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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
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MAPLE CITY SQUARE INC	D Employer identification number 31-1105980
		Doing Business As Maple City Square	E Telephone number (562) 257-5100
		Number and street (or P O box if mail is not delivered to street address) Room/suite 911 N STUDEBAKER ROAD	G Gross receipts \$ 244,314
		City or town, state or country, and ZIP + 4 LONG BEACH, CA 90815	
F Name and address of Principal Officer DEBORAH STOUFF 911 N STUDEBAKER ROAD LONG BEACH, CA 90815		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) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Web site: www.rhf.org	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1984	M State of legal domicile IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Additional Data Table		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	161,226	161,864
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,617	78,528
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,739	1,932
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,043	1,990
		241,625	244,314
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		40,846	0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		203,053	238,908
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))		243,899	238,908
19 Revenue less expenses Subtract line 18 from line 12	-2,274	5,406	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	726,997	716,357
	21 Total liabilities (Part X, line 26)	875,281	859,235
22 Net assets or fund balances Subtract line 21 from line 20	-148,284	-142,878	

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

Please Sign Here	***** Signature of officer	2010-01-07 Date		
	DEBORAH STOUFF CORPORATE SECRETARY Type or print name and title			
Paid Preparer's Use Only	Preparer's signature STEVEN R HISE	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DAUBY O'CONNOR & ZALESKI LLC 9025 N RIVER ROAD SUITE 400 INDIANAPOLIS, IN 46240		EIN Phone no (317) 848-5700	

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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 (4) organizations and 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 \$ 202,584 including grants of \$) (Revenue \$ 78,528)

Maple City Square Inc is a Not-For-Profit Corporation formed in accordance with the not-for-profit statutes of the state of Indiana The Corporation was formed for the purpose of operating a 30 unit community known as Maple City Square located in La Porte, Indiana, which provides housing for low income elderly persons The Corporation receives housing assistance payments from the U S Department of Housing and Urban Development pursuant to Section 202 of the National Housing Act, as amended














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 \$ 202,584 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 		No
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 		No

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4a			
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
7h			
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?	Yes	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?		No
16b	b 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 IN
- 18** Section 6104 requires an organization to make its Form 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. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Frank Rossello Jr
 911 N STUDEBAKER ROAD
 LONG BEACH, CA 90815
 (562) 257-5100

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations . . . 1d _____					
	e	Government grants (contributions) 1e 161,864					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f)	161,864				
Program Service Revenue	2a	RENTAL INCOME					
		Business Code 531,110	78,528	78,528			
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
g	Total. Add lines 2a-2f						
	\$ 78,528						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	1,932			1,932	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	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)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
			b Less direct expenses . . . b _____				
c Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		b Less direct expenses . . . b _____					
		c Net income or (loss) from gaming activities					
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					
	Miscellaneous Revenue	Business Code					
11a	LAUNDRY AND VENDING	531,110	1,604		1,604		
b	TENANT CHARGES	531,110	200		200		
c	OTHER REVENUE-MISC	531,110	186		186		
d	All other revenue _____						
e	Total. Add lines 11a-11d						
	\$ 1,990						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		244,314	78,528	0	3,922	

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	18,029		18,029	
b	Legal				
c	Accounting	4,335		4,335	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	636		636	
13	Office expenses	5,203	5,203		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	74,714	74,714		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,353	28,353		
23	Insurance	6,654	6,654		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Management Company Empl	43,175	43,175		
b	MAINTENANCE & REPAIRS	27,015	27,015		
c	UTILITIES	16,499	16,499		
d	MANAGER UNIT	8,310		8,310	
e	BOOKKEEPING	2,610		2,610	
f	All other expenses	3,375	971	2,404	
25	Total functional expenses. Add lines 1 through 24f	238,908	202,584	36,324	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	229	2	2,084
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,392	4	1,410
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	76	9	76
	10a Land, buildings, and equipment cost basis			
		10a 1,078,750		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 522,916	546,028	10c 555,834
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	171,133	13	149,993
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	8,039	15	6,860	
16 Total assets. Add lines 1 through 15 (must equal line 34)	726,997	16	716,357	
Liabilities	17 Accounts payable and accrued expenses	27,056	17	24,436
	18 Grants payable		18	
	19 Deferred revenue		19	2
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	836,703	23	824,454
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	11,522	25	10,343
	26 Total liabilities. Add lines 17 through 25	875,281	26	859,235
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	-148,284	27	-142,878
	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	-148,284	33	-142,878	
34 Total liabilities and net assets/fund balances	726,997	34	716,357	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 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)**. (Attach Schedule H)
- 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)**. (See instructions)
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (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 the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(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	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	148,145	152,044	171,330	161,226	161,864	794,609
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	148,145	152,044	171,330	161,226	161,864	794,609
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						794,609

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	148,145	2,568	171,330	161,226	161,864	794,609
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,131	2,568	4,747	4,739	1,932	15,117
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,667	1,779	1,485	2,043	1,990	8,964
11 Total Support (Add lines 7 through 10)						818,690
12 Gross receipts from related activities, etc (See instructions)					12	342,457
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	97.060 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	97.430 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
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)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MAPLE CITY SQUARE INC

Employer identification number 31-1105980

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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 why in Part XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if the 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 Investment earnings or 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 Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		44,000		44,000
b Buildings		896,656	470,585	426,071
c Leasehold improvements		14,555	3,430	11,125
d Equipment		123,539	48,901	74,638
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				555,834

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives and other financial products, Closely-held equity interests, Other, and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include RESTRICTED CASH and Total.

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

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

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

Table with 2 columns: (a) Description of Liability, (b) Amount. Rows include Federal Income Taxes, SECURITY DEPOSITS, Due to RHF, Due to FPM, and Total.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	244,314
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	238,908
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,406
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,406

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	244,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	244,314
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	244,314

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

1	Total expenses and losses per audited financial statements	1	238,908
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	238,908
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	238,908

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
		In July 2006, the Financial Accounting Standards Board (FASB) issued FASB Interpretation No. 48, Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement No. 109 (FIN 48). FIN 48 prescribes detailed guidance for the financial statement recognition, measurement, and disclosure of uncertain tax positions recognized in an enterprise's financial statements in accordance with SFAS No. 109, Accounting for Income Taxes. Pursuant to FSP-FIN 48-3, the effective date has been deferred for nonpublic organizations and will become effective for fiscal years beginning after December 15, 2008. The company has elected to defer the application of FIN 48. Management believes that the implementation of FIN 48 will not have a material effect on the financial statements.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

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 idemnification 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" 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

a Receive a severance payment or change of control payment?

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

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

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 Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) 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 compensation				
Laverne R Joseph	(i)							
	(ii)	296,062		6,600	25,500	67,838	396,000	
Robert Amberg	(i)							
	(ii)	241,846		5,000	21,766	13,156	281,768	
Stuart Hartman	(i)							
	(ii)	179,846		5,400	19,276	14,175	218,697	
Peter Oscar Peabody	(i)							
	(ii)	159,385		5,400	4,781	10,226	179,792	
Frank Rossello Jr	(i)							
	(ii)	166,400			4,772	5,110	176,282	
Richard T Washington	(i)							
	(ii)	142,183		5,400	12,796	5,110	165,489	
Vincent Magnone	(i)							
	(ii)	143,085			4,076	14,175	161,336	
Nada Battaglia	(i)							
	(ii)	133,608		1,200	12,025	10,226	157,059	
Robert Nathan	(i)							
	(ii)	142,787		4,000	1,559	939	149,285	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 31-1105980
Name: MAPLE CITY SQUARE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Laverne R Joseph	(i) (ii)	296,062	6,600	25,500	67,838	396,000	
Robert Amberg	(i) (ii)	241,846	5,000	21,766	13,156	281,768	
Stuart Hartman	(i) (ii)	179,846	5,400	19,276	14,175	218,697	
Peter Oscar Peabody	(i) (ii)	159,385	5,400	4,781	10,226	179,792	
Frank Rossello Jr	(i) (ii)	166,400		4,772	5,110	176,282	
Richard T Washington	(i) (ii)	142,183	5,400	12,796	5,110	165,489	
Vincent Magnone	(i) (ii)	143,085		4,076	14,175	161,336	
Nada Battaglia	(i) (ii)	133,608	1,200	12,025	10,226	157,059	
Robert Nathan	(i) (ii)	142,787	4,000	1,559	939	149,285	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Department of the Treasury Internal Revenue Service

Name of the organization MAPLE CITY SQUARE INC

Employer identification number 31-1105980

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

Additional Data

Software ID:
Software Version:
EIN: 31-1105980
Name: MAPLE CITY SQUARE INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SANDRA NIXON	Officer and director of the filing entity	0			No
VICTOR FROHNE	Officer and director of the filing entity	0			No
DEBORAH J STOUFF	Officer and director of the filing entity	0			No
CAROL LAGARD	Officer and director of the filing entity	0			No
BETTY KESSLER	Director of the filing entity	0			No
DARLENE HINDSLEY	Director of the filing entity	0			No
MARYDEL FROHNE	Director of the filing entity	0			No
REV HELEN NUSBAUM	Director of the filing entity	0			No
DOROTHY WOOD	Director of the filing entity	0			No
Laverne R Joseph	Member of RHF, a sponsor organization	0			No
Robert Amberg	member of RHF, a sponsor organization	0			No
Stuart Hartman	member of RHF, a sponsor organization	0			No
Peter Oscar Peabody	member of RHF, a sponsor organization	0			No
Frank Rossello Jr	member of RHF, a sponsor organization	0			No
Richard T Washington	member of RHF, a sponsor organization	0			No
Vincent Magnone	member of RHF, a sponsor organization	0			No
Nada Battaglia	member of RHF, a sponsor organization	0			No
Cheryl Howell	member of RHF, a sponsor organization	0			No
Christopher Mullen	member of RHF, a sponsor organization	0			No
Claudia Flores	member of RHF, a sponsor organization	0			No
John Clow	member of RHF, a sponsor organization	0			No
Robert Nathan	member of RHF, a sponsor organization	0			No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		Maple City Square, Inc is managed by Foundation Property Management, a professional property management company Foundation Property Management has a Project Owners and Management Agents certification for Multifamily Housing Projects with the U.S. Department of Housing and Urban Development Under this certification, HUD has approved Foundation Property Management to manage the MAPLE CITY SQUARE, INC apartment community

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		There is one class of members, consisting of Retirement Housing Foundation and St Paul United Church of Christ, LaPorte, Indiana Membership is nontransferable and nonassignable

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The directors are elected by the members at the annual meeting of the members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The bylaws may not be amended, repealed, added to, nor new bylaws adopted without the unanimous affirmative vote or unanimous written consent of the members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the auditing firm sends a draft of the return to the management company The management company forwards a copy of the return to each board member for their comments prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Upon joining the company and annually thereafter, all employees and Board members are required to complete and sign a certification acknowledging their understanding and agreement to comply with the company's conflict of interest policy, including disclosing any activities that may appear or may be deemed violations of the policy Board members and company officers have an additional and more comprehensive conflict of interest policy and certification requirement Designated management personnel are responsible for tracking the distribution and return of all certifications and for accounting and reporting any disclosures to the company's compliance officer If further review of any disclosure is merited, the compliance officer forwards the certification to the company's general counsel, CEO, and/or Board for final disposition Individuals who have made disclosures are advised of final dispositions An employee's failure to submit timely certifications, disclosures, and/or to take the necessary required actions to avoid conflicts may be disciplined, up to and including termination If the individual is a Board member, he or she may be subject to removal from his or her position

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The process for determining compensation for the CEO, executive director, top management officials, and other officers or key employees included an extensive review and approval by independent persons

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
Part XI, Line 2C	Oversight of Auditing Function	THE MANAGEMENT COMPANY RECEIVES A COPY OF THE AUDIT PRIOR TO THE FINALIZATION OF THE AUDIT, A COPY OF THE AUDIT IS GIVEN TO ALL OF THE BOARD MEMBERS FOR THEIR COMMENTS WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM

Identifier	Return Reference	Explanation
Schedule R, Part V	Transactions with Related Organizations	For the purposes of Schedule R, Part V, the following applies -Line Item 1E includes payables to related organizations -Line Item 1L includes management fees paid to related organizations -Line Item 1O includes all salaries, employee benefits, and payroll taxes, as well as bookkeeping and insurance paid to related organizations

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Foundation Financial Services Inc 911 N Studebaker Road Long Beach, CA90815 95-3930162	Sponsor Organization	CA	N/A	C			
Retirement Enterprises Inc 911 N Studebaker Road Long Beach, CA90815 33-0322654	Sponsor Organization	CA	N/A	C			
United Congregate Care Inc 912 N Studebaker Road Long Beach, CA90816 33-0369183	Sponsor Organization	CA	N/A	C			

Part V Transactions with Related Organizations

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Foundation Property Management	o	59,343
(2)			
(3)			
(4)			
(5)			
(6)			

Software ID:
Software Version:
EIN: 31-1105980
Name: MAPLE CITY SQUARE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
300 Main Inc 300 SE Main Street Estacada, OR97023 93-0839426	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	7	
66th Avenue Apartments Inc 5710 66th Avenue Sacramento, CA95823 95-4547417	Housing for Chronically Mentally Ill Adults	CA	501(C)(3)	PF	
ABBHEY RHF HOUSING INC 4012 S Mann Road Indianapolis, IN46221 31-1575444	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
Access Anaheim Inc 3060 W Frontera Street Anaheim, CA92806 33-0227497	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
ADAM & BRUCE HOUSING CORPORATION 5910 Kessen Cassel Road Fort Wayne, IN46816 31-1135796	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
AGAPE HOUSING INC 911 N Studebaker Road Long Beach, CA90815 33-0462745	CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP	CA	501(C)(3)	11-Type 1	
ANAHEIM MEMORIAL MANOR INC 275 East Center Street Anaheim, CA92805 95-3618525	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Bakersfield Senior Housing Inc 500 R Street Bakersfield, CA93304 30-0105347	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
BALDWIN RHF HOUSING INC 911 N Studebaker Road Long Beach, CA90815 33-0657540	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	PF	
BENNETT ELDERLY HOUSING INC 7245 Bennett Street Pittsburgh, PA15208 33-0274917	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	9	
BEXAR RHF HOUSING INC 131 Darson Marie Drive San Antonio, TX78226 20-5593693	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	PF	
BINNALL HOUSE RHF HOUSING INC 126 Connors Street Gardner, MA01440 76-0713632	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9	
BIXBY KNOLLS TOWERS INC 3747 Atlantic Avenue Long Beach, CA90807 95-2963856	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	CA	501(C)(3)	9	
BLUEGRASS RHF HOUSING INC 6900 Hopeful Road Florence, KY41042 61-1116280	nursing and housing for senior citizens	KY	501(C)(3)	9	
Boise 1st RHF Housing Inc 661 South Curtis Road Boise, ID83705 95-3981289	LOW AND VERY LOW INCOME HOUSING	ID	501(C)(3)	9	
BONHAM RHF HOUSING INC 1600 Pecan Street Bonham, TX75418 95-3972422	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9	
CAMP VERDE RHF HOUSING INC 377 W Highway 260 Camp Verde, AZ86322 74-2528374	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9	
CARLIN RHF HOUSING INC 911 N Studebaker Road Long Beach, CA90815 52-1901330	LOW INCOME HOUSING FOR THE ELDERLY	VA	501(C)(3)	PF	
Cathedral Pioneer Church Homes 2701 Capitol Avenue Sacramento, CA95816 94-1630325	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Cathedral Pioneer Church Homes II 415 P Street Sacramento, CA95814 94-1629086	Skilled Nursing Care	CA	501(C)(3)	9	
Cecil Avenue Apartments Inc 1635 Randolph Street Delano, CA93215 95-3858285	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7	
Cedar Rapids RHF Housing Inc 205 40th Street Drive SE Cedar Rapids, IA52403 33-0240088	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	PF	
CHARLES STREET RHF HOUSING INC 10 Temple Place Boston, MA02111 91-2118986	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	MA	501(C)(3)	PF	
CHESAPEAKE RHF HOUSING INC 2139 Broadmoor Avenue Chesapeake, VA23323 94-3090349	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	9	
COLUMBUS RHF HOUSING INC 419 Farr Road Columbus, GA31907 20-2852210	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GA	501(C)(3)	9	
Congregational Church Retirement Community 750 Auburn Ravine Road Auburn, CA95603 94-2645317	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
CONVERSE-KOKOMO OIC HOUSING SERVICES INC 111 S 3rd Street Converse, IN46919 33-0221566	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
CORNERSTONE RHF HOUSING INC 14522 Cornerstone Village Drive Houston, TX77014 31-1660727	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	9	
CORNERSTONE VILLAGE INC 14422 Cornerstone Village Drive Houston, TX77014 81-0631096	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TX	501(C)(3)	9	
COUNCIL BLUFFS RHF HOUSING INC 1105 S Third Street Council Bluffs, IA51503 33-0217504	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Culver City Rotary Plaza Inc 5100 Overland Avenue Culver City, CA90230 95-3815447	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
DALLAS RHF HOUSING INC 1409 Range Drive Mesquite, TX75149 33-0236316	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7	
DE SMET RHF HOUSING INC 1425 N Florissant Road Florissant, MO 63033 31-1710670	senior housing	MO	501(C)(3)	PF	
DEL NORTE RHF SENIOR HOUSING INC 1799 West 32nd Avenue Denver, CO80211 33-0219411	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	9	
DES MOINES RHF HOUSING INC 2111 East Virginia Avenue Des Moines, IA 50320 33-0402391	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9	
Diakonia Housing I Inc 2654 McGregor Drive Rancho Cordova, CA95670 95-3743532	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Diakonia Housing Inc 120 East Franklin Street Eperata, PA 17522 33-0483950	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	7	
Diakonia Housing Inc 319 East 12th Street Anderson, IN46016 95-3815145	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7	
DOGWOOD RETIREMENT HOUSING INC 101 S Columbia Street Milledgeville, GA 31061 95-3917927	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(C)(3)	PF	
Donald Jordan Sr Manor Inc 11441 Acacia Parkway Garden Grove, CA92840 95-3806147	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
ECUMENICAL RETIREMENT HOUSING INC 250 Femrite Drive Monona, WI53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	7	
EDNA RHF HOUSING INC 1207 Miracle Drive Edna, TX77957 33-0236319	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7	
Escalon Heritage Homes Inc 1100 Escalon Avenue Escalon, CA95320 95-3915615	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
ESPERANZA RHF HOUSING 911 N Studebaker Road Long Beach, CA90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	9	
FAJARDO RHF HOUSING INC Calle 5 Edif Adm Monte Vista Fajardo, PR00738 66-0431743	LOW INCOME HOUSING	PR	501(C)(3)	PF	
FLORENCE RHF HOUSING INC 718 South Dargan Street Florence, SC29506 57-0845047	Residential and assisted living for senior citizens	SC	501(C)(3)	9	
FOUNDATION PROPERTY MANAGEMENT 911 N Studebaker Road Long Beach, CA90815 95-3651050	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	11-Type 1	
FRIENDSHIP HOUSE III INC 7988 North Michigan Road Indianapolis, IN46268 31-0956562	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
GLENWOOD RHF HOUSING INC 711 Nuckolls Street Glenwood, IA 51534 33-0240089	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(C)(3)	PF	
GOLD COUNTRY HEALTH CENTER INC 4301 Golden Center Drive Placerville, CA95667 95-3864203	nursing and housing for the elderly	CA	501(C)(3)	9	
GRANADA GARDENS RHF HOUSING INC 167000 Chatsworth Street Granada Hills, CA91344 33-0713531	GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR	CA	501(C)(3)	9	
GREAT PLAINS HOUSING ADVOCACY INC 930 S Taft Drive North Platte, NE69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL	NE	501(C)(3)	PF	
HAMILTON RHF HOUSING INC 20 Haverhill Street Brockton, MA 02301 73-1698527	SENIOR HOUSING	MA	501(C)(3)	PF	
Harbor Tower 911 N Studebaker Road Long Beach, CA90815 95-3072221	Low Income Housing	CA	501(C)(3)	9	
HAVENWOOD RHF HOUSING INC 1330 S Burlington Street Los Angeles, CA90006 33-0713528	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
HOLLY HILL RHF HOUSING INC 900 LGPA Blvd Holly Hill, FL32117 59-2742497	retirement home for senior citizens	FL	501(C)(3)	9	
HOLLYVIEW RHF HOUSING INC 5411 Hollywood Blvd Hollywood, CA90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(C)(3)	PF	
HOLLYWOOD RHF HOUSING INC 911 N Studebaker Road Long Beach, CA90815 31-1576132	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	PF	
HOOSIER VALLEY HOUSING CORPORATION 785 Regina Lane Corydon, IN47112 31-1135803	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
HOUSTON RHF HOUSING INC 8106 Creekbend Drive Houston, TX77071 31-1531662	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ILS TRANSITION INC 1626 Court Street Suite 200 Redding, CA96001 68-0203079	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CA	501(C)(3)	9	
INDEPENDENCE SQUARE RHF HOUSING INC 201 W Delaware Evansville, IN47710 30-0105351	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7	
KEARNEY RHF HOUSING INC 1011 6th Avenue Kearny, NE68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9	
KING JAMES COURT RHF HOUSING INC 383 E River Street Orange, MA01364 76-0713633	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9	
La Fontaine Center Inc 208 West State Street Huntington, IN46750 31-1025386	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
LA MIRADA RHF HOUSING INC 14129 Adoree Street La Mirada, CA90638 33-0235269	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
LIBERTY PARK RHF HOUSING INC 2735 Corprew Avenue Norfolk, VA23504 33-0293189	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	9	
Lomita Kiwanis Gardens Inc 25109 Ebony Lane Lomita, CA90717 95-3915617	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
LOS ALAMITOS RHF HOUSING INC 4121 Katella Avenue Los Alamitos, CA90720 33-0336099	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7	
LOS ARCOS RHF HOUSING INC 12740 Gateway Park Rd Poway, CA92064 91-2129703	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING	CA	501(C)(3)	9	
LOVELAND RHF HOUSING INC 4895 Lucerne Avenue Loveland, CO80538 20-2853552	LOW & VERY LOW INCOME HOUSING	CO	501(C)(3)	pF	
LOWER TOWNSHIP RHF HOUSING INC 664 Town Bank Road Cape May, NJ08204 33-0310321	LOW AND VERY LOW INCOME HOUSING	NJ	501(C)(3)	9	
Mac Arthur Park Towers 911 N Stuebaker Road Long Beach, CA90815 95-3000996	Low Income Housing	CA	501(C)(3)	9	
MACON RHF HOUSING INC 478 Monroe Hill Macon, GA31204 30-0265098	LOW INCOME HOUSING	GA	501(C)(3)	9	
Madison Heritage Apartments Inc 101 West 2nd Street Madison, TN47250 35-1601281	LOW AND VERY LOW INCOME HOUSING	TN	501(C)(3)	9	
Malone Community Center Hsg Corp 737 North 22nd Street Lincoln, NE68503 95-3924425	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9	
MANITOWOC RHF HOUSING INC 1485 North 7th Street Manitowoc, WI54220 39-1674875	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9	
Marple Manor Inc 530 Coffee Road Modesto, CA95355 94-2764262	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Marymount Assn for Sr Hsg 317 152nd Street East Tacoma, WA98445 91-1212339	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	7	
Mason City RHF Housing Inc 741 South Illinois Avenue Mason City, IA50401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9	
MASON PLACE RHF HOUSING INC 911 N Stuebaker Road Long Beach, CA90815 41-2089814	SENIOR citizen housing	MA	501(C)(3)	PF	
MAYFLOWER GARDENS HEALTH FACILITIES INC 6705 W Avenue M Lancaster, CA93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	9	
MAYFLOWER GARDENS II INC 6570 West Avenue L-12 Lancaster, CA93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
MAYFLOWER RHF HOUSING INC 6570 West Avenue L-12 Lancaster, CA93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	9	
MCKINNEY RHF HOUSING INC 506 S Graves Street McKinney, TX75069 95-3972613	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9	
MERRITT ISLAND RHF HOUSING INC 1100 South Courtenay Parkway Merritt Island, FL32952 59-2721378	housing and nursing for senior citizens	FL	501(C)(3)	9	
MESQUITE RHF HOUSING INC 1413 Range Drive Mesquite, TX75149 75-2264833	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9	
MISSION PALMS RETIREMENT HOUSING INC 900 Los Ebanos Road Mission, TX78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9	
Modesto Affiliated Church Hsg Corp 900 17th Street Modesto, CA95354 94-2256991	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
MPT Managers 911 N Stuebaker Road Long Beach, CA90815 93-1216117	LOW INCOME HOUSING	CA	501(C)(3)	9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
North Capitol at Plymouth Inc 5233 N Capitol St Washington, DC20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(C)(3)	9	
NORTHWEST HOUSING CORPORATION 227 North Ute Avenue Montrose, CO81401 74-2282021	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	9	
OKLAHOMA RHF HOUSING INC 1207 West Cherokee Lindsay, OK73052 33-0236323	LOW & VERY LOW INCOME HOUSING	OK	501(C)(3)	7	
OLYMPIC RHF HOUSING INC 2726 E Olympic Boulevard Los Angeles, CA90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Pagedale RHF Housing Inc 7550 Page Avenue St Louis, MO63133 20-5267298	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	9	
PARK PLACE RHF HOUSING 6900 37th Avenue South Seattle, WA98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(C)(3)	9	
PASADENA RHF HOUSING INC 275 E Cordova Street Pasadena, CA91101 95-3915619	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7	
PAUAAHI ELDERLY HOUSING 167 North Pauaui Street Honolulu, HI96817 95-3883729	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	9	
PHOENIX RHF HOUSING INC 13420 North 21st Place Phoenix, AZ85022 86-0661151	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9	
Pilgrim Tower East 911 N Studebaker Road Long Beach, CA90815 95-3298228	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Pilgrim Tower North 911 N Studebaker Road Long Beach, CA90815 95-2874168	LOW INCOME HOUSING	CA	501(C)(3)	9	
Pilgrim Tower North 911 N Studebaker Road Long Beach, CA90815 95-2874168	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
PINE CREST RHF HOUSING INC 419 E River Street Orange, MA01364 76-0713635	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9	
PINEHURST RETIREMENT HOUSING INC 122 Kickapoo Street Palestine, TX75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7	
PINEWOOD MANOR BREMERTON 280 Sylvan Way Bremerton, WA98310 95-3864201	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	7	
Pioneer Manor of Geneva 123 South 11th Street Geneva, NE68361 95-3864190	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9	
Pioneer Towers 515 P Street Sacramento, CA95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
PLYMOUTH PLACE INC 1320 N Monroe Street Stockton, CA95203 95-3835688	TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS	CA	501(C)(3)	9	
POWAY RHF HOUSING INC 12751 Gateway Park Rd Poway, CA92064 33-0299770	senior citizen housing	CA	501(C)(3)	9	
Prairie Grove Apts Inc 141 Millar Road East Prairie, MO63845 95-3972405	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	9	
PRESCOTT RHF HOUSING INC 117 Cory Avenue Prescott, AZ86303 33-0224099	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9	
REDDING PILGRIM HOUSING INC 910 Canby Road Redding, CA96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
REDDING RHF HOUSING INC 1626 Court Street Suite 200 Redding, CA96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
RETIREMENT HOUSING FOUNDATION 911 N Studebaker Road Long Beach, CA90815 95-2249495	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	1	
RHF 202-II HOUSING (HAWAII) INC 1605 Philip Street Honolulu, HI96826 99-0270013	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	7	
RHF BUNKER HILL CORPORATION 911 N Studebaker Road Long Beach, CA90815 95-3295618	AFFORDABLE HOUSING TO THE ELDERLY	CA	501(C)(3)	9	
RHF Foundation Inc 911 N Studebaker Road Long Beach, CA90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	11-Type 1	
RHF HOUSING INC 607 North Hightower Peoria, IL61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(C)(3)	9	
River City Residential Club Inc 1816 O Street Sacramento, CA95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
ROUND HOUSE MANOR INC 300 Bicentennial Court Kaukauna, WI54130 95-3856154	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Salem RHF Housing Inc 3524 Fisher Road NE Salem, OR97305 76-0775911	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	9	
Saline Community Directions Inc 460 Russell Street Saline, MI48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(C)(3)	9	
SAN ANTONIO RHF HOUSING INC 4438 Callaghan Road San Antonio, TX78228 81-0631098	LOW INCOME HOUSING	TX	501(C)(3)	9	
Sangnok Housing Corp 911 N Studebaker Road Long Beach, CA90815 95-3976201	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	11-Type 1	
SANTA MONICA RHF HOUSING INC 1125 Third Street Santa Monica, CA90403 33-0234678	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
SHELBYVILLE INC 102 East Franklin Street Shelbyville, IN46176 95-3952505	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7	
SMYRNA RHF HOUSING INC 2348 Benson Poole Road Smyrna, GA30082 31-1728897	LOW AND VERY LOW INCOME HOUSING	GA	501(C)(3)	9	
SOUTHPOINTE VILLA RHF HOUSING INC 302 West merrill Avenue Rialto, CA92376 30-0108108	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	9	
ST CATHERINE RHF HOUSING INC 3350 St Catherine Street Florissant, MO63033 31-1710648	SENIOR HOUSING	MO	501(C)(3)	9	
ST CROIX HOUSING FOR THE ELDERLY INC 4100 Sunny Isle Christiansted St Croix, VI00820 95-3976114	LOW & VERY LOW INCOME HOUSING	VI	501(C)(3)	PF	
ST JAMES PARK RHF HOUSING INC 34 St James Park Los Angeles, CA90007 33-0713530	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
Stockton Congregational Homes Inc 1319 North Madison Street Stockton, CA95202 94-1702821	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
STORM LAKE RHF HOUSING INC 904 E Milwaukee Avenue Storm Lake, IA50588 33-0217490	LOW & VERY LOW INCOME HOUSING	IA	501(C)(3)	PF	
SUN CITY RHF HOUSING INC 28500 Bradley Road Sun City, CA92586 95-3930268	residential and assisted living services for senior citizens	CA	501(C)(3)	9	
SYMPHONY EAST RHF HOUSING INC 334 Massachusetts Avenue Boston, MA02115 91-2118985	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	PF	
SYMPHONY WEST RHF HOUSING INC 333 Massachusetts Avenue Boston, MA02115 91-2118974	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	PF	
TALLAHASSEE RHF HOUSING INC 1433 North Adams Street Tallahassee, FL32303 59-2314057	LOW AND VERY LOW INCOME HOUSING	FL	501(C)(3)	9	
University Center - St Ctzn 1801 North Broadway Indianapolis, IN46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
Vacaville Sr Housing Corp 2470 Nut Tree Road Vacaville, CA95687 68-0025578	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9	
VILLA GREENTREE INC 2100 Greentree North Clarksville, IN47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9	
Village Pointe RHF Inc 1220 38th Street Norfolk, VA23508 91-2055958	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	7	
VPH ADULT RETIREMENT CENTER 15211 Sherman Way Van Nuys, CA91405 95-3748359	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7	
WAICO RHF HOUSING INC 1919 North 11th Street Milwaukee, WI53205 33-0230525	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9	
West Valley Towers 14650 Sherman Way Van Nuys, CA91405 95-3573752	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7	
WINSLOW RHF HOUSING INC 901 West Desmond Winslow, AZ86047 33-0236331	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9	
YELLOWWOOD ACRES INC 2210 Greentree N Clarksville, IN47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(C)(3)	9	

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Maple City Square Inc is a Not-For-Profit Corporation formed in accordance with the not-for-profit statutes of the state of Indiana. The Corporation was formed for the purpose of operating a 30 unit community known as Maple City Square located in La Porte, Indiana, which provides housing for low income elderly persons. The Corporation receives housing assistance payments from the U.S. Department of Housing and Urban Development pursuant to Section 202 of the National Housing Act, as amended.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Maple City Square Inc is a Not-For-Profit Corporation formed in accordance with the not-for-profit statutes of the state of Indiana. The Corporation was formed for the purpose of operating a 30 unit community known as Maple City Square located in La Porte, Indiana, which provides housing for low income elderly persons. The Corporation receives housing assistance payments from the U.S. Department of Housing and Urban Development pursuant to Section 202 of the National Housing Act, as amended.

Additional Data

Software ID:
Software Version:
EIN: 31-1105980
Name: MAPLE CITY SQUARE INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
SANDRA NIXON , PRESIDENT	20	X		X				0	0	0
VICTOR FROHNE , VICE pRESIDENT	20	X		X				0	0	0
DEBORAH J STOUFF , SECRETARY	20	X		X				0	112,846	13,611
CAROL LAGARD , ASsistant Secretary	20	X		X				0	0	0
BETTY KESSLER , DIRECTOR	20	X						0	0	0
DARLENE HINDSLEY , DIRECTOR	20	X						0	0	0
MARYDEL FROHNE , DIRECTOR	20	X						0	0	0
REV HELEN NUSBAUM , DIRECTOR	20	X						0	0	0
DOROTHY WOOD , DIRECTOR	20	X						0	0	0
Laverne R Joseph , CEO	20				X			0	302,662	93,338
Robert Amberg , Sr VP General Counsel	20				X			0	246,846	34,922
Stuart Hartman , VP Housing Operations	20				X			0	185,246	33,451
Peter Oscar Peabody , VP Health Care Operation	20				X			0	164,785	15,007
Frank Rossello Jr , CFO and VP of Finance	20				X			0	166,400	9,882
Richard T Washington , VP Project Dev	20				X			0	147,583	17,906
Vincent Magnone , VP Treasury	20				X			0	143,085	18,251
Nada Battaglia , Human Resources VP	20					X		0	134,808	22,251
Cheryl Howell , Assistant Corp Secretar	20					X		0	109,046	8,345
Christopher Mullen , Bus Application Manager	20					X		0	103,730	11,074
Claudia Flores , Controller	20					X		0	105,531	6,774
John Clow , Dir of Risk Management	20					X		0	103,685	7,160
Robert Nathan , Former Director of Const	20						X	0	146,787	2,498

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, and elected cost.

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)

Table with 4 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions and group election information.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year placed, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details.

Part IV Summary (See instructions)

Table with 3 rows for summary totals, including listed property amount and total depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

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.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

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).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization details.