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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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

ENVELOPE POSTMARK DATE APR 26 2010

A For the 2009 calendar year, or tax year beginning **2009**, and ending **2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC ELDERLY HOUSING Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 325 N. WELLS STREET 8TH FLOOR #800 City or town, state or country, and ZIP + 4 CHICAGO, IL 60654	D Employer identification number 36-3188493
		E Telephone number (312) 443-1360
F Name and address of principal officer		G Gross receipts \$ 886,424.
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(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)
J Website ▶ N/A		H(c) Group exemption number ▶
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1985	M State of legal domicile IL

SCANNED JUN 15 2010

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION PROVIDES AFFORDABLE HOUSING FOR LOW INCOME HOUSEHOLDS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3		0
4 Number of independent voting members of the governing body (Part VI, line 1b)	4		0
5 Total number of employees (Part V, line 2a)	5		5
6 Total number of volunteers (estimate if necessary)	6		0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
8 Contributions and grants (Part VIII, line 1h)			0.
9 Program service revenue (Part VIII, line 2c)		867,636.	885,191.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,809.	1,233.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		876,445.	886,424.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
14 Benefits for directors or members (Part IX, column (A), line 4)			0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		184,686.	188,889.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.
b Total fundraising expenses, Part IX, column (D), line 25			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		784,150.	757,306.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		968,836.	946,195.
19 Revenue less expenses - Subtract line 18 from line 12		-92,391.	-59,771.
20 Total assets (Part X, line 16)		Beginning of Year 3,166,488.	End of Year 3,056,593.
21 Total liabilities (Part X, line 26)		4,427,895.	4,377,771.
22 Net assets or fund balances - Subtract line 21 from line 20		-1,261,407.	-1,321,178.

Part II Signature Block

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

Sign Here
 Signature of officer: *Rodolfo Roldan* Date: *4/14/10*
 Type of title name and title: *Rodolfo Roldan*

Paid Preparer's Use Only
 Preparer's signature: *Per. Wudly* Date: *4/2/10* Check if self-employed
 Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: *REZNICK GROUP, P.C.* EIN: *52-1088612*
4711 W. GOLF ROAD, SUITE 200 SKOKIE, IL 60076 Phone no: *847-324-7500*

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

100 NO ENV

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
LOW-INCOME HOUSING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 936,695 including grants of \$ _____) (Revenue \$ 885,191)
THE CORPORATION OPERATES AN APARTMENT COMPLEX IN CHICAGO, IL, OCCUPIED BY LOW INCOME TENANTS. THE CO-SPONSORS OF THIS PROJECT ARE HISPANIC HOUSING DEVELOPMENT CORPORATION AND CASA CENTRAL, BOTH OF WHICH ARE TAX EXEMPT ORGANIZATIONS.

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 ► 936,695.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24 a 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 lines 24b through 24d and complete Schedule K. If "No," go to question 25		X
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?		
25 a 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
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	X	
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		X
36 Section 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		X
37 Did the organization conduct more than 5% 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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversion, members/stockholders, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, document retention, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Part VIII Statement of Revenue

36-3188493

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	0			
	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		0			
Program Service Revenue	2a LAUNDRY INCOME	Business Code	5,494	5,494		
	b MISCELLANEOUS		226	226		
	c RENTAL INCOME		879,471	879,471		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		885,191			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		1,233		1,233	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
c Net income or (loss) from fundraising events		0				
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total Add lines 11a-11d		0				
12 Total Revenue. See instructions		886,424	885,191		1,233	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	141,008.	141,008.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	34,154.	34,154.		
10 Payroll taxes	13,727.	13,727.		
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	18,140.	8,640.	9,500.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	2,440.	2,440.		
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	236,074.	236,074.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	191,625.	191,625.		
23 Insurance	0.			
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 SUPPLIES -----	27,497.	27,497.		
b OTHER ADMINISTRATIVE -----	7,138.	7,138.		
c OTHER OPERATING -----	2,009.	2,009.		
d OTHER TAXES, LICENSES, PERMI -----	594.	594.		
e PROPERTY INSURANCE -----	14,352.	14,352.		
f All other expenses -----	257,437.	257,437.		
25 Total functional expenses Add lines 1 through 24f	946,195.	936,695.	9,500.	
26 Joint Costs. Check here <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	23,569.	1	60,684.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,688.	4	4,247.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,580.	9	17,903.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,851,707.		
	b	Less accumulated depreciation	3,317,325.	10c	1,534,382.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,415,363.	15	1,439,377.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,166,488.	16	3,056,593.	
Liabilities	17	Accounts payable and accrued expenses	14,903.	17	11,620.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH. 4	4,376,406.	23	4,328,912.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	36,586.	25	37,239.
	26	Total liabilities. Add lines 17 through 25	4,427,895.	26	4,377,771.
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	-1,261,407.	27	-1,321,178.
	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	-1,261,407.	33	-1,321,178.	
34	Total liabilities and net assets/fund balances	3,166,488.	34	3,056,593.	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; 16b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	826,739	1,253,730	858,761	867,636	885,191	4,692,057
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	826,739	1,253,730	858,761	867,636	885,191	4,692,057
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						4,692,057

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	826,739	1,253,730	858,761	867,636	885,191	4,692,057
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,589	2,212	5,346	8,809	1,233	21,189
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,589	2,212	5,346	8,809	1,233	21,189
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)	830,328	1,255,942	864,107	876,445	886,424	4,713,246
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.55 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.45 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00 %

- 19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ▶
- b **33 1/3 % support tests - 2008.** 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 explanation 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)**

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
CORPORATION HISPANIC ELDERLY HOUSING

Employer identification number
36-3188493

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes 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 ▶ \$ _____

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

Schedule D (Form 990) 2009

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table

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

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

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

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

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

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) Accumulated depreciation	(d) Book value
1a Land	124,693.			124,693.
b Buildings	4,413,847.		3,122,218.	1,291,629.
c Leasehold improvements				
d Equipment	313,167.		195,108.	118,059.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,534,381.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	886,424.
2	Total expenses (Form 990, Part IX, column (A), line 25)	946,195.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-59,771.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-59,771.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	886,424.
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
3	Subtract line 2e from line 1	886,424.
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
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	886,424.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	946,195.
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	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	946,195.
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
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	946,195.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization CORPORATION	HISPANIC ELDERLY HOUSING	Employer identification number 36-3188493
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ATTACHMENT 1

DISCLOSURE OF INFORMATION

PART VI SECTION B. 12 A. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC
UPON REQUEST AT THE ORGANIZATION'S OFFICE DURING NORMAL BUSINESS HOURS.

13. HHDC HAS A WHISTLEBLOWER POLICY THAT IS PART OF EMPLOYEE HANDBOOK
WHICH COVERS ALL ENTITIES. 14. THE WRITTEN DOCUMENT RETENTION AND
DESTRUCTION POLICY IS THE PROCESS OF BEING UPDATED AND DOES INCLUDE ALL
ENTITIES AS WELL. 15. HHDC'S CONFLICT OF INTEREST IS ADDRESSED IN THE
BUSINESS ETHICS PORTION OF OUR HANDBOOK. IN 2009 THIS PORTION OF THE
POLICY & PROCEDURES MANUAL WAS PART OF HHDC TRAINING FOR ALL ITS
EMPLOYEES. ATTENDANCE WAS DOCUMENTED AND EMPLOYEES WERE ASKED TO SIGN A
POLICY & PROCEDURES MANUAL RECEIPT ACKNOWLEDGEMENT FORM.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	1,233			1,233
TOTALS	<u>1,233</u>			<u>1,233</u>

ATTACHMENT 3

Name of the organization HISPANIC ELDERLY HOUSING CORPORATION

Employer identification number 36-3188493

ATTACHMENT 3 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	17,903.
TOTALS	<u>17,903.</u>

ATTACHMENT 4

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: WELLS FARGO BANK
ORIGINAL AMOUNT: 4,443,000.
INTEREST RATE: 5.420000
DATE OF NOTE: 05/01/2007
MATURITY DATE: 06/01/2042

BEGINNING BALANCE DUE	4,376,406.
ENDING BALANCE DUE	<u>4,328,912.</u>
 TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	 <u>4,376,406.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>4,328,912.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37
▶ Attach to Form 990 ▶ See separate instructions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **HISPANIC ELDERLY HOUSING CORPORATION** Employer identification number **36-3188493**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SEE ATTACHED STATEMENT					N/A

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SEE ATTACHED STATEMENT			N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SEE ATTACHED STATEMENT			N/A				

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

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

	Yes	No
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 or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)	X	

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	(b) Transaction type (a-r)	(c) Amount involved
(1) HISPANIC HOUSING DEVELOPMENT CORPORATION	L	62,400
(2) HISPANIC HOUSING DEVELOPMENT CORPORATION	R	347
(3)		
(4)		
(5)		
(6)		

PART II CONTINUATION OF 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
1 CRYSTAL LAKE PRESERVATION CORPORATION 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-3924095 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
2 LOGAN SQUARE ELDERLY HOUSING CORPORATION 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-3359500 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
3 HISPANIC HOUSING DEVELOPMENT CORPORATION 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-2889871 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
4 HUMBOLDT PARK ELDERLY HOUSING CORP 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-3779004 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
5 SACRAMENTO ELDERLY HOUSING CORPORATION 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-4008356 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
6 WALDEN OAKS APARTMENTS PRESERVATION, NFP 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	68-0594528 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
7 WEST CHICAGO PRESERVATION CORPORATION 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-3891982 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
8 WOODSTOCK PRESERVATION CORPORATION 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	36-3907579 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
9 O'FALLON APARTMENTS PRESERVATION NFP 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	20-3859870 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A
10 ARMITAGE COMMONS PRESERVATION, NFP 325 N. WELLS STREET, 8TH FLOOR CHICAGO, IL 60654	20-3859675 RENTAL REALESTATE	IL	SECTION 501(C)(3)	Section 509 (a)(2)	N/A

PART III IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

(A) Name, Address, and EIN of Related Organization	(B)	(C) Primary Activities	(D) Legal Domicile (state or Foreign Country)	(E) Predominant Income (related investment, Unrelated)	(F) Share of total Income	(G) Share of end-of- year assets	(H) Disproportionate Allocation		(I) CODE V-UBI AMOUNT ON BOX 20 OF K-1	(J) General or Manage partner?	
							YES	NO		YES	NO
1 AUGUSTA ASSOCIATES 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-3751254	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
2 CENTRAL PARK LIMITED PARTNERSHIP 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-3929031	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
3 CENTURY PACIFIC FUND I 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL		RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
4 CENTURY PACIFIC HOUSING PARTNERSHIP 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL		RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
5 DIVERSEY SQUARE ASSOCIATES LP 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-3608291	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
6 Diversey Parkway Associates 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-3990230	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
7 Edgewood Apartments Development Company 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL		RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
8 Gateway Apartments Limited Partnership 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-4418771	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
9 Humbolt Park Limited Partnership 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-3801596	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
10 North Kildare Associates LP 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	36-3358411	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X
11 Palmer Square Apartments LP 325 N WELLS STREET- 8TH FLOOR CHICAGO, IL	20-2925285	RENTAL REAL ESTATE	IL	N/A	NONE	NONE	X		N/A		X

PART IV IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORPORATION OR TRUSTS

(A) NAME ADDRESS, AND EIN OF RELATED ORGANIZATION	(B) Primary activity	(C) Legal domicile (state or Foreign Country)	(D) share of total income	(E) share of end-of-year assets	(F) share of end-of-year assets	(G) percentage ownership
1 Edgewood Apartments Corporation	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
2 HOGAR DEVELOPMENT CORPORATION 325 N. WELLS STREET - 8TH FLOOR CHICAGO, IL 60654	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
3 HOGAR DEVELOPMENT CORPORATION II 325 N. WELLS STREET - 8TH FLOOR CHICAGO, IL 60654	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
4 HOGAR DEVELOPMENT CORPORATION III 325 N. WELLS STREET - 8TH FLOOR CHICAGO, IL 60654	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
5 HOGAR DEVELOPMENT CORPORATION IV 325 N. WELLS STREET - 8TH FLOOR CHICAGO, IL 60654	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
6 HOGAR MANAGEMENT CORPORATION	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
7 TROPIC CONSTRUCTION COMPANY 325 N. WELLS STREET - 8TH FLOOR CHICAGO, IL 60654	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A
8 DANVILLE PRESERVATION CORPORATION 325 N. WELLS STREET - 8TH FLOOR CHICAGO, IL 60654	RENTAL REAL ESTATE	IL	NONE	NONE	NONE	N/A

2009

HISPANIC ELDERLY HOUSING

36-3188493

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING	08/01/1987	3,668,080	100.000			3,668,080	2,855,843	2,989,228	SL		27.500				133,385
FURNITURE & EQUIPM	07/01/1990	3,095	100.000			3,095	3,095	3,095	SL		7.000				
FURNITURE & EQUIPM	07/01/1991	1,593	100.000			1,593	1,593	1,593	SL		7.000				
FURNITURE & EQUIPM	08/01/1991	3,730	100.000			3,730	3,730	3,730	SL		7.000				
FURNITURE & EQUIPM	07/01/1992	2,871	100.000			2,871	2,871	2,871	SL		7.000				
FURNITURE & EQUIPM	07/01/1993	9,308	100.000			9,308	9,308	9,308	SL		7.000				
FURNITURE & EQUIP	07/01/1994	3,925	100.000			3,925	3,925	3,925	SL		7.000				
FURNITURE & EQUIPM	07/01/1995	449	100.000			449	449	449	SL		7.000				
FURNITURE & EQUIPM	07/01/1995	432	100.000			432	432	432	SL		7.000				
FURNITURE & EQUIPM	05/01/1996	3,851	100.000			3,851	3,851	3,851	SL		7.000				
FURNITURE & EQUIP	05/01/1996	873	100.000			873	873	873	SL		7.000				
FURNITURE & EQUIPM	05/01/1996	908	100.000			908	908	908	SL		7.000				
FURNITURE & EQUIPM	06/01/1996	6,197	100.000			6,197	6,197	6,197	SL		7.000				
FURNITURE & EQUIPM	02/01/1997	672	100.000			672	672	672	SL		7.000				
FURNITURE & EQUIPM	03/01/1997	1,468	100.000			1,468	1,468	1,468	SL		7.000				
FURNITURE & EQUIPM	06/30/1998	3,177	100.000			3,177	3,177	3,177	SL		7.000				
FURNITURE & EQUIPM	06/15/1999	8,902	100.000			8,902	8,902	8,902	SL		7.000				
FURNITURE & EQUIPM	06/15/2000	12,457	100.000			12,457	12,456	12,456	150DB	MQ			7		
FURNITURE & EQUIPM	11/30/2000	7,511	100.000			7,511	7,511	7,511	150DB	MQ			7		
Less Retired Assets															
Subtotals						4,727,014	3,112,696	3,297,930							185,234

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
REFINANCE FEE	06/01/2007	157,306	7,116	11,610	A461	35.000	4,494
TOTALS		157,306	7,116	11,610			4,494

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
REFINANCE FEE	06/01/2007	157,306	7,116	11,610	A461	35.000	4,494
TOTALS		157,306	7,116	11,610			4,494

*Assets Retired
JSA
090241 000

Description of Property															
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE & EQUIPM	06/30/2001	6,397	100.000			6,397	6,395	6,395	200DB	HQ			7		
FURNITURE & EQUIPM	12/31/2001	9,692	100.000			9,692	9,691	9,691	200DB	HQ			7		
APPLIANCES	06/30/2002	14,474	100.000			14,474	14,474	14,474	SL		7.000				
APPLIANCES	07/01/2003	7,854	100.000			7,854	6,171	7,293	SL		7.000				1,122
FURNITURE & EQUIPM	06/30/2004	6,034	100.000			6,034	4,688	5,226	200DB	HY			7		538
FURNITURE & EQUIPM	06/30/2005	15,450	100.000			15,450	10,624	12,004	200DB	HY			7		1,380
FURNITURE & EQUIPM	06/30/2006	15,811	100.000			15,811	5,647	7,906	SL		7.000				2,259
BUILDING REHABILIT	07/01/1989	1,990	100.000			1,990	1,402	1,474	SL		27.500				72
BUILDING REHABILIT	10/01/1990	1,120	100.000			1,120	705	746	SL		27.500				41
BUILDING REHABILIT	07/01/1991	4,452	100.000			4,452	3,069	3,231	SL		27.500				162
BUILDING REHABILIT	07/01/1992	11,462	100.000			11,462	6,879	7,296	SL		27.500				417
BUILDING REHABILIT	07/01/1993	13,998	100.000			13,998	8,306	8,815	SL		27.500				509
BUILDING REHABILIT	07/01/1994	4,992	100.000			4,992	2,639	2,821	SL		27.500				182
BUILDING REHABILIT	07/01/1995	818	100.000			818	420	450	SL		27.500				30
BOILER MODULES	06/01/1997	18,514	100.000			18,514	7,740	8,413	SL		27.500				673
PAVING LOT	11/30/1998	6,775	100.000			6,775	4,576	5,028	SL		15.000				452
CAPITAL IMPROVEMEN	08/15/1999	7,897	100.000			7,897	2,703	2,990	SL		27.500				287
CAPITAL IMPROVEMEN	12/15/1999	5,585	100.000			5,585	1,844	2,047	SL		27.500				203
CAPITAL IMPROVEMEN	07/31/2000	3,527	100.000			3,527	741	829	SL		30.000				88
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															
AMORTIZATION															
Asset description	Date placed in service	Cost or basis			Accumulated amortization	Ending Accumulated amortization	Code	Life			Current-year amortization				
TOTALS															

*Assets Retired
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