		N/A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	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?		N/A

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.
 Own website Another's website 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(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	1.00	X	X					0.	0.	0.
WILLIAM FOGARTY VICE PRESIDENT/ASST. SECRETARY	1.00	X	X					0.	0.	0.
RICHARD B. ANDERSON DIRECTOR	1.00	X						0.	0.	0.
TOM PARKER DIRECTOR	1.00	X						0.	0.	0.
RITA BAMBERGER SECRETARY	1.00	X	X					0.	0.	0.
ORLANDO JOSE CABRERA DIRECTOR	1.00	X						0.	0.	0.
TODD ENDO DIRECTOR	1.00	X						0.	0.	0.
CAROLYN S. SETTLES PRESIDENT AND CHAIR	1.00	X	X					0.	0.	0.
STEVE WEINSTOCK DIRECTOR	1.00	X						0.	0.	0.
WARREN DAHLSTROM DIRECTOR	1.00	X						0.	0.	0.
DANINE FRESCH GRAY DIRECTOR	1.00	X						0.	0.	0.
ALICE HOGAN DIRECTOR	1.00	X						0.	0.	0.
ROBERT D FOX DIRECTOR	1.00	X						0.	0.	0.
LUCY DENNEY DIRECTOR	1.00	X						0.	0.	0.
DAVID C HANNAH DIRECTOR	1.00	X						0.	0.	0.
FRANK J. POLI DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
ROBERT K. WIBERG DIRECTOR	1.00	X					0.	0.	0.	
JOHN GENELLO ASST. TREASURER	1.00	X		X			0.	0.	0.	
NINA JANOPAUL PRESIDENT/ASST. SECRETARY	40.00	X		X			145,000.	0.	4,900.	
BRIAN KANE DIRECTOR	1.00	X					0.	0.	0.	
1b Total							145,000.	0.	4,900.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3** Yes No
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* **4** Yes No
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5** Yes No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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 41,963				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 105,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 355,480				
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f			502,443			
Program Service Revenue	Business Code					
	2a ASSET MGMT FEE	531390	101,932	101,932		
	b RENTAL INCOME (LOSS)	531390	186,188	186,188		
	c ADMIN FEE	531390	7,622	7,622		
	d MISC INCOME	531390	4,573	4,573		
	e DEVELOPMENT FEE	531390	3,224,758	3,224,758		
	f All other program service revenue					
g Total. Add lines 2a-2f			3,525,073			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 3		181,819			181,819
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties	(i) Real (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis					
	c Gain or (loss)					
	d Net gain or (loss)			0		
	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			0		
	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			0		
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			0			
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			0			
12 Total Revenue. See instructions			4,209,335	3,525,073		181,819

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 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	145,000.	84,840.	45,313.	14,847.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	372,133.	217,697.	116,284.	38,152.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	23,222.		23,222.	
9 Other employee benefits	0.			
10 Payroll taxes	38,406.	38,406.		
11 Fees for services (non-employees)				
a Management	6,423.	6,423.		
b Legal	2,847.		2,847.	
c Accounting	38,740.		38,740.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	2,890.		2,725.	165.
13 Office expenses	5,723.		5,723.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	31,423.	29,543.	1,880.	
17 Travel	1,076.	112.	964.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	42,108.	41,957.	151.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	55,005.	45,476.	9,529.	
23 Insurance	27,423.	6,380.	21,043.	
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>POSTAGE & DELIVERY</u> -----	2,577.	88.	2,371.	118.
b <u>PRINTING & COPY</u> -----	6,373.		4,727.	1,646.
c <u>TRAINING</u> -----	3,717.	1,498.	2,219.	
d <u>REPAIRS AND MAINTENANCE</u> -----	22,375.	22,158.	217.	
e <u>PROPERTY MGMT ADMIN</u> -----	24,993.	24,993.		
f All other expenses -----	95,070.	51,628.	40,020.	3,422.
25 Total functional expenses Add lines 1 through 24f	947,524.	571,199.	317,975.	58,350.
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	1,731,547.	2 2,626,963.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	8,879,556.	4 9,870,975.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	2,950,532.	7 3,098,059.
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	4,894.	9 6,899.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,209,643.	
	b	Less accumulated depreciation	10b 496,243.	10c 10,713,400.
	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	12,513.	14 11,961.
	15	Other assets. See Part IV, line 11	-320,150.	15 871,477.
16	Total assets. Add lines 1 through 15 (must equal line 34)	14,275,934.	16 27,199,734.	
Liabilities	17	Accounts payable and accrued expenses	28,808.	17 46,939.
	18	Grants payable		18
	19	Deferred revenue	2,600,000.	19 2,600,000.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial 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	23 897,535.	23 12,136,592.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D	8,153,648.	25 6,704,478.
	26	Total liabilities. Add lines 17 through 25	11,679,991.	26 21,488,009.
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	2,595,943.	27 5,711,725.
	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	2,595,943.	33 5,711,725.	
34	Total liabilities and net assets/fund balances	14,275,934.	34 27,199,734.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b	N/A	

Form **990** (2009)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	176,144.	196,871	441,837	208,074	502,443	1,525,369
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	120,279	221,356	2,620,278	677,901	3,525,073	7,164,887.
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 through 5	296,423	418,227	3,062,115	885,975	4,027,516	8,690,256
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	25,000	4,737	0	14,378	107,225	151,340
c Add lines 7a and 7b	25,000	4,737	0	14,378	107,225	151,340.
8 Public support (Subtract line 7c from line 6)						8,538,916.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	296,423	418,227	3,062,115	885,975.	4,027,516	8,690,256
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,597	108,093	154,080.	176,215	181,819	625,804.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,597	108,093	154,080	176,215	181,819	625,804
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)	302,020	526,320.	3,216,195	1,062,190	4,209,335.	9,316,060

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 2009 (line 8, column (f) divided by line 13, column (f))	15	91.66 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	90.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	6.72 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	8.14 %

19 a 33 1/3 % support tests - 2009. 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 - 2008. 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 ▶

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization: ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING; Employer identification number: 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... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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 XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,421,170.		5,421,170.
b Buildings		5,200,962.	419,505.	4,781,457.
c Leasehold improvements		72,851.	34,104.	38,747.
d Equipment		158,688.	38,018.	120,670.
e Other		355,972.	4,616.	351,356.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,713,400.

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

Table with 10 rows for reconciliation of net assets. Columns include line numbers (1-10) and descriptions such as 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', etc.

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

Table with 5 main rows for revenue reconciliation. Includes sub-rows (a-d) for adjustments like 'Net unrealized gains on investments' and 'Investment expenses not included on Form 990'.

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

Table with 5 main rows for expense reconciliation. Includes sub-rows (a-d) for adjustments like 'Donated services and use of facilities' and 'Investment expenses not included on Form 990'.

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

ATTACHMENT 1

GOVERNANCE

PART VI SECTION B QUESTION 11

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 RECIEVED 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.

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.

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.

GOVERNANCE

PART VI SECTION C QUESTION 19

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2009

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Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 1 (CONT'D)

GOVERNANCE

PART VI, SECTION A, QUESTION 2

FAMILY RELATIONSHIP - 2 BOARD MEMBERS ARE MARRIED TO EACH OTHER.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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, DEVELOPMENT FEES, GRANTS, CONTRIBUTIONS AND SPONSORSHIP OF SPECIAL EVENTS. AS OF DECEMBER 31, 2009, THE ORGANIZATION SPONSORS 861 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. CARLYN SPRINGS - 27 UNIT, GARDEN STYLE, ONE BUILDING, IN THE BALLSTON NEIGHBORHOOD, PURCHASED OCTOBER 31, 1997. CAMERON COMMONS - 16 UNIT, GARDEN STYLE, TWO BUILDINGS, IN THE HIGH VIEW PARK NEIGHBORHOOD, PURCHASED AUGUST 1, 2001. CALVERT MANOR - 23 UNIT, GARDEN STYLE, ONE BUILDING, IN THE

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 2 (CONT'D)

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

ROSSLYN NEIGHBORHOOD, PURCHASED SEPTEMBER 24, 1997. BARKALOW - 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. PARC ROSSLYN, 238 UNITS, HIGH RISE, LOCATED IN THE ROSSLYN NEIGHBORHOOD. SITE ORIGINALLY PURCHASED MAY 12, 1994 AND REBUILT AS HIGH RISE, COMPLETED JUNE 2008. BUCHANAN GARDENS - 111 UNIT, GARDEN STYLE, ELEVEN BUILDING, LOCATED IN THE COLUMBIA PIKE NEIGHBORHOOD.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	181,819.			181,819
TOTALS	<u>181,819.</u>			<u>181,819.</u>

ATTACHMENT 4

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: APAH - NOTE FROM COURTHOUSE CROSSING
 ORIGINAL AMOUNT: 2,600,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE:

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 4 (CONT'D)

MATURITY DATE: 05/31/2006
 MATURITY DATE: 05/31/2047
 BEGINNING BALANCE DUE 2,950,532.
 ENDING BALANCE DUE 3,098,059.
 TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 2,950,532.
 TOTAL ENDING NOTES AND LOANS RECEIVABLES 3,098,059.

ATTACHMENT 5

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 857,309.
 ENDING BALANCE DUE 836,592.

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 38,235.
 ENDING BALANCE DUE 0.

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 5 (CONT'D)

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 0.

LENDER: BG VCC MORTGAGE
ORIGINAL AMOUNT: 6,300,000.

BEGINNING BALANCE DUE 0.
ENDING BALANCE DUE 6,300,000.

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 5 (CONT'D)

LENDER: BG AHIF LOAN PAYABLE
ORIGINAL AMOUNT: 5,000,000.

BEGINNING BALANCE DUE	0.
ENDING BALANCE DUE	<u>5,000,000.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>897,535.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>12,136,592.</u>
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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	23,006.	1,047,203.	APAH, INC.
BUCHANAN GARDENS II, LLC 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1782088	RENTAL RE	VA	5,004.	11,413,258.	APAH, INC
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 SPRINGS-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.
FISHER HOUSE DEVELOPMENT CORPORATION 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1782088	RENTAL RE	VA	501(C)(3)	509(A)(2)	APAH, INC.
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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
CAIVERT MANOR LIMITED PARTNERS 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	APAH, INC	RELATED	-20	1,841		X			X
CAMERON COMMONS LLC 26-283286 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	APAH, INC	RELATED	-83,076	2,041,450		X			X
COLUMBIA GROVE LIMITED PARTNER 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	APAH, INC	RELATED	486,424	5,166		X			X
COURTHOUSE CROSSING LIMITED PA 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	APAH, INC	RELATED	-86	3,132		X			X
FISHER HOUSE LP 59-3824406 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	APAH, INC	RELATED	-21	836		X			X
LORCOM ARMS LIMITED PARTNERSHI 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	APAH, INC	RELATED	-11	439		X			X
NORTH PIERCE ASSOCIATES LP 20- 2704 N PERSHING DRIVE	RENTAL REAL ESTAT	VA	PARADIGM	RELATED	-182	6,557,650		X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
CAIVERT MANOR DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-20	50,475	100.0000
CAMERON COMMONS DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-83,076	1,514,456	100.0000
COLUMBIA GROVE DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-23	3,670,162	100.0000
COURTHOUSE CROSSING DEVELOPMENT CORP 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-86	289,064	100.0000
FHDC CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-21	1,924,634	100.0000
LORCOM ARMS DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-11	465,183	100.0000
COLUMBIA GROVE, INC 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL ESTAT	VA	APAH, INC	C CORP	-110,052	4,148,643	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

Table with columns for transaction type (a-f), Name of other organization (a), Transaction type (a-f) (b), and Amount involved (c). Rows include Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities, equipment, or other assets, Lease of facilities, equipment, or other assets from other organization(s), Performance of services or membership or fundraising solicitations for other organization(s), Sharing of facilities, equipment, mailing lists, or other assets, Sharing of paid employees, Reimbursement paid to other organization for expenses, Reimbursement paid by other organization for expenses, Other transfer of cash or property to other organization(s), and 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.

Table with columns for Name of other organization (a), Transaction type (a-f) (b), and Amount involved (c). Rows are numbered (1) through (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-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2009

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

Identifying number
54-1515133

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

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 2008 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 2010 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	54,453.

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 2009	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 2009 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	SEE					
b 5-year property	DETAIL	106,560.	5.000	MQ	200DB	0.
c 7-year property						
d 10-year property						
e 15-year property		348,412.	15.000	MQ	150DB	0.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	12/29/2009	3,977,410.	27 5 yrs	MM	S/L	0.
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 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 instructions	22	54,453.
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
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see 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 2009 tax year (see instructions)
43 Amortization of costs that began before your 2009 tax year 43 552.
44 Total. Add amounts in column (f) See the instructions for where to report 44 552.

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	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 ▶ **APAH**

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, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 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
7700 Old Georgetown Road
Bethesda, MD 20814
52-1088612

Certified Article Number
7160 3901 9845 2956 4988
SENDERS RECORD

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

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

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

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

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

- The books are in the care of **APAH**
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 is for

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning _____, and ending _____
- If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$
8b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	\$
8c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	\$ <u>0</u>

Signature and Verification

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

Signature [Signature] Title CPA Date 8/12/10
 Form 8868 (Rev 4-2009)

REZNICK GROUP, P.C.
 7701 Old Georgetown Road, SUITE 400
 BETHESDA, MD 20814-6224

Reznick Group
 7701 Old Georgetown Road
 Bethesda MD 20814
 301-498-8612

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 7160 3901 9845 2956 4834

