## FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

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OMB APPROVAL OMB Number: 3235-0076 Expires: Estimated average burden

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SEC USE ONLY							
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SECTION NO.
UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Private Placement of Class IX High Performance Partnership Units of AIMCO Properties, L.P.
ET HILL COLLET COLUMN TO THE STATE OF THE ST
Type of Filing:  New Filing  Amendment  Rule 505  Rule 506  Section 4(6) ULOE  RECEIVED
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
AIMCO Properties, L.P.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237 (303) 757-8101
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
PROCESSED
Type of Pusiness Organization
corporation
business trust     timited partnership, to be formed
Month Year  Actual or Estimated Date of Incorporation or Organization: 015 914 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securitie

and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organized w	within the past five years;		
Each beneficial owner having the power to vote or dispose, or dispose, or dispose.	·		
Each executive officer and director of corporate issuers and of	corporate general and man	naging partners of p	partnership issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Considine, Terry			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Adler, Jeffrey W.			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237	ode)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Alcock, Harry G.			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237	ode)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Beaudin, Timothy J.			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237		, <u>, , , , , , , , , , , , , , , , , , </u>	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Cortez, Miles			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237	ode)		
Check Box(es) that Apply: Promoter Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Fielding, Patti K.			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237	,		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Graber, Lance J.			
Business or Residence Address (Number and Street, City, State, Zip Co 4582 S. Ulster Street Parkway, Suite 1100, Denver, CO 80237	ode)		_

2. Enter the information requested for the follow	owing:			
• Each promoter of the issuer, if the issuer	er has been organized w	ithin the past five years;		
• Each beneficial owner having the power	r to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of	corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner of	partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	<b>✓</b> Director	General and/or Managing Partner
Full Name (Last name first, if individual) Herzog, Thomas M.				
Business or Residence Address (Number and S 4582 S. Ulster Street Parkway, Suite 11	treet, City, State, Zip Co 00, Denver, CO 802		·	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
McAuliffe, Paul J.				
Business or Residence Address (Number and S 4582 S. Ulster Street Parkway, Suite 1	•	•		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Purvis, James G.				
Business or Residence Address (Number and S 4582 S. Ulster Street Parkway, Suite 1	treet, City, State, Zip Co	·	:	47.
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Robertson, David				
Business or Residence Address (Number and S 4582 S. Ulster Street Parkway, Suite 1	treet, City, State, Zip Co 100, Denver, CO 80			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Walker, Robert Y. IV				
Business or Residence Address (Number and S 4582 S. Ulster Street Parkway, Suite 1	treet, City, State, Zip Co 100, Denver, CO 802	,		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) AIMCO-GP, Inc.				
Business or Residence Address (Number and S 4582 S. Ulster Street Parkway, Suite 1	treet, City, State, Zip Co 100, Denver, CO 80	•		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and S	treet, City, State, Zip Co	ode)		
(Use blan	k sheet, or copy and use	additional copies of this si	heet, as necessary)	

1.	Has the	issuer sole	d, or does th	ne issuer ir	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes	No □
				Ans	wer also in	Appendix	, Column 2	, if filing	under ULC	E.			
2.	What is	the minim	num investn	nent that w	ill be acce	pted from a	any individ	ual?	•••••			. <u>\$</u> 875,000.00	
3.	Does th	ne offering	permit join	t ownershi	p of a sing	le unit?		••••				Yes	No 🗷
4.	If a persor state a broke	ssion or sim son to be lis s, list the na r or dealer	tion request silar remune sted is an ass ame of the b you may s	ration for s sociated pe roker or de et forth the	colicitation rson or age caler. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state	:	
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	Zip Code)		***************************************		-		
Nan	ne of As	sociated B	roker or De	aler						· · · · · · · · · · · · · · · · · · ·	,		
Stat	es in Wl	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)							☐ Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Bus	iness or	Residence	first, if ind	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler									
Stat	es in Wi	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)				•••••	•••••		☐ Al	States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (	Last name	first, if ind	ividual)							<u>-</u>		
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nan	ne of As	sociated B	roker or De	aler					· · · · · · · · · · · · · · · · · · ·		_		
Stat	es in Wi	nich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers				_		
	(Check	"All State	s" or check	individual	States)	•••••		•••••			,	☐ Al	States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

	already exchanged.  Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	§ 0.00	§ 0.00
	Equity		\$ 0.00
	□ Common □ Preferred	<u>.</u>	<u> </u>
	Convertible Securities (including warrants)	s 0.00	s 0.00
	Partnership Interests Class IX High Performance Partnership Units	\$ 875.000.00	\$ 875,000.00
	Other (Specify)		\$ 0.00
	Total	\$ 875,000.00	\$ 875,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	· •
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indit the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	cate heir	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		§ 0.00
	Non-accredited Investors		§ 875,000.00
	Total (for filings under Rule 504 only)		s N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		<b>~</b>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the 1.	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	NI/A	s N/A
	Regulation A		s N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	<sub>\$</sub> N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insu		-
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.		
	The information may be given as subject to future contingencies. If the amount of an expenditu	re is	<sub>\$_</sub> N/A
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.	re is	\$ N/A
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	re is	
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs	re is	\$ N/A \$ 30,000.00 \$ N/A
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees	re is	\$ N/A \$ 30,000.00 \$ N/A \$ N/A
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees	re is	\$ N/A \$ 30,000.00 \$ N/A \$ N/A \$ N/A
	The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees	re is	\$ N/A \$ 30,000.00 \$ N/A \$ N/A

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."			\$845,000.00
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
		•	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[	\$_N/A	\$_N/A
	Purchase of real estate	[	\$_N/A	\$_N/A
	Purchase, rental or leasing and installation of macand equipment	chinery[	\$_N/A	\$_N/A
	Construction or leasing of plant buildings and fac	ilities[	\$_N/A	\$_N/A
	Acquisition of other businesses (including the val offering that may be used in exchange for the association pursuant to a merger)	ets or securities of another		\$_N/A
	Repayment of indebtedness			\$_N/A
	Working capital	[		\$_N/A
	Other (specify):		\$_N/A	□ \$ <u>N/A</u>
	Column Totals	[	\$_N/A	\$_N/A
	Total Payments Listed (column totals added)		□ \$ <u>N</u>	/A
		D. FEDERAL SIGNATURE		
igı	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accordance.	nish to the U.S. Securities and Exchange Commis-	sion, upon writte	
SSI	uer (Print or Type)	Signature	Date / )	
ΑII	MCO Properties, L.P.	3 hom in H	(0/8/0	06
- Jar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
	mas M. Herzog	Executive Vice President and Chief Financial Officer of AIM	ICO-GP Inc. the lee	uore Coneral Bartner

-- ATTENTION ---

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>K</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
AIMCO Properties, L.P.	3honn H	618106
Name (Print or Type)	Title (Print or Type)	
Thomas M. Herzog	Executive Vice President and Chief Financial Offi	cer of AIMCO-GP, Inc., the Issuer's General Partner

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to non-a investor	2 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL					<del></del>				
AK			,						
AZ					,				
AR									
CA									
СО	×		High Performance Partnership Units			1	\$875,000.00		×
СТ									
DE									
DC			-		,				
FL									
GA							_		
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

1	Intend to non-a investor	I to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND						1986			
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT							! - <del></del>		
VT									
VA									
WA									
WV						-	·		
WI									

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}	ļ		]					, .	lification
			Type of security					under State ULOE	
	Intend to sell		and aggregate					(if yes, attach	
	to non-accredited		offering price	Type of investor and				explanation of	
		s in State	offered in state	amount purchased in State			waiver granted)		
	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)			(Part E-Item 1)		
				Number of		Number of			
				Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
WY									
			1	_				<u> </u>	
PR			Total Control						ł []