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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)

OMB No 1545-0047

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010

- B Check if applicable
Address change
Name change
Initial return
Terminated
Amended return
Application pending

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

C Name of organization
MAPLE CITY SQUARE INC
Doing Business As
MAPLE CITY SQUARE
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
911 N STUDEBAKER ROAD
City or town, state or country, and ZIP + 4
LONG BEACH, CA 90815

D Employer identification number
31-1105980
E Telephone number
(562) 257-5100
G Gross receipts \$ 258,789

F Name and address of principal officer
DEBORAH STOUFF
911 N STUDEBAKER ROAD
LONG BEACH, CA 90815

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

I Tax-exempt status
501(c) (3)

J Website: WWW.RHF.ORG

K Form of organization
Corporation
L Year of formation 1984
M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MAPLE CITY SQUARE INC IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF INDIANA...
2 Check this box 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
4 Number of independent voting members of the governing body
5 Total number of employees
6 Total number of volunteers
7a Total gross unrelated business revenue
7b Net unrelated business taxable income

Table with 3 columns: Revenue, Expenses, Net Assets or Fund Balances. Rows include Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses, Total assets, Total liabilities, Net assets or fund balances.

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: STEVEN R HISE
Date: 2010-10-20
Type or print name and title: DEBORAH STOUFF CORPORATE SECRETARY

Paid Preparer's Use Only
Preparer's signature: STEVEN R HISE
Date:
Check if self-employed
Preparer's identifying number
Firm's name (or yours if self-employed), address, and ZIP + 4: DAUBY O'CONNOR & ZALESKI LLC, 501 CONGRESSIONAL BLVD STE 300, CARMEL, IN 46032
EIN:
Phone no: (317) 848-5700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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 \$ 230,386 including grants of \$) (Revenue \$ 80,132)

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

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 230,386

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

<p>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? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>Yes</p>
<p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	
<p>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?</p>	<p>24c</p>	
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	
<p>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>	<p>No</p>
<p>26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>	<p>No</p>
<p>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)</p>		
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>No</p>
<p>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 owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>	<p>Yes</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>	<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i></p>	<p>34</p>	<p>Yes</p>
<p>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35</p>	<p>No</p>
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>	<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>

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 4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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.

1b Total	0	2,224,909	297,983
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2 Total number of individuals (including but not limited to those listed above) 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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 but not limited to those listed above) 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 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	176,256				
	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 ▶	176,256				
Program Service Revenue	2a	RENTAL INCOME	531,110	80,132	80,132		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	80,132				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	689			689	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
b	Less cost or other basis and sales expenses						
c	Gain or (loss)						
d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a	LAUNDRY AND VENDING	531,110	1,588		1,588		
b	TENANT CHARGES	531,110	71		71		
c	OTHER REVENUE-MISC	531,110	53		53		
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,712				
12	Total revenue. See Instructions ▶		258,789	80,132	0	2,401	

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	19,236		19,236	
b	Legal				
c	Accounting	4,715		4,715	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	987		987	
13	Office expenses	10,165	10,165		
14	Information technology				
15	Royalties				
16	Occupancy	139,164	139,164		
17	Travel	1,157		1,157	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,978	29,978		
23	Insurance	4,441	4,441		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Management Company Empl	46,638	46,638		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	256,481	230,386	26,095	0
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	100	1	100	
	2 Savings and temporary cash investments	2,084	2	2,191	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,410	4	125	
	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	76	9		
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	1,094,850			
	b Less accumulated depreciation	555,834	10c	541,956	
	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	149,993	13	150,525	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	6,860	15	6,721	
16 Total assets. Add lines 1 through 15 (must equal line 34)	716,357	16	701,618		
Liabilities	17 Accounts payable and accrued expenses	24,436	17	20,929	
	18 Grants payable		18		
	19 Deferred revenue	2	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	824,454	23	811,055	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	10,343	25	10,204	
	26 Total liabilities. Add lines 17 through 25	859,235	26	842,188	
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	-142,878	27	-140,570	
	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	-142,878	33	-140,570		
34 Total liabilities and net assets/fund balances	716,357	34	701,618		

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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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	Yes	
2d	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
3b	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 . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **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).**
- 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).**
- 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 supported organization(s)

	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.)

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.")	152,044	171,330	161,226	161,864	176,256	822,720
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 lines 1 through 3	152,044	171,330	161,226	161,864	176,256	822,720
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						822,720

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	152,044	4,747	161,226	161,864	176,256	822,720
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,568	4,747	4,739	1,932	689	14,675
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,779	1,485	2,043	1,990	1,713	9,010
11 Total support (Add lines 7 through 10)						846,405
12 Gross receipts from related activities, etc (See instructions)					12	359,129

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**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	97.200 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97.060 %

16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a 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) 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						
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						
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)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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.** 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

Explanation

Schedule A, Part IV, Supplemental Information Schedule A, Part II, Line 10 Miscellaneous income consists of tenant charges, laundry and vending charges and other income items for services provided for the convenience of the tenants

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA NIXON PRESIDENT	20	X		X				0	0	0
VICTOR FROHNE VICE pRESIDENT	20	X		X				0	0	0
CAROL LAGARD director	20	X						0	0	0
BETTY KESSLER DIRECTOR	20	X						0	0	0
DARLENE HINDSLEY DIRECTOR	20	X						0	0	0
MARYDEL FROHNE DIRECTOR	20	X						0	0	0
REV HELEN NUSBAUM DIRECTOR	20	X						0	0	0
Laverne R Joseph CEO	20				X			0	323,609	93,622
DEBORAH STOUFF CORPORATE SECRETARY	20	X		X				0	123,464	15,259
Robert R Amberg Sr VP General Counsel	20				X			0	264,342	32,208
stuart J hartman VP Housing Operations	20				X			0	200,299	32,051
Peter Oscar Peabody VP Health Care Operation	20				X			0	179,112	16,570
Frank Rossello Jr CFO & VP of Finance	20				X			0	175,498	10,781
RICHARD T WASHINGTON VP Business Development	20				X			0	161,020	19,835
Margarita Guzman Dir of IT, ISO	20				X			0	154,648	8,773
Vincent Magnone VP Treasury	20					X		0	145,975	20,545
Nada Battaglia Human Resources VP	20					X		0	146,629	23,838
Cheryl J Howell Assistant Corp Secretar	20					X		0	119,834	9,213
John Clow Director of Risk Mgmt	20					X		0	114,100	7,887
Claudia Flores Controller	20					X		0	116,379	7,401
See Schedule JO salary disclosure - pgs 26 & 35	20			X	X			0	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MAPLE CITY SQUARE INC

Employer identification number 31-1105980

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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 for any other purpose conferring impermissible private benefit?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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)?

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 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 XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b 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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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	258,789
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	256,481
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,308
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	2,308

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	258,789
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	258,789
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	258,789

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

1	Total expenses and losses per audited financial statements	1	256,481
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	0
3	Subtract line 2e from line 1	3	256,481
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	256,481

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, 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.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	IN 2009, THE CORPORATION ADOPTED THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, WHICH PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. THE CORPORATION IS REQUIRED TO EVALUATE THE INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE POSITIONS ARE "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITY. THE CORPORATION HAS DETERMINED THAT THE APPLICATION OF THE INCOME TAXES STANDARD DOES NOT IMPACT THE OPERATIONS OF THE CORPORATION AND THAT NO PROVISION FOR INCOME TAX IS REQUIRED IN THE CORPORATION'S FINANCIAL STATEMENTS. THERE HAS BEEN NO INTEREST OR PENALTIES RECOGNIZED IN THE INCOME STATEMENT OR BALANCE SHEET FOR THE YEARS ENDED MAY 31, 2010 AND 2009. AS OF MAY 31, 2010, THE FOLLOWING FEDERAL AND STATE TAX YEARS REMAIN OPEN - UNITED STATES YEARS ENDED MAY 31, 2010, 2009, 2008, AND 2007, AND STATE OF INDIANA YEARS ENDED MAY 31, 2010, 2009, 2008, AND 2007.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Laverne R Joseph	(i)	0	0	0	0	0	0	0
	(ii)	317,009	0	6,600	23,902	69,720	417,231	0
Robert R Amberg	(i)	0	0	0	0	0	0	0
	(ii)	258,342	0	6,000	23,251	8,957	296,550	0
stuart J hartman	(i)	0	0	0	0	0	0	0
	(ii)	194,899	0	5,400	16,554	15,497	232,350	0
Peter Oscar Peabody	(i)	0	0	0	0	0	0	0
	(ii)	173,712	0	5,400	5,015	11,555	195,682	0
Frank Rossello Jr	(i)	0	0	0	0	0	0	0
	(ii)	173,248	0	2,250	5,197	5,584	186,279	0
RICHARD T WASHINGTON	(i)	0	0	0	0	0	0	0
	(ii)	155,620	0	5,400	14,181	5,654	180,855	0
Margarita Guzman	(i)	0	0	0	0	0	0	0
	(ii)	154,648	0	0	3,119	5,654	163,421	0
Vincent Magnone	(i)	0	0	0	0	0	0	0
	(ii)	145,975	0	0	4,379	16,166	166,520	0
Nada Battaglia	(i)	0	0	0	0	0	0	0
	(ii)	145,429	0	1,200	12,924	10,914	170,467	0

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
Supplemental Information	Part III	THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 166 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization MAPLE CITY SQUARE INC	Employer identification number 31-1105980
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To From		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

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

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

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

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		Maple City Square, Inc is managed by Foundation Property Management, Inc , a professional property management company Foundation Property Management, Inc has a Project Owner's and Management Agent's certification for Multifamily Housing Projects w ith the U S Department of Housing and Urban Development Under this certification, HUD has approved Foundation Property Management, Inc to manage the MAPLE CITY SQUARE, INC apartment community
Form 990, Part VI, Section A, line 6		There is one class of members, consisting of Retirement Housing Foundation and St Paul United Church of Christ, LaPorte, Indiana Membership is nontransferable and nonassignable
Form 990, Part VI, Section A, line 7a		The directors are elected by the members at the annual meeting of the members
Form 990, Part VI, Section A, line 7b		The bylaw s may not be amended, repealed, added to, nor new bylaw s adopted w ithout the unanimous affirmative vote or unanimous w ritten consent of the members
Form 990, Part VI, Section B, line 11		the auditing firm sends a draft of the return to the management company The management company forw ards a copy of the return to each board member for their comments prior to filing
Form 990, Part VI, Section B, line 12c		Upon joining the company and annually thereafter, all employees and Board members are required to complete and sign a certification acknow ledging their understanding and agreement to comply w ith the company's conflict of interest policy, including disclosing any activities that may appear or may be deemed violations of the policy Board members and company officers have an additional and more comprehensive conflict of interest policy and certification requirement Designated management personnel are responsible for tracking the distribution and return of all certifications and for accounting and reporting any disclosures to the company's compliance officer If further review of any disclosure is merited, the compliance officer forw ards the certification to the companys general counsel, CEO, and/or Board for final disposition Individuals w ho have made disclosures are advised of final dispositions An employee's failure to submit timely certifications, disclosures, and/or to take the necessary required actions to avoid conflicts may be disciplined, up to and including termination If the individual is a Board member, he or she may be subject to removal from his or her position
Form 990, Part VI, Section B, line 15		The process for determining compensation for the CEO, executive director, top management officials, and other officers or key employees included an extensive review and approval by independent persons
Form 990, Part VI, Section C, line 19		THE FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2C	Oversight of Auditing Function	FOUNDATION PROPERTY MANAGEMENT, INC , THE MANAGEMENT COMPANY , RECEIVES A COPY OF THE AUDIT PRIOR TO THE FINALIZATION OF THE AUDIT, THE TOP LEVEL EXECUTIVES AT FOUNDATION PROPERTY MANAGMENT, INC GIVE THEIR APPROVAL WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM

FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II Compensation Disclosure THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 166 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS Form 990 Schedule R, Part V Line 1 Transactions with Related Organizations For the purposes of Schedule R, Part V, the following applies Retirement Housing Foundation AND Foundation property management, inc ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR MANAGE APPROXIMATELY 166 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES including the district of columbia, puerto rico and the virgin islands -Line Item 1E includes payables to related organizations -Line Item 1L includes management fees paid to related organizations -Line Item 1O includes all salaries, employee benefits, and payroll taxes, as well as bookkeeping and insurance (including workers compensation) paid to related organizations

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

Part I Identification of Disregarded Entities (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
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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
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See Additional Data Table

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 Additional Data Table

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
Foundation Financial Services Inc 911 N Studebaker Road Long Beach, CA90815 95-3930162	Sponsor Organization	CA	N/A	C			
Retirement Enterprises Inc 911 N Studebaker Road Long Beach, CA90815 33-0322654	Sponsor Organization	CA	N/A	C			
United Congregate Care Inc 912 N Studebaker Road Long Beach, CA90816 33-0369183	Sponsor Organization	CA	N/A	C			

Part V Transactions With Related Organizations (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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

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

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Culver City Rotary Plaza Inc 5100 Overland Avenue Culver City, CA90230 95-3815447	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
DALLAS RHF HOUSING INC 1409 Range Drive Mesquite, TX75149 33-0236316	LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 7	
DE SMET RHF HOUSING INC 1425 N Florissant Road Florissant, MO 63033 31-1710670	senior housing	MO	501(c)(3)	PF	
DEL NORTE RHF SENIOR HOUSING INC 1799 West 32nd Avenue Denver, CO80211 33-0219411	LOW AND VERY LOW INCOME HOUSING	CO	501(c)(3)	Line 9	
DES MOINES RHF HOUSING INC 2111 East Virginia Avenue Des Moines, IA 50320 33-0402391	LOW AND VERY LOW INCOME HOUSING	IA	501(c)(3)	Line 9	
Diakonia Housing I Inc 2654 McGregor Drive Rancho Cordova, CA95670 95-3743532	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
Diakonia Housing Inc 120 East Franklin Street Eperata, PA 17522 33-0483950	LOW AND VERY LOW INCOME HOUSING	PA	501(c)(3)	Line 7	
Diakonia Housing Inc 319 East 12th Street Anderson, IN46016 95-3815145	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 7	
DOGWOOD RETIREMENT HOUSING INC 101 S Columbia Street Milledgeville, GA 31061 95-3917927	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(c)(3)	PF	
Donald Jordan Sr Manor Inc 11441 Acacia Parkway Garden Grove, CA92840 95-3806147	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
ECUMENICAL RETIREMENT HOUSING INC 250 Femrite Drive Monona, WI53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	501(c)(3)	Line 7	
EDNA RHF HOUSING INC 1207 Miracle Drive Edna, TX77957 33-0236319	LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 7	
Escalon Heritage Homes Inc 1100 Escalon Avenue Escalon, CA95320 95-3915615	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
ESPERANZA RHF HOUSING 911 N Studebaker Road Long Beach, CA90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	WA	501(c)(3)	Line 9	
FAJARDO RHF HOUSING INC Calle 5 Edif Adm Monte Vista Fajardo, PR00738 66-0431743	LOW INCOME HOUSING	PR	501(c)(3)	PF	
FLORENCE RHF HOUSING INC 718 South Dargan Street Florence, SC29506 57-0845047	Residential and assisted living for senior citizens	SC	501(c)(3)	Line 9	
FOUNDATION PROPERTY MANAGEMENT 911 N Studebaker Road Long Beach, CA90815 95-3651050	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(c)(3)	Line 11a, I	
FRIENDSHIP HOUSE III INC 7988 North Michigan Road Indianapolis, IN46268 31-0956562	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 9	
GLENWOOD RHF HOUSING INC 711 Nuckolls Street Glenwood, IA51534 33-0240089	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(c)(3)	PF	
GOLD COUNTRY HEALTH CENTER INC 4301 Golden Center Drive Placerville, CA95667 95-3864203	nursing and housing for the elderly	CA	501(c)(3)	Line 9	
GRANADA GARDENS RHF HOUSING INC 167000 Chatsworth Street Granada Hills, CA91344 33-0713531	GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR	CA	501(c)(3)	Line 9	
GREAT PLAINS HOUSING ADVOCACY INC 930 S Taft Drive North Platte, NE69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL	NE	501(c)(3)	PF	
HAMILTON RHF HOUSING INC 20 Haverhill Street Brockton, MA02301 73-1698527	SENIOR HOUSING	MA	501(c)(3)	PF	
Harbor Tower 911 N Studebaker Road Long Beach, CA90815 95-3072221	Low Income Housing	CA	501(c)(3)	Line 9	
HAVENWOOD RHF HOUSING INC 1330 S Burlington Street Los Angeles, CA90006 33-0713528	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
HOLLY HILL RHF HOUSING INC 900 LGPA Blvd Holly Hill, FL32117 59-2742497	retirement home for senior citizens	FL	501(c)(3)	Line 9	
HOLLYVIEW RHF HOUSING INC 5411 Hollywood Blvd Hollywood, CA90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(c)(3)	PF	
HOLLYWOOD RHF HOUSING INC 911 N Studebaker Road Long Beach, CA90815 31-1576132	LOW & VERY LOW INCOME HOUSING	CA	501(c)(3)	PF	
HOOSIER VALLEY HOUSING CORPORATION 785 Regina Lane Corydon, IN47112 31-1135803	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 9	
HOUSTON RHF HOUSING INC 8106 Creekbend Drive Houston, TX77071 31-1531662	LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ILS TRANSITION INC 1626 Court Street Suite 200 Redding, CA96001 68-0203079	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CA	501(c)(3)	Line 9	
INDEPENDENCE SQUARE RHF HOUSING INC 201 W Delaware Evansville, IN47710 30-0105351	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 7	
KEARNEY RHF HOUSING INC 1011 6th Avenue Kearny, NE68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(c)(3)	Line 9	
KING JAMES COURT RHF HOUSING INC 383 E River Street Orange, MA01364 76-0713633	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(c)(3)	Line 9	
La Fontaine Center Inc 208 West State Street Huntington, IN46750 31-1025386	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 9	
LA MIRADA RHF HOUSING INC 14129 Adoree Street La Mirada, CA90638 33-0235269	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
LIBERTY PARK RHF HOUSING INC 2735 Corprew Avenue Norfolk, VA23504 33-0293189	LOW AND VERY LOW INCOME HOUSING	VA	501(c)(3)	Line 9	
Lomita Kiwanis Gardens Inc 25109 Ebony Lane Lomita, CA90717 95-3915617	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
LOS ALAMITOS RHF HOUSING INC 4121 Katella Avenue Los Alamitos, CA90720 33-0336099	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 7	
LOS ARCOS RHF HOUSING INC 12740 Gateway Park Rd Poway, CA92064 91-2129703	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
LOVELAND RHF HOUSING INC 4895 Lucerne Avenue Loveland, CO80538 20-2853552	LOW & VERY LOW INCOME HOUSING	CO	501(c)(3)	PF	
LOWER TOWNSHIP RHF HOUSING INC 664 Town Bank Road Cape May, NJ08204 33-0310321	LOW AND VERY LOW INCOME HOUSING	NJ	501(c)(3)	Line 9	
Mac Arthur Park Towers 911 N Stuebaker Road Long Beach, CA90815 95-3000996	Low Income Housing	CA	501(c)(3)	Line 9	
MACON RHF HOUSING INC 478 Monroe Hill Macon, GA31204 30-0265098	LOW INCOME HOUSING	GA	501(c)(3)	Line 9	
Madison Heritage Apartments Inc 101 West 2nd Street Madison, TN47250 35-1601281	LOW AND VERY LOW INCOME HOUSING	TN	501(c)(3)	Line 9	
Malone Community Center Hsg Corp 737 North 22nd Street Lincoln, NE68503 95-3924425	LOW AND VERY LOW INCOME HOUSING	NE	501(c)(3)	Line 9	
MANITOWOC RHF HOUSING INC 1485 North 7th Street Manitowoc, WI54220 39-1674875	LOW AND VERY LOW INCOME HOUSING	WI	501(c)(3)	Line 9	
Maple City Square Inc 1204 Andrew Avenue La Porte, IN46350 31-1105980	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 7	
Marple Manor Inc 530 Coffee Road Modesto, CA95355 94-2764262	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
Marymount Assn for Sr Hsg 317 152nd Street East Tacoma, WA98445 91-1212339	LOW AND VERY LOW INCOME HOUSING	WA	501(c)(3)	Line 7	
Mason City RHF Housing Inc 741 South Illinois Avenue Mason City, IA50401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(c)(3)	Line 9	
MASON PLACE RHF HOUSING INC 911 N Stuebaker Road Long Beach, CA90815 41-2089814	SENIOR citizen housing	MA	501(c)(3)	PF	
MAYFLOWER GARDENS HEALTH FACILITIES INC 6705 W Avenue M Lancaster, CA93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(c)(3)	Line 9	
MAYFLOWER GARDENS II INC 6570 West Avenue L-12 Lancaster, CA93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
MAYFLOWER RHF HOUSING INC 6570 West Avenue L-12 Lancaster, CA93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(c)(3)	Line 9	
MCKINNEY RHF HOUSING INC 506 S Graves Street McKinney, TX75069 95-3972613	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 9	
MERRITT ISLAND RHF HOUSING INC 1100 South Courtenay Parkway Merritt Island, FL32952 59-2721378	housing and nursing for senior citizens	FL	501(c)(3)	Line 9	
MESQUITE RHF HOUSING INC 1413 Range Drive Mesquite, TX75149 75-2264833	LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 9	
MISSION PALMS RETIREMENT HOUSING INC 900 Los Ebanos Road Mission, TX78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 9	
Modesto Affiliated Church Hsg Corp 900 17th Street Modesto, CA95354 94-2256991	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
MPT Managers 911 N Studebaker Road Long Beach, CA90815 93-1216117	LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
North Capitol at Plymouth Inc 5233 N Capitol St Washington, DC20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(c)(3)	Line 9	
NORTHWEST HOUSING CORPORATION 227 North Ute Avenue Montrose, CO81401 74-2282021	LOW AND VERY LOW INCOME HOUSING	CO	501(c)(3)	Line 9	
OKLAHOMA RHF HOUSING INC 1207 West Cherokee Lindsay, OK73052 33-0236323	LOW & VERY LOW INCOME HOUSING	OK	501(c)(3)	Line 7	
OLYMPIC RHF HOUSING INC 2726 E Olympic Boulevard Los Angeles, CA90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
Pagedale RHF Housing Inc 7550 Page Avenue St Louis, MO63133 20-5267298	LOW AND VERY LOW INCOME HOUSING	MO	501(c)(3)	Line 9	
PARK PLACE RHF HOUSING 6900 37th Avenue South Seattle, WA98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(c)(3)	Line 9	
PASADENA RHF HOUSING INC 275 E Cordova Street Pasadena, CA91101 95-3915619	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 7	
PAUAHI ELDERLY HOUSING 167 North Pauahi Street Honolulu, HI96817 95-3883729	LOW AND VERY LOW INCOME HOUSING	HI	501(c)(3)	Line 9	
PHOENIX RHF HOUSING INC 13420 North 21st Place Phoenix, AZ85022 86-0661151	LOW AND VERY LOW INCOME HOUSING	AZ	501(c)(3)	Line 9	
Pilgrim Tower East 911 N Studebaker Road Long Beach, CA90815 95-3298228	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
Pilgrim Tower North 911 N Studebaker Road Long Beach, CA90815 95-2874168	LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
Pilgrim Tower North 911 N Studebaker Road Long Beach, CA90815 95-2874168	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
PINE CREST RHF HOUSING INC 419 E River Street Orange, MA01364 76-0713635	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(c)(3)	Line 9	
PINEHURST RETIREMENT HOUSING INC 122 Kickapoo Street Palestine, TX75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(c)(3)	Line 7	
PINWOOD MANOR BREMERTON 280 Sylvan Way Bremerton, WA98310 95-3864201	LOW AND VERY LOW INCOME HOUSING	WA	501(c)(3)	Line 7	
Pioneer Manor of Geneva 123 South 11th Street Geneva, NE68361 95-3864190	LOW AND VERY LOW INCOME HOUSING	NE	501(c)(3)	Line 9	
Pioneer Towers 515 P Street Sacramento, CA95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
PLYMOUTH PLACE INC 1320 N Monroe Street Stockton, CA95203 95-3835688	TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS	CA	501(c)(3)	Line 9	
POWAY RHF HOUSING INC 12751 Gateway Park Rd Poway, CA92064 33-0299770	senior citizen housing	CA	501(c)(3)	Line 9	
Prairie Grove Apts Inc 141 Millar Road East Prairie, MO63845 95-3972405	LOW AND VERY LOW INCOME HOUSING	MO	501(c)(3)	Line 9	
PRESCOTT RHF HOUSING INC 117 Cory Avenue Prescott, AZ86303 33-0224099	LOW AND VERY LOW INCOME HOUSING	AZ	501(c)(3)	Line 9	
REDDING PILGRIM HOUSING INC 910 Canby Road Redding, CA96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
REDDING RHF HOUSING INC 1626 Court Street Suite 200 Redding, CA96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
RETIREMENT HOUSING FOUNDATION 911 N Studebaker Road Long Beach, CA90815 95-2249495	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(c)(3)	Line 1	
RHF 202-II HOUSING (HAWAII) INC 1605 Philip Street Honolulu, HI96826 99-0270013	LOW AND VERY LOW INCOME HOUSING	HI	501(c)(3)	Line 7	
RHF BUNKER HILL CORPORATION 911 N Studebaker Road Long Beach, CA90815 95-3295618	AFFORDABLE HOUSING TO THE ELDERLY	CA	501(c)(3)	Line 9	
RHF Foundation Inc 911 N Studebaker Road Long Beach, CA90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 11a, I	
RHF HOUSING INC 607 North Hightower Peoria, IL61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(c)(3)	Line 9	
River City Residential Club Inc 1816 O Street Sacramento, CA95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ROUND HOUSE MANOR INC 300 Bicentennial Court Kaukauna, WI54130 95-3856154	LOW AND VERY LOW INCOME HOUSING	WI	501(c)(3)	Line 9	
Salem RHF Housing Inc 3524 Fisher Road NE Salem, OR97305 76-0775911	LOW AND VERY LOW INCOME HOUSING	OR	501(c)(3)	Line 9	
Saline Community Directions Inc 460 Russell Street Saline, MI48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(c)(3)	Line 9	
SAN ANTONIO RHF HOUSING INC 4438 Callaghan Road San Antonio, TX78228 81-0631098	LOW INCOME HOUSING	TX	501(c)(3)	Line 9	
Sangnok Housing Corp 911 N Studebaker Road Long Beach, CA90815 95-3976201	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 11a, I	
SANTA MONICA RHF HOUSING INC 1125 Third Street Santa Monica, CA90403 33-0234678	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
SHELBYVILLE INC 102 East Franklin Street Shelbyville, IN46176 95-3952505	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 7	
SMYRNA RHF HOUSING INC 2348 Benson Poole Road Smyrna, GA30082 31-1728897	LOW AND VERY LOW INCOME HOUSING	GA	501(c)(3)	Line 9	
SOUTHPOINTE VILLA RHF HOUSING INC 302 West merrill Avenue Rialto, CA92376 30-0108108	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(c)(3)	Line 9	
ST CATHERINE RHF HOUSING INC 3350 St Catherine Street Florissant, MO63033 31-1710648	SENIOR HOUSING	MO	501(c)(3)	Line 9	
ST CROIX HOUSING FOR THE ELDERLY INC 4100 Sunny Isle Christiansted St Croix, VI00820 95-3976114	LOW & VERY LOW INCOME HOUSING	VI	501(c)(3)	PF	
ST JAMES PARK RHF HOUSING INC 34 St James Park Los Angeles, CA90007 33-0713530	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
Stockton Congregational Homes Inc 1319 North Madison Street Stockton, CA95202 94-1702821	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
STORM LAKE RHF HOUSING INC 904 E Milwaukee Avenue Storm Lake, IA50588 33-0217490	LOW & VERY LOW INCOME HOUSING	IA	501(c)(3)	PF	
SUN CITY RHF HOUSING INC 28500 Bradley Road Sun City, CA92586 95-3930268	residential and assisted living services for senior citizens	CA	501(c)(3)	Line 9	
SYMPHONY EAST RHF HOUSING INC 334 Massachusetts Avenue Boston, MA02115 91-2118985	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(c)(3)	PF	
SYMPHONY WEST RHF HOUSING INC 333 Massachusetts Avenue Boston, MA02115 91-2118974	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(c)(3)	PF	
TALLAHASSEE RHF HOUSING INC 1433 North Adams Street Tallahassee, FL32303 59-2314057	LOW AND VERY LOW INCOME HOUSING	FL	501(c)(3)	Line 9	
University Center - St Ctzn 1801 North Broadway Indianapolis, IN46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 9	
Vacaville Sr Housing Corp 2470 Nut Tree Road Vacaville, CA95687 68-0025578	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 9	
VILLA GREENTREE INC 2100 Greentree North Clarksville, IN47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(c)(3)	Line 9	
Village Pointe RHF Inc 1220 38th Street Norfolk, VA23508 91-2055958	LOW AND VERY LOW INCOME HOUSING	VA	501(c)(3)	Line 7	
VPH ADULT RETIREMENT CENTER 15211 Sherman Way Van Nuys, CA91405 95-3748359	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 7	
WAICO RHF HOUSING INC 1919 North 11th Street Milwaukee, WI53205 33-0230525	LOW AND VERY LOW INCOME HOUSING	WI	501(c)(3)	Line 9	
West Valley Towers 14650 Sherman Way Van Nuys, CA91405 95-3573752	LOW AND VERY LOW INCOME HOUSING	CA	501(c)(3)	Line 7	
WINSLOW RHF HOUSING INC 901 West Desmond Winslow, AZ86047 33-0236331	LOW AND VERY LOW INCOME HOUSING	NE	501(c)(3)	Line 9	
YELLOWWOOD ACRES INC 2210 Greentree N Clarksville, IN47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(c)(3)	Line 9	

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return MAPLE CITY SQUARE INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 31-1105980
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	29,978

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	29,978
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

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