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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

2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 08-01-2008 and ending 07-31-2009

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	C Name of organization NCR OF HIALEAH FLORIDA		D Employer identification number 31-1132673
	E Doing Business As PALM SPRINGS VILLA		F Telephone number (614) 451-2151
	G Number and street (or P O box if mail is not delivered to street address) 2335 NORTH BANK DRIVE		H Gross receipts \$ 645,519
	I City or town, state or country, and ZIP + 4 COLUMBUS, OH 43220		
F Name and address of Principal Officer MARK RICKETTS 2335 N BANK DRIVE COLUMBUS, OH 43220		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)	
J Website: ► WWW NCR.ORG		H(c) Group Exemption Number ► 5048	
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 1985	
		M State of legal domicile FL	

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 PROVIDE HOUSING FOR LOW AND MODERATE INCOME PERSONS

2 Check this box 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	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
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

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	625,894	620,129
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-163,639	-9,107
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,572	19,248
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	480,827	630,270

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
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)	625,894	620,129
16a Professional fundraising fees (Part IX, column (A), line 11e)	-163,639	-9,107
b (Total fundraising expenses, Part IX, column (D), line 25 0)	18,572	19,248
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	480,827	630,270
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	528,314	667,711
19 Revenue less expenses Subtract line 18 from line 12	641,255	667,711
	-160,428	-37,441

20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)	2,946,576	2,757,340
22 Net assets or fund balances Subtract line 21 from line 20	3,412,467	3,260,672
	-465,891	-503,332

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

 Signature of officer

2009-12-03
 Date

MARK RICKETTS PRESIDENT
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► Valorie Schwarzmann	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 ► PLANTE & MORAN PLLC 65 EAST STATE ST STE 600 COLUMBUS, OH 43215			EIN ►
			Phone no ► (614) 849-3000	

Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

The sole purpose is to provide subsidized low and moderate-income apartment rental housing for primarily elderly persons through the U S Department of HUD Sections 202 and 8 programs

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 C.

Yes No

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 C.

Yes No

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 \$ 611,799 including grants of \$) (Revenue \$ 639,377

The sole purpose is to provide subsidized low and moderate-income apartment rental housing for primarily elderly persons through the U.S. Department of HUD Sections 202 and 8 programs.

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 \$ 611,799 Must equal Part IX, Line 25, column (B)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

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? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b 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.? If "Yes," complete Schedule F, Part I

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? If "Yes," complete Schedule F, Part II

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? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d 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? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

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? If "Yes," complete Schedule L, Part II

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? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2		No
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20		No
21		No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

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)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35		No
36		No
37		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	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	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	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
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)?		
4b	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?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	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?	6a No	
6b	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>	7a No	
7b	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	
7c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c No	
7d	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e No	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f No	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g No	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h No	
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>	9a	
9b	Did the organization make any taxable distributions under section 4966?	9b	
10	<i>Section 501(c)(7) organizations.</i> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	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		
11a	Gross income from members or shareholders	11a	
11b	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	
12b	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

	Yes	No
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.		
1a Enter the number of voting members of the governing body . . .	1a	3
b Enter the number of voting members that are independent . . .	1b	3
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?	2	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?	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body?	8a	Yes
b each committee with authority to act on behalf of the governing body?	8b	Yes
9a Does the organization have local chapters, branches, or affiliates?	9a	No
b 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?	9b	
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	10	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	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	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		
a The organization's CEO, Executive Director, or top management official?	15a	Yes
b Other officers or key employees of the organization?	15b	Yes
Describe the process in Schedule O		
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?	16a	No
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?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

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
 MARK R RICKETTS
 2335 NORTH BANK DRIVE
 COLUMBUS, OH 43220
 (614) 451-2151

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

Part VII **Continued**

(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			
1b Total							0	519,126	83,703

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

Part
VIII

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under 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					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$ 1f					
	h Total (Add lines 1a-1f) 1f					
Program Service Revenue	Business Code					
			2a GOVERNMENT SUBSIDY 531,110	504,469	504,469	
	b RENTS - NET	531,110	115,660	115,660		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f 2f ► \$ 620,129					
Other Revenue	3 Investment income (including dividends, interest other similar amounts) 3				6,142	
	4 Income from investment of tax-exempt bond proceeds 4					
	5 Royalties 5					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) 6d					
Other Revenue	(i) Securities					
			7a Gross amount from sales of assets other than inventory			
	b Less cost or other basis and sales expenses	15,249				
	c Gain or (loss)	-15,249				
	d Net gain or (loss) 7d				-15,249	
	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 c					
Other Revenue	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 c					
	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 c					
	Miscellaneous Revenue	Business Code				
11a ROOFTOP LEASING	531,110	18,825	18,825			
b MISCELLANEOUS	531,110	423	423			
c						
d All other revenue _____						
e Total. Add lines 11a-11d 11d	\$ 19,248					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12	630,270	639,377	0	-9,107		

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	32,215		32,215	
b Legal	11,789		11,789	
c Accounting	11,908		11,908	
d Lobbying				
e Professional fundraising See Part IV, line 17 . . .				
f Investment management fees				
g Other	44,041	44,041		
12 Advertising and promotion	373	373		
13 Office expenses	39,446	39,446		
14 Information technology				
15 Royalties				
16 Occupancy	74,771	74,771		
17 Travel	1,214	1,214		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	2,720	2,720		
20 Interest	194,198	194,198		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,323	128,323		
23 Insurance	26	26		
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 CONTRACT SERVICES	124,511	124,511		
b BAD DEBT EXPENSE	1,729	1,729		
c				
d				
e				
d				
e				
e				
f All other expenses	447	447		
25 Total functional expenses. Add lines 1 through 24f	667,711	611,799	55,912	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) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	31,309	1 65,664
2	Savings and temporary cash investments	713,089	2 580,866
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	404	4 105
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	12,136	9 12,823
10a	Land, buildings, and equipment cost basis	10a	3,333,436
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	1,367,155
		2,054,709	10c 1,966,281
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>	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	134,929	131,601
16	Total assets. Add lines 1 through 15 (must equal line 34)	16	2,946,576 2,757,340
17	Accounts payable and accrued expenses	17	155,957 33,882
18	Grants payable	18	
19	Deferred revenue	19	314
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	23	3,247,567 3,217,172
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	25	8,943 9,304
26	Total liabilities. Add lines 17 through 25	26	3,412,467 3,260,672
	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	27	-465,891 -503,332
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	33	-465,891 -503,332
34	Total liabilities and net assets/fund balances	34	2,946,576 2,757,340
Liabilities			
Net Assets or Fund Balances			

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
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	No
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
c 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?	<input type="checkbox"/>	
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?	<input type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits?	<input type="checkbox"/>	

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or
990EZ)Department of the
Treasury
Internal Revenue
Service**Public Charity Status and Public Support****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**
NCR OF HIALEAH FLORIDA**Employer identification number**

31-1132673

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?
 (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

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

(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")						
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						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
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		
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		
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		
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		
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		

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	627,239	627,165	627,395	625,894	620,129	3,127,822
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	627,239	627,165	627,395	625,894	620,129	3,127,822
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)						3,127,822

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	627,239	627,165	627,395	625,894	620,129	3,127,822
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,116	3,936	18,028	33,924	6,142	65,146
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	3,116	3,936	18,028	33,924	6,142	65,146
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.)	58,310	51,816	20,240	18,572	19,248	168,186
13 Total Support (Add lines 9, 10c, 11 and 12)						3,361,154
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						


Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	93 060 %
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	1 940 %
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 any other additional information. (see instructions)

SCHEDULE D

(Form 990)

Department of the
Treasury
Internal Revenue
Service**Supplemental Financial Statements**

OMB No 1545-0047

**► 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.****2008****Open to Public
Inspection****Name of the organization**
NCR OF HIALEAH FLORIDA**Employer identification number**
31-1132673**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's 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	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part 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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		300,000		300,000
b Buildings		2,554,196	1,011,440	1,542,756
c Leasehold improvements				
d Equipment	131,228		60,507	70,721
e Other	348,012		295,208	52,804
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			1,966,281	

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	►

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSITS	9,304
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	9,304

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	630,270
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	667,711
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-37,441
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	-37,441

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	645,518
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	645,518
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	-15,249
c	Add lines 4a and 4b	4c	-15,249
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	630,269

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

1	Total expenses and losses per audited financial statements	1	682,960
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	15,249
e	Add lines 2a through 2d	2e	15,249
3	Subtract line 2e from line 1	3	667,711
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	667,711

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

Part XIV Supplemental Information(continued)

Schedule J
(Form 990)Department of the
Treasury
Internal Revenue
Service**Compensation Information**

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.

OMB No 1545-0047

2008**Open to Public
Inspection****Name of the organization**
NCR OF HIALEAH FLORIDA**Employer identification number**

31-1132673

Part I Questions Regarding Compensation

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

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

b If 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 checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" 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

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

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 14.

Part III Supplemental Information

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

Software ID:**Software Version:****EIN:** 31-1132673**Name:** NCR OF HIALEAH FLORIDA**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation

**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**
NCR OF HIALEAH FLORIDA**Employer identification number**

31-1132673

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 return is made available to the Board prior to filing. An Officer reviews the 990 return prior to signature

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy is enforced and monitored by an annual sign-off

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Following an established executive compensation policy, the Human Resource Committee reviews and approves salaries of all officers and reports to the Executive Committee on their action. The Committees base the salary decisions on survey data from comparable organizations, use of an independent compensation consultant and organizational and individual performance

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, the conflict of interest policy, and the financial statements are provided upon request and through a secured website

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH OVERSEES AUDIT OF THE FINANCIAL STATEMENTS AND IS INVOLVED IN SELECTION OF THE INDEPENDENT ACCOUNTANT WHICH COMPLETES THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
Schedule A, Part III, Line 12	Explanation for Other Income	SERVICE COORDINATOR ROOFTOP LEASING MISCELLANEOUS

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part II		The related tax exempt organizations are all members of group exemption # 5048

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 answered "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
NCR OF HIALEAH FLORIDA

Employer identification number

31-113267

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

Part III Identification of Related Organizations Taxable as a Partnership

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
See Additional Data Table							

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		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

Software ID:
Software Version:
EIN: 31-1132673
Name: NCR OF HIALEAH FLORIDA

Form 990, Schedule R, 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 Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?
							Yes	No		
CHATEAU GARDENS HOUSING LLC 912 MARTIN AVE FOND DU LAC, WI549356336 71-0955814	RENTAL ACTIVITY FOR LOW INCOME FAMILIES	WI						No		No
WESTERVILLE SENIOR HOUSING II LLC 622 SOUTH SUNBURY ROAD WESTERVILLE, OH43081 20-2489049	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
ROOSEVELT TOWNE APARTMENTS LLC 711 N EUCLID AVE ST LOUIS, MO631081632 13-4242467	RENTAL ACTIVITY FOR FAMILIES	OH						No		No
ABBEY CHURCH VILLAGE LIMITED PARTNERSHIP 6003 ABBEY CHAPEL DR DUBLIN, OH430171529 31-1416957	RENTAL ACTIVITY FOR FAMILIES	OH						No		No
ELIZABETH SENIOR HOUSING LIMITED PARTNERSHIP 122 SEVENTH STREET ELIZABETH, NJ072012822 20-2862379	RENTAL ACTIVITY FOR LOW INCOME SENIORS	NJ						No		No
VISION CENTER II LIMITED PARTNERSHIP 3400 VISION CENTER COURT COLUMBUS, OH432272262 31-1364056	RENTAL ACTIVITY FOR SENIORS	OH						No		No
BATTERY PARK SENIOR HOUSING LIMITED PARTNERSHIP 1 BATTLE SQUARE ASHEVILLE, NC288012712 26-0069390	RENTAL ACTIVITY FOR LOW INCOME SENIORS	NC						No		No
BRISTOL COURT APARTMENTS LIMITED PARTNERSHIP 600 E FIFTH ST WAVERLY, OH456901566 20-2470977	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
WAGGONER SENIOR HOUSING LIMITED PARTNERSHIP 831 ACORN GROVE DR BLACKLICK, OH430045044 31-1812222	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
CLARA PARK VILLAGE APARTMENTS LIMITED PARTNERSHIP 4805 CLARA ST CUDAHY, CA902015200 20-2869540	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
COEUR D'ALENE SENIOR HOUSING LIMITED PARTNERSHIP 7712 N HEARTLAND DR COEUR DALENE, ID838158906 31-1639271	RENTAL ACTIVITY FOR LOW INCOME SENIORS	ID						No		No
COLORADO PLAZA SENIOR HOUSING LIMITED PARTNERSHIP 420 COLORADO ST MANHATTAN, KS665020659 31-1714217	RENTAL ACTIVITY FOR LOW INCOME SENIORS	KS						No		No
CHANTRY PLACE HOUSING LIMITED PARTNERSHIP 5560 CHANTRY DRIVE COLUMBUS, OH43234767 20-1872900	RENTAL ACTIVITY FOR LOW INCOME FAMILIES	OH						No		No
THE COMMONS AT GRANT LIMITED PARTNERSHIP 398 S GRANT AVE COLUMBUS, OH432155549 31-1797406	RENTAL ACTIVITY FOR LOW INCOME FAMILIES	OH						No		No
COUNTRY RIDGE APARTMENTS LIMITED PARTNERSHIP 5656 FARMHOUSE LANE HILLIARD, OH430267846 31-1504074	RENTAL ACTIVITY FOR FAMILIES	OH						No		No
COURTYARD AT WILLOW WOODS LIMITED PARTNERSHIP 1500 LINCOLN AVENUE TOMAH, WI546602463 20-3678605	RENTAL ACTIVITY FOR LOW INCOME SENIORS	WI						No		No
CYPRESS SUNRISE VILLAGE APARTMENTS LIMITED PARTNERSHIP 9151 GRINDLAY ST CYPRESS, CA906303088 20-2869574	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
EAST VALLEY SENIOR HOUSING LIMITED PARTNERSHIP 16010 EAST VALLEYWAY AVE VERADALE, WA990378937 91-2033951	RENTAL ACTIVITY FOR LOW INCOME SENIORS	WA						No		No
EDEN PLACE SENIOR HOUSING LP 1220 JEFFERSON AVE SEGUIN, TX781555934 74-3017793	RENTAL ACTIVITY FOR LOW INCOME SENIORS	TX						No		No
HARBOURVIEW SENIOR HOUSING LIMITED PARTNERSHIP 115 FRANKLIN STREET SANDUSKY, OH448702806 20-2471589	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
HARVARD ELDERLY LIMITED PARTNERSHIP 6900 HARVARD AVE CLEVELAND, OH441055016 34-1863728	RENTAL ACTIVITY FOR SENIORS	OH						No		No
HAYDEN SENIOR HOUSING LP 88 W SARGENT DR HAYDEN, ID838358882 46-0493154	RENTAL ACTIVITY FOR LOW INCOME SENIORS	ID						No		No
HEARTLAND SENIOR HOUSING LP 7745 N HEARTLAND DR COEUR DALENE, ID838158904 54-2064319	RENTAL ACTIVITY FOR LOW INCOME SENIORS	ID						No		No
HILLTOP SENIOR HOUSING LIMITED PARTNERSHIP 300 OVERSTREET WAY COLUMBUS, OH432284335 31-1592983	RENTAL ACTIVITY FOR SENIORS	OH						No		No
HILLTOP II SENIOR HOUSING LIMITED PARTNERSHIP 3630 MOORES TRAIL RD COLUMBUS, OH432284345 52-2367292	RENTAL ACTIVITY FOR SENIORS	OH						No		No
KIRBY MANOR SENIOR LIMITED PARTNERSHIP 11500 DETROIT AVENUE 87-0704525, OH441020000	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
LAKESHORE CHRISTIAN MANOR LP LIMITED PARTNERSHIP 2141 SPRINGDALE RD SW ATLANTA, GA303156100 31-1647433	RENTAL ACTIVITY FOR LOW INCOME SENIORS	FL						No		No
PRESBYTERIAN HOMES OF PASCAGO LAKE LIMITED PARTNERSHIP 5882 SEA FOREST DR 3032 SEASIDE DR FL3436528619 59-3853851	RENTAL ACTIVITY FOR LOW INCOME SENIORS	MI						No		No
LIMITED DIVISIONS WIN HOUSING ASSOCIATION 27777 DEQUINDRE RD MADISON HEIGHTS, MI48070189 20-3638189	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
MANSFIELD WOODS LIMITED PARTNERSHIP 382 WOODRIDGE DR MANSFIELD, OH449062103 31-1592987	RENTAL ACTIVITY FOR FAMILIES	OH						No		No

Form 990, Schedule R, 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 Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?
							Yes	No		
MEADOWVIEW SENIOR HOUSING LIMITED PARTNERSHIP 338 W MAIN ST MT STERLING, OH 43143-1291 20-2471060	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
MEMORIAL TOWERS LIMITED PARTNERSHIP 1405 SOUTH 7TH AVE PHOENIX, AZ 85007-0000 30-0230394	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
LEONARDTOWN SENIOR HOUSING LIMITED PARTNERSHIP 22810 DORSEY ST LEONARDTOWN, MD 20650-3831 20-8599565	RENTAL ACTIVITY FOR LOW INCOME SENIORS	MD						No		No
SAN ANTONIO SENIOR HOUSING LIMITED PARTNERSHIP 3503 CAMINO REAL SAN ANTONIO, TX 78238-3401 31-1592980	RENTAL ACTIVITY FOR SENIORS	OH						No		No
LAKESIDE APARTMENT HOUSING LP 2590 FRANCISCO BLVD PACIFICA, CA 94044-2732 02-0668710	RENTAL ACTIVITY FOR LOW INCOME FAMILIES	CA						No		No
WESTERVILLE SENIOR HOUSING LIMITED PARTNERSHIP 630 SOUTH SUNBURY RD WESTERVILLE, OH 43081-9344 45-0470538	RENTAL ACTIVITY FOR SENIORS	OH						No		No
RENAISSANCE SENIOR APARTMENTS LIMITED PARTNERSHIP 419 N ST CLAIR ST TOLEDO, OH 43604-1562 31-1348625	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
ROMULUS WIN LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 36500 BIBBINS STREET ROMULUS, MI 48174 42-1674512	RENTAL ACTIVITY FOR LOW INCOME SENIORS	MI						No		No
SANTIAGO FAJARDO VILLAGE LIMITED PARTNERSHIP SE 1 CALLE 5-1 ADM OFFICE FAJARDO, PR 00738-4849 20-2907605	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
SOLBERG WIN LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP 27783 DEQUINDRE RD MADISON HEIGHTS, MI 48071 42-1674495	RENTAL ACTIVITY FOR LOW INCOME SENIORS	MI						No		No
SOUTHWOOD GARDENS ADULT COMMUNITY LIMITED PARTNERSHIP 3550 CEDAR CREEK RD SHREVEPORT, LA 71118-2326 31-1484717	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
SPRAGUE SENIOR HOUSING LIMITED PARTNERSHIP 14303 E SPRAGUE AVE SPOKANE, WA 99216-3121 91-2123013	RENTAL ACTIVITY FOR LOW INCOME SENIORS	WA						No		No
SUMMERFIELD VILLAGE APARTMENTS LIMITED PARTNERSHIP 2624 TRACTION AVE SACRAMENTO, CA 95815-2485 20-2869621	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
EUCLID HILLS APARTMENTS LIMITED PARTNERSHIP 19500 EUCLID AVE EUCLID, OH 44117-1489 31-1393852	RENTAL ACTIVITY FOR FAMILIES	OH						No		No
RIVERCREST SENIOR HOUSING ASSOCIATES LIMITED PARTNERSHIP 7210 WILLIAMS RD NIAGARA FALLS, NY 14304-3735 20-2518262	RENTAL ACTIVITY FOR LOW INCOME SENIORS	NY						No		No
WARREN ELDERLY HOMES LIMITED PARTNERSHIP 1330 BLAKELY CIRCLE SW WARREN, OH 44485-3875 31-1501031	RENTAL ACTIVITY FOR SENIORS	OH						No		No
WARREN ELDERLY HOMES II LIMITED PARTNERSHIP 1330 BLAKELY CIRCLE SW WARREN, OH 44485-3875 34-1885076	RENTAL ACTIVITY FOR SENIORS	OH						No		No
HERITAGE PLACE AT TRAILS EDGE LIMITED PARTNERSHIP 2620 EAST STATE BLVD FORT WAYNE, IN 46805-4730 20-1469685	RENTAL ACTIVITY FOR LOW INCOME SENIORS	IN						No		No
TRINITY MANOR SENIOR HOUSING LIMITED PARTNERSHIP 301 CLARK ST MIDDLETOWN, OH 45042-8158 26-0072500	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
TRINITY TOWERS LIMITED PARTNERSHIP LP 2611 SPRINGDALE RD SW ATLANTA, GA 30315-7137 52-2405847	RENTAL ACTIVITY FOR LOW INCOME SENIORS	GA						No		No
TSCHIRLEY SENIOR HOUSING LIMITED PARTNERSHIP 111 S TSCHIRLEY RD GREENACRES, WA 99016-9342 91-2171768	RENTAL ACTIVITY FOR LOW INCOME SENIORS	WA						No		No
TSCHIRLEY SENIOR HOUSING II LIMITED PARTNERSHIP 107 S TSCHIRLEY RD GREENACRES, WA 99016-9317 81-0636765	RENTAL ACTIVITY FOR LOW INCOME SENIORS	WA						No		No
VANDERBILT SENIOR HOUSING LIMITED PARTNERSHIP 75 HAYWOOD STREET ASHEVILLE, NC 28801-2846 20-2635801	RENTAL ACTIVITY FOR LOW INCOME SENIORS	NC						No		No
VIEWPOINT SENIOR HOUSING LIMITED PARTNERSHIP 215 EAST SHORELINE DRIVE SANDUSKY, OH 44870 20-2471408	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
VILLA ESPERANZA APARTMENTS LIMITED PARTNERSHIP SE ADMINISTRATION BOX 111 ST 35 BLOQ 2 CAROLINA, PR 00983-0000 20-2907561	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
VILLA PROVIDENCIA APARTMENTS LIMITED PARTNERSHIP SE 350 CARR 837 GUAYNABO, PR 00969-6238 20-2907579	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
COMBINED LOCKS SENIOR HOUSING LIMITED PARTNERSHIP 334 WALLACE STREET COMBINED LOCKS, WI 54113 20-5556388	RENTAL ACTIVITY FOR LOW INCOME SENIORS	WI						No		No
DIVIDEND HOUSING PARTNERSHIP LIMITED PARTNERSHIP 35200 SIMS WAYNE, MI 48184 42-1674508	RENTAL ACTIVITY FOR LOW INCOME SENIORS	MI						No		No
WHITE BIRCH II HOUSING LIMITED PARTNERSHIP 9239 N 75TH UNIT 1 MILWAUKEE, WI 53223-2065 76-0752024	RENTAL ACTIVITY FOR LOW INCOME FAMILIES	WI						No		No
WHITE BIRCH II HOUSING LIMITED PARTNERSHIP 9239 N 75TH UNIT 1 MILWAUKEE, WI 53223-2065 76-0752031	RENTAL ACTIVITY FOR LOW INCOME FAMILIES	WI						No		No

Form 990, Schedule R, 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 Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?
							Yes	No		
MT BALDY SENIOR HOUSING LP 839 KOOTENAI CUT OFF RD PONDERAY, ID838529804 74-3085816	RENTAL ACTIVITY FOR LOW INCOME SENIORS	ID						No		No
WHITEHALL SENIOR HOUSING LIMITED PARTNERSHIP 851 COUNTRY CLUB RD WHITEHALL, OH432132442 31-1592973	RENTAL ACTIVITY FOR SENIORS	OH						No		No
WYSONG VILLAGE APARTMENTS LIMITED PARTNERSHIP 111 N CHAPEL AVE ALHAMBRA, CA918013565 20-2869668	RENTAL ACTIVITY FOR LOW INCOME SENIORS	OH						No		No
THE COMMONS AT BUCKINGHAM HOUSING LIMITED PARTNERSHIP 328 BUCKINGHAM ST COLUMBUS, OH43215 26-0223422	RENTAL ACTIVITY FOR LOW INCOME INDIVIDUALS	OH						No		No

Form 990, Schedule R, 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
ROOSEVELT TOWNE HOUSING INC 711 N EUCLID AVE ST LOUIS, MO 631081632 54-2086755	RENTAL ACTIVITY FOR FAMILIES	OH		C			
ABBEY CHURCH ROAD INC 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 31-1416121	RENTAL ACTIVITY FOR FAMILIES	OH		C			
VISION CENTER II INC 3400 VISION CENTER COURT COLUMBUS, OH 432272262 31-1363226	RENTAL ACTIVITY FOR SENIORS	OH		C			
CHANTRY PLACE HOUSING INC 5560 CHANTRY DRIVE COLUMBUS, OH 432324767 20-1891592	RENTAL ACTIVITY FOR FAMILIES	OH		C			
COUNTRY RIDGE APARTMENTS INC 5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504166	RENTAL ACTIVITY FOR FAMILIES	OH		C			
HARVARD SCHOOL INC 6900 HARVARD AVE CLEVELAND, OH 441055016 31-1740172	RENTAL ACTIVITY FOR SENIORS	OH		C			
HILLTOP SENIOR HOUSING INC 300 OVERSTREET WAY COLUMBUS, OH 432284335 31-1592982	RENTAL ACTIVITY FOR SENIORS	OH		C			
HILLTOP II SENIOR HOUSING INC 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 02-0633437	RENTAL ACTIVITY FOR SENIORS	OH		C			
MANSFIELD WOODS INC 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592986	RENTAL ACTIVITY FOR FAMILIES	OH		C			
SAN ANTONIO SENIOR HOUSING INC 3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592978	RENTAL ACTIVITY FOR SENIORS	OH		C			
WESTERVILLE SENIOR HOUSING INC 630 SOUTH SUNBURY RD WESTERVILLE, OH 430819344 73-1631614	RENTAL ACTIVITY FOR SENIORS	OH		C			
EUCLID HILLS HOUSING INC 19500 EUCLID AVE EUCLID, OH 441171489 31-1392833	RENTAL ACTIVITY FOR FAMILIES	OH		C			
NCR OF WARREN SENIOR HOUSING INC 1330 BLAKELY CIRCLE SW WARREN, OH 4444853875 31-1743867	RENTAL ACTIVITY FOR SENIORS	OH		C			
NCR OF WARREN SENIOR HOUSING II INC 1330 BLAKELY CIRCLE SW WARREN, OH 4444853875 31-1721646	RENTAL ACTIVITY FOR SENIORS	OH		C			
WHITEHALL SENIOR HOUSING INC 851 COUNTRY CLUB RD WHITEHALL, OH 432132442 31-1592976	RENTAL ACTIVITY FOR SENIORS	OH		C			
WINGATE MANAGEMENT CORPORATION 29777 TELEGRAPH ROAD SUITE 2100 SOUTHFIELD, MI 48034 38-2060029	MANAGEMENT OF RENTAL ACTIVITY	MI		C			

Additional Data

Software ID:

Software Version:

EIN: 31-1132673

Name: NCR OF HIALEAH FLORIDA

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

The mission of National Church Residences is to provide quality housing and care at affordable prices in communities of caring persons. Our ministry is national in scope and originates from a Christian commitment of service to older adults, which began in 1961. While our ministry has been targeted primarily toward older adults, we have special concern for low- and moderate-income seniors, persons with disabilities, and low- and moderate-income families. We are committed to expanding and funding services in assisted living, nursing homes, and full-service retirement communities. We also plan for thoughtful growth in affordable family housing. We are committed to professionalism in the management of property, programs, and human resources and equally committed to compassion for the people we serve.