

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning , 2010, 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	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	E Telephone number (703) 276-7444
	2704 N. PERSHING DRIVE			
	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201			G Gross receipts \$ 2,630,239.
	F Name and address of principal officer NINE JANOPAUL 2704 N. PERSHING DRIVE ARLINGTON, VA 22201			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) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
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

Activities & Governance	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)	3	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	10.
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	502,443.	325,024.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,525,073.	1,971,102.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	181,819.	180,058.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	135,357.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,209,335.	2,611,541.
	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)	578,761.	748,771.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	10,588.	
17 Other expenses (Part IX, column (A), lines 11a, 11b, 11c, 11d, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z)	368,763.	2,643,673.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	947,524.	3,392,444.	
19 Revenue less expenses Subtract lines 16/18 from line 12	3,261,811.	-780,903.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,199,734.	27,493,938.
	22 Net assets or fund balances Subtract line 21 from line 20	21,488,009.	22,563,116.
		5,711,725.	4,930,822.

Part II Signature Block

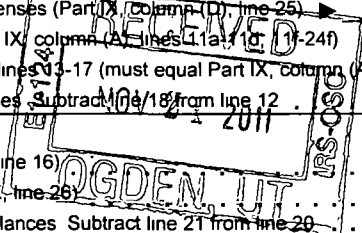
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: <i>Nina Janopaul</i> Type or print name and title: Nina Janopaul, President	Date: 11/14/11
Paid Preparer Use Only Preparer's name: <i>Edward S. Reza</i> Preparer's signature: <i>Edward S. Reza</i> Date: 11/9/11 Check if self-employed: <input type="checkbox"/> PTIN: P00223815 Firm's name: REZNICK GROUP, P.C. Firm's EIN: 52-1088612 Firm's address: 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814-6583 Phone no: 301-652-9100	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

SCANNED DEC 16 2011



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
ATTACHMENT 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 \$ 3,213,640. including grants of \$ _____) (Revenue \$ 1,971,102.)
PROVIDING 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 ► 3,213,640.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 4970, Form 720, Form 1041, and Form 709.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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	a The governing body?	X	
8b	b 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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
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	
15a	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?		
15b	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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.
 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 ▶ APAA 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

Check if Schedule O contains a response to any question in this Part VII. X

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 2										
(1) DOUG DOWLING TREASURER	1.00	X		X			0.	0.	0.	
(2) WILLIAM FOGARTY VICE PRESIDENT/ASST. SECRETARY	1.00	X		X			0.	0.	0.	
(3) RICHARD B. ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
(4) TOM PARKER DIRECTOR	1.00	X					0.	0.	0.	
(5) RITA BAMBERGER SECRETARY	1.00	X		X			0.	0.	0.	
(6) ROBERT ROZEN DIRECTOR	1.00	X					0.	0.	0.	
(7) TODD ENDO DIRECTOR	1.00	X					0.	0.	0.	
(8) CAROLYN S. SETTLES DIRECTOR	1.00	X					0.	0.	0.	
(9) STEVE WEINSTOCK DIRECTOR	1.00	X					0.	0.	0.	
(10) WARREN DAHLSTROM DIRECTOR	1.00	X					0.	0.	0.	
(11) DANINE FRESCH GRAY DIRECTOR	1.00	X					0.	0.	0.	
(12) ALICE HOGAN DIRECTOR	1.00	X					0.	0.	0.	
(13) ROBERT D FOX DIRECTOR	1.00	X					0.	0.	0.	
(14) LUCY DENNEY DIRECTOR	1.00	X					0.	0.	0.	
(15) DAVID C HANNAH DIRECTOR	1.00	X					0.	0.	0.	
(16) 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 (describe hours for related organizations in Schedule O)	(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			
(17) ROBERT K. WIBERG DIRECTOR	1.00	X					0.	0.	0.	
(18) JOHN GENELLO DIRECTOR	1.00	X		X			0.	0.	0.	
(19) NINA JANOPAUL PRESIDENT/CEO	35.00	X		X	X	X	131,000.	0.	22,000.	
(20) BRIAN KANE DIRECTOR	1.00	X					0.	0.	0.	
(21) FREDERICK JONES DIRECTOR	1.00	X					0.	0.	0.	
(22) CHRISTOPHER DONALD REAL ESTATE DEVELOPER	40.00			X	X	X	127,500.	0.	0.	
(23) RICHARD BRAGUNIER CFO/ASSISTANT TREASURER	35.00			X	X	X	101,000.	0.	0.	
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							359,500.	0.	22,000.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							359,500.	0.	22,000.	

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 **3**

- 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 **X**
- 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 **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **X**

	Yes	No
3		X
4	X	
5		X

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

				(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	10,496				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	247,079				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	67,449				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			325,024			
Program Service Revenue	Business Code						
	2a ASSET MGMT FEE		531390	108,960	108,960		
	b RENTAL INCOME (LOSS)		531390	1,475,518	1,475,518		
	c ADMIN FEE		531390	7,140	7,140		
	d MISC INCOME		531390	62,300	62,300		
	e DEVELOPMENT FEE		531390	317,184	317,184		
	f All other program service revenue						
g Total. Add lines 2a-2f			1,971,102				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 3		180,058			180,058
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross Rents	(i) Real	(ii) Personal				
	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 and sales expenses							
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		154,055				
	b Less direct expenses	b	18,698				
	c Net income or (loss) from fundraising events	ATCH. 4		135,357			
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			2,611,541	1,971,102		180,058	

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	384,471.	375,178.	6,322.	2,971.
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	273,709.	259,270.	10,585.	3,854.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,620.		26,620.	
9 Other employee benefits	0.			
10 Payroll taxes	63,971.	63,971.		
11 Fees for services (non-employees)				
a Management	71,241.	68,672.	1,830.	739.
b Legal	896.		896.	
c Accounting	54,190.		54,190.	
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	3,059.		2,179.	880.
13 Office expenses	13,844.	13,485.	359.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	377,470.	367,672.	9,798.	
17 Travel	1,507.	1,468.	39.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	649,372.	632,517.	16,855.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	276,949.	269,760.	7,189.	
23 Insurance	72,690.	70,803.	1,887.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a AMORTIZATION	490,638.	477,903.	12,735.	
b MISC OPERATING EXPENSES	137,493.	133,924.	3,569.	
c BAD DEBT EXPENSE	8,324.	8,324.		
d TRAINING	7,181.	6,995.	186.	
e REPAIRS AND MAINTENANCE	272,620.	265,544.	7,076.	
f All other expenses	206,199.	198,154.	5,901.	2,144.
25 Total functional expenses. Add lines 1 through 24f	3,392,444.	3,213,640.	168,216.	10,588.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	2,626,963.	2	1,711,995.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,870,975.	4	10,570,196.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net ATCH 5	3,098,059.	7	3,252,962.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,899.	9	23,307.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,224,989.		
	b Less accumulated depreciation	10b 773,192.		
		10,713,400.	10c	10,451,797.
	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	11,961.	14	11,409.
15 Other assets See Part IV, line 11	871,477.	15	1,472,272.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,199,734.	16	27,493,938.	
Liabilities	17 Accounts payable and accrued expenses	46,939.	17	369,502.
	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 ATCH 6	12,136,592.	23	12,355,393.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	6,704,478.	25	7,238,221.
	26 Total liabilities. Add lines 17 through 25	21,488,009.	26	22,563,116.
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	5,711,725.	27	4,930,822.
	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	5,711,725.	33	4,930,822.
	34 Total liabilities and net assets/fund balances	27,199,734.	34	27,493,938.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,611,541.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,392,444.
3	Revenue less expenses Subtract line 2 from line 1	3	-780,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,711,725.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,930,822.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: **ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING**
Employer identification number: **54-1515133**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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 through 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) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	196,871	441,837	208,074	502,443	325,024	1,674,249
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	221,356	2,620,278	677,901	3,525,073	1,971,102	9,015,710
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	418,227	3,062,115	885,975	4,027,516	2,296,126	10,689,959
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	4,733		14,378	107,225		126,336
c Add lines 7a and 7b	4,733	0	14,378	107,225	0	126,336
8 Public support (Subtract line 7c from line 6)						10,563,623

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	418,227	3,062,115	885,975	4,027,516	2,296,126	10,689,959
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,093	154,080	176,215	181,819	180,058	800,265
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	108,093	154,080	176,215	181,819	180,058	800,265
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)	526,320	3,216,195	1,062,190	4,209,335	2,476,184	11,490,224
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	91.94%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	91.66%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	6.96%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	6.72%

- 19a **33 1/3 % support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

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

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form for Conservation Easements. Includes: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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?, 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)?, 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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

JSA OE1268 1 000

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
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI 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.	608,954.	4,592,008.
c Leasehold improvements		72,851.	38,960.	33,891.
d Equipment		158,688.	83,621.	75,067.
e Other		371,318.	41,657.	329,661.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				10,451,797.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

ATTACHMENT 1	(a) Description	(b) Book value
(1) MORTGAGE ESCROW DEPOSITS		29,821.
(2) PRG INVEST-CALVERT MANOR LP		-303.
(3) PRGINVEST-LORCOM ARMS LLC		-99.
(4) PRG INVEST-COLUMBIA GROVE INC		125,000.
(5) PRG INVEST-COURTHOUSE CRSG		-474,130.
(6) PRG INVEST-COLUMBIA GROVE LP		-88.
(7) OTHER RESERVES BG		468,700.
(8) PREDEVELOPMENT BG		928,642.
(9) LOAN FEES BG		44,935.
(10) LEASING FEES BG		0.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		1,472,272.

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
(1) Federal income taxes		
(2) DHS RENT FUND		175,334.
(3) DEFERRED DEVELOPMENT FEES		6,088,163.
(4) SECURITY DEPOSIT PAYABLES		7,170.
(5) SECURITY DEPOSIT BG		71,000.
(6) PREPAID RENT BG		3,965.
(7) ACCRUED INTEREST BG		0.
(8) RELATED PARTY PAYABLE		892,589.
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		7,238,221.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8		9
10	Excess or (deficit) for the year per audited 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		2e
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		4c
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 must 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		2e
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	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		4c
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 must 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, 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

Part XIV Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
OTHER BG	0.
CONSTRUCTION IN PROGRESS	349,794.
TOTALS	<u>1,472,272.</u>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number

54-1515133

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		ANNUAL AWARDS		0.	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	154,055.		154,055.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	154,055.		154,055.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	18,698.		18,698.
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				135,357.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Employer identification number
54-1515133

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	NINA JANOPAL	(i) 131,000. (ii) 0. (iii) 0.	0. 0.	0. 0.	22,000. 0.	153,000. 0.	0. 0.	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

54-1515133

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.

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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GOVERNANCE

PART VI, SECTION A, QUESTION 2

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

ATTACHMENT 1FORM 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, 2010, 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 ROSSLYN NEIGHBORHOOD, PURCHASED SEPTEMBER 24, 1997. BARKALOW - 14 UNIT, ONE BUILDING, IN ARLINGTON, PURCHASED SEPTEMBER 21, 1999.

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
DOUG DOWLING TREASURER	1.00
WILLIAM FOGARTY VICE PRESIDENT/ASST. SECRETARY	1.00
RICHARD B. ANDERSON DIRECTOR	1.00
TOM PARKER DIRECTOR	1.00
RITA BAMBERGER SECRETARY	1.00
ROBERT ROZEN DIRECTOR	1.00
TODD ENDO DIRECTOR	1.00
CAROLYN S. SETTLES DIRECTOR	1.00
STEVE WEINSTOCK DIRECTOR	1.00
WARREN DAHLSTROM DIRECTOR	1.00
DANINE FRESCH GRAY DIRECTOR	1.00

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

ALICE HOGAN DIRECTOR	1.00
ROBERT D FOX DIRECTOR	1.00
LUCY DENNEY DIRECTOR	1.00
DAVID C HANNAH DIRECTOR	1.00
FRANK J. POLI DIRECTOR	1.00
ROBERT K. WIBERG DIRECTOR	1.00
JOHN GENELLO DIRECTOR	1.00
NINA JANOPAUL PRESIDENT/CEO	5.00
BRIAN KANE DIRECTOR	1.00
FREDERICK JONES DIRECTOR	1.00
RICHARD BRAGUNIER CFO/ASSISTANT TREASUER	5.00

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST INCOME	180,058.			180,058.
TOTALS	<u>180,058.</u>			<u>180,058.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS</u> <u>INCOME</u>	<u>DIRECT</u> <u>EXPENSES</u>	<u>NET</u> <u>INCOME</u>
SPECIAL EVENT	154,055.	18,698.	135,357.
TOTALS	<u>154,055.</u>	<u>18,698.</u>	<u>135,357.</u>

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
--	--

ATTACHMENT 5

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: 05/31/2006
 MATURITY DATE: 05/31/2047

BEGINNING BALANCE DUE 3,098,059.
 ENDING BALANCE DUE 3,252,962.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 3,098,059.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 3,252,962.

ATTACHMENT 6

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 836,592.
 ENDING BALANCE DUE 811,074.

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

BEGINNING BALANCE DUE 6,300,000.
 ENDING BALANCE DUE 6,332,813.

Name of the organization ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	Employer identification number 54-1515133
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ATTACHMENT 6 (CONT'D)

LENDER: BG AHIF LOAN PAYABLE

ORIGINAL AMOUNT: 5,000,000.

BEGINNING BALANCE DUE 5,000,000.

ENDING BALANCE DUE 5,211,506.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 12,136,592.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 12,355,393.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

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
2010

Open to Public
Inspection

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
(1) THE BARKALOW, LLC 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1957555	RENTAL RE	VA	15,914.	1,022,234.	APAH, INC.
(2) BUCHANAN GARDENS II, LLC 2704 N. PERSHING DRIVE ARLINGTON, VA 22201 54-1782088	RENTAL RE	VA	-848,687.	11,145,436.	APAH, INC
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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.		X
(2) 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.		X
(3) ROSSLYN RIDGE DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 54-1782087	RENTAL RE	VA	501 (C) (3)	509 (A) (2)	APAH, INC.		X
(4) FISHER HOUSE DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 54-1782088	RENTAL RE	VA	501 (C) (3)	509 (A) (2)	APAH, INC.		X
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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) Depreciable assets?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CALVERT MANOR DEVELOPMENT PARTNERS 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	APAH, INC	RELATED	11	1,913		X			X	1000
(2) CAMERON COMMONS, LLC 26-283286 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	APAH, INC	RELATED	-59,294	2,004,451		X			X	81.0000
(3) COLUMBIA GROVE LIMITED PARTNER 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	APAH, INC	RELATED	-43	2,476		X			X	0100
(4) COURTHOUSE CROSSING LIMITED PA 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	APAH, INC	RELATED	-81	3,083		X			X	0100
(5) FISHER HOUSE, LP 59-3824406 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	APAH, INC	RELATED	-20	822		X			X	0100
(6) LORCOM ARMS LIMITED PARTNERSHI 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	APAH, INC	RELATED	-10	426		X			X	0100
(7) NORTH PIERCE ASSOCIATES LP 20- 2704 N PERSHING DRIVE ARLINGTON, VA 22201	RENTAL REAL E	VA	PARADIGM	RELATED	-137	6,656,399		X			X	50.0000

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
(1) CALVERT MANOR DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 54-1862795	RENTAL REAL E	VA	APAH, INC	C CORP	11	96,165	100.0000
(2) CAMERON COMMONS DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 54-2046864	RENTAL REAL E	VA	APAH, INC	C CORP	-59,294	200,581	100.0000
(3) COLUMBIA GROVE DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 26-2596777	RENTAL REAL E	VA	APAH, INC	C CORP	2,327	1,272,623	100.0000
(4) COURTHOUSE CROSSING DEVELOPMENT CORP 2704 N PERSHING DRIVE ARLINGTON, VA 22201 20-4454298	RENTAL REAL E	VA	APAH, INC	C CORP	-81	129,680	100.0000
(5) FHDC CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 26-0345148	RENTAL REAL E	VA	APAH, INC	C CORP	-20	1,953,410	100.0000
(6) LORCOM ARMS DEVELOPMENT CORPORATION 2704 N PERSHING DRIVE ARLINGTON, VA 22201 47-0861663	RENTAL REAL E	VA	APAH, INC	C CORP	-10	439,617	100.0000
(7) COLUMBIA GROVE, INC 2704 N PERSHING DRIVE ARLINGTON, VA 22201 54-1429115	RENTAL REAL E	VA	APAH, INC	C CORP	-43	3,256,619	100.0000

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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ROSSLYN RIDGE APARTMENTS LP 20 2704 N PERSHING DRIVE	RENTAL REAL E	VA	NORTH PIERCE AS RELATED					X			X	0100
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) APAH ROSSLYN RIDGE, INC 2704 N PERSHING DRIVE ARLINGTON, VA 22201 26-0797089	RENTAL_REAL_E	VA	APAH, INC	C CORP	-137	9,656,157	100 0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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?

Table with columns: Description (a), Transaction type (b), Amount involved (c), Method of determining amount involved (d), Yes, No. 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), Performance of services or membership or fundraising solicitations by other organization(s), Sharing of facilities, equipment, mailing lists, or other assets, Sharing of paid employees, Reimbursement paid by other organization for expenses, Reimbursement paid by other organization for expenses, Other transfer of cash or property to other organization(s), 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: (a) Name of other organization, (b) Transaction type (a-r), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) are currently blank.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)	-----										
(2)	-----										
(3)	-----										
(4)	-----										
(5)	-----										
(6)	-----										
(7)	-----										
(8)	-----										
(9)	-----										
(10)	-----										
(11)	-----										
(12)	-----										
(13)	-----										
(14)	-----										
(15)	-----										
(16)	-----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**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

ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING

54-1515133

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	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 2009 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 2011 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	56,606.

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 2010	17	219,535.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2010 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		5,656.	7.000	HY	200DB	808.
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			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2010 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	276,949.
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, 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? 24b If "Yes," is the evidence written? 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) 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 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

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) 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? 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 2010 tax year (see instructions) 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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.

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	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2010 or

► tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c \$ <u>0</u>

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 Paperwork Reduction Act Notice, see Instructions.

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

Certified Article Number
7160 3901 9848 7817 8263
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 your return See instructions	Name of exempt organization	Employer identification number
	ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING	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		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2011.

5 For calendar year 2010, or other tax year beginning 20, and ending 20.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <u>None</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 Title Date

Roznick Group
7700 Old Georgetown Road
Bethesda, MD 20814
52-1068612

Certified Article Number
7160 3901 9848 1518 4357
SENDERS RECORD

[Handwritten signature]