Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 , and ending 6/30/08

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ROBERT PIERRE JOHNSON HOUSING
DEVELOPMENT CORPORATION

Number and street (or P O box if mail is not delivered to street address) — Room/suite
2666 MILITARY ROAD

City or town, state or country, and ZIP + 4
ARLINGTON VA 22207

D Employer identification number
52-1133518

E Telephone number
703-528-5606

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

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

I Group Exemption Number ▶

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

G Website: ▶ HTTP://RPJHOUSING.ORG/

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,849,104

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

Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	241,219		
c	Indirect public support (not included on line 1a)	1c	44,623		
d	Government contributions (grants) (not included on line 1a)	1d	606,739		
e	**Total** (add lines 1a through 1d) (cash $ 855,806 noncash $ 36,775)			1e	892,581
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2,929,045
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	9,861
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory		8a			
b	Less cost or other basis and sales expenses		8b			
c	Gain or (loss) (attach schedule)		8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	

9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	17,617
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	3,849,104

Expenses

13	Program services (from line 44, column (B))	13	4,146,795
14	Management and general (from line 44, column (C))	14	76,178
15	Fundraising (from line 44, column (D))	15	5,515
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses.** Add lines 16 and 44, column (A)	17	4,228,488

Net Assets

18	Excess or (deficit) for the year Subtract line 17 from line 12	18	-379,384
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,291,025
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	1,911,641

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A SEE STATEMENT 1	25a	190,838	180,753	9,105	980
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	484,106	458,522	23,098	2,486
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	141,929	134,427	6,772	730
29 Payroll taxes	29	51,632	48,904	2,463	265
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	12,412	9,410	2,890	112
34 Telephone	34	21,770	20,060	1,689	21
35 Postage and shipping	35	6,043	4,983	1,047	13
36 Occupancy	36	20,050	16,245	3,758	47
37 Equipment rental and maintenance	37	390,055	386,860	3,156	39
38 Printing and publications	38	14,549	12,823	1,705	21
39 Travel	39	29,378	28,917	329	132
40 Conferences, conventions, and meetings	40	26,572	24,192	1,990	390
41 Interest	41	1,136,939	1,136,660	276	3
42 Depreciation, depletion, etc (attach schedule)	42	692,558	686,201	6,279	78
43 Other expenses not covered above (itemize) a SEE STATEMENT 2	43a	1,009,657	997,838	11,621	198
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,228,488	4,146,795	76,178	5,515

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______ , **(ii)** the amount allocated to Program services $ ______ ,

(iii) the amount allocated to Management and general $ ______ , and **(iv)** the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME FAMILIES All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a VOLUNTEER HOME REPAIR - THROUGH THE EFFORTS OF VOLUNTEERS REPAIRED HOMES OF LOW AND MODERATE INCOME FAMILIES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	516,840
b PROVIDE RESIDENTIAL HOUSING TO LOW AND MONDERATE INCOME FAMILIES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,179,879
c PROVIDE TRANSITIONAL HOUSING AND OTHER SERVICES RELATED TO LOW AND MODERATE INCOME HOUSING (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	88,871
d DEVELOPMENT OF AFFORDABLE HOUSING (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,361,205
e Other program services (attach schedule) SEE STMT 3 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	4,146,795

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing				45	
46 Savings and temporary cash investments			992,168	46	1,149,013
47a Accounts receivable	47a	91,708			
b Less allowance for doubtful accounts	47b		104,629	47c	91,708
48a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54a Investments—publicly-traded securities	▶ ☐ Cost ☐ FMV			54a	
b Investments—other securities (attach schedule)	▶ ☐ Cost ☐ FMV			54b	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment basis	57a	39,752,552			
b Less accumulated depreciation (attach schedule) SEE STATEMENT 4	57b	2,663,264	27,762,470	57c	37,089,288
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)			962,702	58	1,123,741
59 **Total assets** (must equal line 74) Add lines 45 through 58			29,821,969	59	39,453,750
Liabilities					
60 Accounts payable and accrued expenses			310,191	60	450,940
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule) SEE WORKSHEET			26,467,496	64b	36,034,508
65 Other liabilities (describe ▶ SEE STATEMENT 6)			753,257	65	1,056,661
66 **Total liabilities.** Add lines 60 through 65			27,530,944	66	37,542,109
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			2,250,074	67	1,870,690
68 Temporarily restricted				68	
69 Permanently restricted			40,951	69	40,951
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			2,291,025	73	1,911,641
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			29,821,969	74	39,453,750

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	4,336,004
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	486,900		
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	486,900
c	Subtract line **b** from line a			c	3,849,104
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	3,849,104

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	4,715,388
b	Amounts included on line a but not Part I, line 17				
1	Donated services and use of facilities	b1	486,900		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	486,900
c	Subtract line **b** from line a			c	4,228,488
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	4,228,488

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
HERB COOPER-LEVY 2666 MILITARY RD	ARLINGTON VA 22207	SECRETARY 40	115,249	16,450	0
D. WYATT BETHEL 9302 LEE HWY	FAIRFAX VA 22031	CHAIR 1	0	0	0
D. EDWARD GREENE 47173 SKY LANE	STERLING VA 20165	VICE CHAIR 1	0	0	0
JOSEPH E. AMATO 5208 BROOKEWAY DRIVE	BETHESDA MD 20816	TREASURER 1	0	0	0
ROBERT WILES 112 SOUTH ROYAL STREET	ALEXANDRIA VA 22314	MEMBER 1	0	0	0
GRAY MITCHELL 613 ALLISON STREET	ALEXANDRIA VA 22302	MEMBER 1	0	0	0
MARC COOPER 1680 CAPITAL ONE DRIVE	MCLEAN VA 22102	MEMBER 1	0	0	0
MARTHA PASCHAL 3204 VALLEY LANE	FALLS CHURCH VA 22044	MEMBER 1	0	0	0
ERIC BONETTI 4094 MAJESTIC LANE	FAIRFAX VA 22033	MEMBER 1	0	0	0
MICHELLE L'HEUREUX 1215 GIBBON ST	ALEXANDRIA VA 22314	MEMBER 1	0	0	0

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 10			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization "	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

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

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 15

91a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 703-528-5606
2666 MILITARY ROAD
Located at ▶ ARLINGTON, VA ZIP + 4 ▶ 22207

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a RENTAL INCOME					2,669,553
b GAIN ON SALE OF PROPERTY					227,492
c DEVELOPMENT FEES & INCOME					32,000
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,861	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b REIMBURSED EXPENSES			1	17,617	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		27,478	2,929,045
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					2,956,523

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROVIDED HOUSING TO LOW AND MODERATE INCOME FAMILIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions)

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

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

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

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

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

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date: 2.17.09

HERB COOPER-LEVY EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date — Check if — Preparer's SSN or PTIN [redacted]

Firm's name (or yours if self-employed), address, and ZIP + 4: BROOKS, HARRISON CO[redacted]
2275 RESEARCH BLVD. [redacted]
ROCKVILLE, MD 2085[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: ROBERT PIERRE JOHNSON HOUSING DEVELOPMENT CORPORATION

Employer identification number: 52-1133518

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
PATRICIA DENNIS ARLINGTON 2666 MILITARY ROAD VA 22207	DIR. VOL HOM 40	75,589	8,670	0
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990 SEE STATEMENT 7	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶ ______

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ ______

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

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

Provide the following information about the supported organizations. (See page 8 of the instructions)

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

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	643,957	1,013,995	606,971	536,733	2,801,656
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	2,503,914	1,644,566	1,424,187	998,700	6,571,367
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	24,605	8,769	14,034	2,103	49,511
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 8		4,300	4,416	16,602	25,318
23 Total of lines 15 through 22	3,172,476	2,671,630	2,049,608	1,554,138	9,447,852
24 Line 23 minus line 17	668,562	1,027,064	625,421	555,438	2,876,485
25 Enter 1% of line 23	31,725	26,716	20,496	15,541	

26	**Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	57,530
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	
c	Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	2,876,485
d	Add Amounts from column (e) for lines 18 49,511 19 ___ 22 25,318 26b ___ ▶	26d	74,829
e	Public support (line 26c minus line 26d total) ▶	26e	2,801,656
f	**Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	97.3986 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year **N/A**

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year **N/A**

(2006) (2005) (2004) (2003)

c	Add Amounts from column (e) for lines 15 ___ 16 ___ 17 ___ 20 ___ 21 ___ ▶	27c	
d	Add Line 27a total ___ and line 27b total ___ ▶	27d	
e	Public support (line 27c total minus line 27d total) ▶	27e	
f	Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f		
g	**Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	%
h	**Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

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

If the amount on line 40 is-	**The lobbying nontaxable amount is-**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

DAA

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of.			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

Name
ROBERT PIERRE JOHNSON HOUSING
DEVELOPMENT CORPORATION

Employer Identification Number
52-1133518

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	PROVIDENT BANK	
(2)	NOTES PAYABLE	
(3)	VADHDC	
(4)	CITICORP BANK	
(5)	VHDA	
(6)	FAIRFAX COUNTY, VA	
(7)	VHDA	
(8)	VHDA	
(9)	VHDA	
(10)	VHDA	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	212,025			LINE OF CREDIT	8.750
(2)	12,600				
(3)	290,000	4/01/04	3/31/19	TOTAL DUE AT MATURITY	
(4)	950,000	3/27/96	3/27/11		8.375
(5)	550,000	3/01/06	2/28/31		6.200
(6)	51,095			NONE	
(7)	1,262,000	2/01/06	1/31/31		6.200
(8)	158,000	3/01/06	2/28/36	$840 MONTHLY	4.500
(9)	197,000	3/01/06	2/28/36	$1047 MONTHLY	4.500
(10)	435,700	4/30/07	4/30/32	AMORTIZING	3.500

	Security provided by borrower	Purpose of loan
(1)	REAL PROPERTY	
(2)		PAYABLE ON DEMAND; BEARS NO INTEREST
(3)		PURCHASE AFFORDABLE HOUSING
(4)	BELVOIR PLAZA	
(5)	REAL PROPERTY	
(6)	MANZANITA & SONORA	
(7)	REAL PROPERTY	
(8)	REAL PROPERTY	
(9)	REAL PROPERTY	
(10)	REAL PROPERTY	

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		212,000	
(2)		12,600	12,600
(3)		290,000	290,000
(4)		820,136	801,469
(5)		538,873	528,639
(6)		51,074	51,074
(7)		1,230,728	1,206,943
(8)		155,015	152,329
(9)		193,278	189,929
(10)		434,790	423,655
Totals		3,938,494	3,656,638

Forms
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Mortgages and Other Notes Payable

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

2007

Name
ROBERT PIERRE JOHNSON HOUSING
DEVELOPMENT CORPORATION

Employer Identification Number
52-1133518

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	VHDA	
(2)	VHDA	
(3)	VHDA	
(4)	VHDA	
(5)	VHDA	
(6)	VHDA	
(7)	VHDA	
(8)	VHDA	
(9)	FAIRFAX COUNTY, VA	
(10)	FAIRFAX COUNTY VIRGINIA	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	618,000	8/01/05	7/31/27	$4692 MONTHLY	7.810
(2)	250,000	4/30/04	5/01/34		3.250
(3)	750,000	11/05/05	10/31/30	$4189 MONTHLY	4.500
(4)	125,000	9/01/05	8/31/30	$628 MONTHLY	3.500
(5)	615,500	8/01/06	8/01/46	AMORTIZING	4.500
(6)	500,000	8/01/06	8/01/41	AMORTIZING	3.500
(7)	1,000,000	3/27/96	8/27/11		3.500
(8)	582,915	1/15/97	2/01/13		3.000
(9)	189,095	10/01/04		NONE	
(10)	200,000	4/01/06		NO PAYMENTS	0.000

	Security provided by borrower	Purpose of loan
(1)	REAL PROPERTY	
(2)	MONTGOMERY STREET	
(3)	REAL PROPERTY	
(4)	REAL PROPERTY	
(5)	REAL PROPERTY	
(6)	REAL PROPERTY	
(7)	BELVOIR PLAZA	
(8)	ORRINGTON COURT	
(9)	BISCAYNE	
(10)	REAL PROPERTY	

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		572,003	560,015
(2)		234,030	228,498
(3)		724,794	707,021
(4)		119,352	115,966
(5)		611,307	605,492
(6)		494,463	486,850
(7)		751,565	723,531
(8)		445,954	429,618
(9)		189,095	189,095
(10)		200,000	200,000
Totals		4,342,563	4,246,086

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

Name: ROBERT PIERRE JOHNSON HOUSING DEVELOPMENT CORPORATION

Employer Identification Number: 52-1133518

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	ARLINGTON COUNTY	
(2)	UNITED BANK	
(3)	CITY OF ALEXANDRIA	
(4)	VHDA	
(5)	BB&T BANK	
(6)	PNC BANK	
(7)	ALEXANDRIA	
(8)	NHTCDF	
(9)	PNC BANK	
(10)	CITY OF ALEXANDRIA	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	343,133	8/01/06		BALOON	2.000
(2)	35,000	11/01/89	1/01/21		9.750
(3)	105,000	8/01/06		NO PAYMENTS	2.000
(4)	45,000	8/01/06	8/01/06	NONE REQUIRED	0.000
(5)	618,750	8/01/05	7/31/07	INTEREST ONLY	8.750
(6)	2,500,000	6/01/06	5/31/11	INTEREST ONLY	7.000
(7)	3,500,000	6/01/06		RESIDUAL RECEIPTS	2.000
(8)	160,000	7/01/06		NO PAYMENTS	5.000
(9)	3,500,000	8/01/06	8/01/11	INTEREST ONLY	7.000
(10)	6,615,000	8/01/06		NO PAYMENTS	0.000

	Security provided by borrower	Purpose of loan
(1)	REAL PROPERTY	
(2)	VIRGINIA ANDREW HOUSE	
(3)	REAL PROPERTY	
(4)	REAL PROPERTY	
(5)	REAL PROPERTY	
(6)	REAL PROPERTY	
(7)	REAL PROPERTY	
(8)	REAL PROPERTY	
(9)	REAL PROPERTY	
(10)	REAL PROPERTY	

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		351,226	365,125
(2)		27,463	
(3)		105,000	105,000
(4)		45,000	45,000
(5)		618,750	
(6)		2,500,000	2,500,000
(7)		3,500,000	3,500,000
(8)		160,000	160,000
(9)		3,500,000	3,500,000
(10)		6,615,000	6,615,000
Totals		17,422,439	16,790,125

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07, and ending 6/30/08

Name: ROBERT PIERRE JOHNSON HOUSING DEVELOPMENT CORPORATION

Employer Identification Number: 52-1133518

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	PNC BANK	
(2)	ARLINGTON COUNTY	
(3)	FAIRFAX COUNTY VA	
(4)	FAIRFAX - BATH STREET	
(5)	HOME - BATH STREET	
(6)	VA DHCD - COURTHOUSE	
(7)	ARLINGTON COUNTY - COURTHOUSE	
(8)	ARLINGTON - HOME	
(9)	ARLINGTON CDBG - GARFIELD	
(10)	NHTCDF - GEORGIAN	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	229,000	12/01/06	12/01/08	INTEREST ONLY	7.000
(2)	415,000	12/01/06		NO PAYMENTS	0.000
(3)	240,000				
(4)	312,337			NO PAYMENTS	0.000
(5)	224,250			NONE	0.000
(6)	208,634				0.000
(7)	792,100			RESIDUAL RECEIPTS	2.000
(8)	928,323			RESIDUAL RECEIPTS	
(9)	401,861			RESIDUAL RECEIPTS	0.000
(10)	472,500				

	Security provided by borrower	Purpose of loan
(1)	REAL PROPERTY	
(2)	REAL PROPERTY	
(3)		PURCHASE OF AFFORDABLE HOUSING
(4)		AFFORDABLE HOUSING
(5)		AFFORDABLE HOUSING
(6)		AFFORDABLE RENTAL
(7)		AFFORDABLE HOUSING
(8)		AFFORDABLE HOUSING
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		229,000	229,000
(2)		415,000	415,000
(3)		120,000	120,000
(4)			312,337
(5)			224,250
(6)			208,634
(7)			725,347
(8)			928,323
(9)			401,861
(10)			472,500
Totals		764,000	4,037,252

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07, and ending 6/30/08

Name: ROBERT PIERRE JOHNSON HOUSING DEVELOPMENT CORPORATION

Employer Identification Number: 52-1133518

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	PNC BANK - LONGVIEW	
(2)	BB&T BANK - MARTHA STREET	
(3)	FCRHA - MARTHA	
(4)	CDBG ARL - THIRD	
(5)	ALEXANDRIA - LONGVIEW	
(6)	BB&T LINE OF CREDIT	
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	3,535,000				7.000
(2)	112,564				5.880
(3)	224,250			NO PMTS	0.000
(4)	200,000				0.000
(5)	3,200,000			RESIDUAL RECEIPTS	2.000
(6)	1,000,000			INT ONLY LIBOR + 2.5%	
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	REAL PROPERTY	AFFORDABLE HOUSING
(2)	REAL PROPERTY	AFFORDABLE HOUSING
(3)		
(4)		AFFORDABLE HOUSING
(5)		AFFORDABLE HOUSING
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)			3,535,000
(2)			111,887
(3)			224,250
(4)			200,000
(5)			3,200,000
(6)			33,270
(7)			
(8)			
(9)			
(10)			
Totals			7,304,407

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
OFFICER COMPENSATION			
COMPENSATION	180,753	9,105	980
TOTAL	$ 180,753	$ 9,105	$ 980

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
INSURANCE	110,030	103,853	6,101	76
DUES & SUBSCRIPTIONS	6,738	6,234	446	58
UTILITIES	446,867	446,867		
TAX & LICENSE	177,924	177,903	21	
CONDOMINIUM FEES	21,252	21,252		
ADVERTISING	5,411	5,350	60	1
PROFESSIONAL FEES	80,270	75,330	4,879	61
MATERIALS	157,173	157,116	56	1
MISCELLANEOUS	1,772	1,713	58	1
TRAINING	2,220	2,220		
TOTAL	$ 1,009,657	$ 997,838	$ 11,621	$ 198

Statement 3 - Form 990, Part III, Line e - Other Program Services

Description
N/A

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS	$16,958,249	$ 1,407,189	$22,514,689	$ 1,910,729
IMPROVEMENTS	2,071,472	563,995	2,624,276	682,356
FURNITURE & EQUIPMENT	95,608	49,368	144,696	70,179
LAND	10,657,693		14,468,891	
TOTAL	$29,783,022	$ 2,020,552	$39,752,552	$ 2,663,264

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
RESTRICTED RESERVES	$ 218,268	$ 268,421
LOAN COSTS, NET OF ACCUMULATED AMORT	168,582	188,909
DUE FROM FAIRFIELD LYNN LTD PRTNRSHP	575,852	666,411
TOTAL	$ 962,702	$ 1,123,741

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ESCROWS & DEPOSITS	$ 126,567	$ 170,583
DEFERRED REVENUE	626,690	886,078
TOTAL	$ 753,257	$ 1,056,661

Federal Statements

Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

Description
SEE 990 PART V

Federal Statements

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
	$	$ 4,300	$ 4,416	$ 16,602
TOTAL	$ 0	$ 4,300	$ 4,416	$ 16,602