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Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 08-01-2009 and ending 07-31-2010

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
NATIONAL CHURCH RESIDENCES OF HIALEAH FL INCDoing Business As
PALM SPRINGS VILLANumber and street (or P O box if mail is not delivered to street address)
2335 NORTH BANK DRIVERoom/suite
COLUMBUS, OH 43220D Employer identification number
31-1132673E Telephone number
(614) 451-2151

G Gross receipts \$ 643,671

F Name and address of principal officer
MARK RICKETTS
2335 NORTH BANK DRIVE
COLUMBUS, OH 43220H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included?
 Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ► 5048

I Tax-exempt status 501(c) (3) ► (insert no) 4947(a)(1) or 527

J Website: ► WWW NCR.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1985

M State of legal domicile FL

Part I Summary

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

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5 Total number of employees (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	511,226
9 Program service revenue (Part VIII, line 2g)	110,976
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-9,107
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,248
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	630,270

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	667,711
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	667,711
19 Revenue less expenses Subtract line 18 from line 12	-37,441

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,757,340	2,678,052
21 Total liabilities (Part X, line 26)	3,260,672	3,227,912
22 Net assets or fund balances Subtract line 21 from line 20	-503,332	-549,860

Part II Signature Block

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

Signature of officer

2010-11-16

Date

MARK RICKETTS PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Jessica Cooper	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
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

THE MISSION OF NATIONAL CHURCH RESIDENCES IS TO PROVIDE QUALITY HOUSING AND CARE AT AFFORDABLE PRICES IN COMMUNITIES OF CARING PERSONS. OUR MINISTRY IS NATIONAL IN SCOPE AND ORIGINATES FROM A CHRISTIAN COMMITMENT OF SERVICE TO OLDER ADULTS, WHICH BEGAN IN 1961. WHILE OUR MINISTRY HAS BEEN TARGETED PRIMARILY TOWARD OLDER ADULTS, WE HAVE SPECIAL CONCERN FOR LOW- AND MODERATE-INCOME SENIORS, PERSONS WITH DISABILITIES, AND LOW- AND MODERATE-INCOME FAMILIES. WE ARE COMMITTED TO EXPANDING AND FUNDING SERVICES IN ASSISTED LIVING, NURSING HOMES, AND FULL-SERVICE RETIREMENT COMMUNITIES. WE ALSO PLAN FOR THOUGHTFUL GROWTH IN AFFORDABLE FAMILY HOUSING. WE ARE COMMITTED TO PROFESSIONALISM IN THE MANAGEMENT OF PROPERTY, PROGRAMS, AND HUMAN RESOURCES AND EQUALLY COMMITTED TO COMPASSION FOR THE PEOPLE WE SERVE.

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 \$ 627,461 including grants of \$) (Revenue \$ 102,031)
THE SOLE PURPOSE IS TO PROVIDE SUBSIDIZED LOW AND MODERATE-INCOME APARTMENT RENTAL HOUSING FOR PRIMARILY ELDERLY PERSONS THROUGH THE
U.S. DEPARTMENT OF HUD SECTIONS 202 AND 8 PROGRAMS

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

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

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

4e Total program service expenses \$ 627,466

Part IV Checklist of Required Schedules

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

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

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

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

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

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

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

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

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20		No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0
2b	If at least one is reported 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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	No
3b	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)?	4a	No
4b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	If "Yes" to 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?	6a	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
7b		7b	
7c		7c	No
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	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.	9a	
9b		9b	
10	Section 501(c)(7) organizations. Enter	10a	
10b	Initiation fees and capital contributions included on Part VIII, line 12	10b	
11	Section 501(c)(12) organizations. Enter	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure 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

		Yes	No
1a Enter the number of voting members of the governing body . . .	1a	3	
b Enter the number of voting members that are independent . . .	1b	3	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6 Does the organization have members or stockholders?	6	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
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	12a	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13 Does the organization have a written whistleblower policy?	13	Yes	
14 Does the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 MARK R RICKETTS
 2335 NORTH BANK DRIVE
 COLUMBUS, OH 43220
 (614) 451-2151

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

1b Total	0	485,945	70,036
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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? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including 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	511,226				
	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		511,226				
Program Service Revenue	Business Code						
			2a Rental Income	531,110	110,976	110,976	
			b				
			c				
			d				
			e				
	f All other program service revenue						
	g Total. Add lines 2a-2f		110,976				
Other Revenue	Business Code						
			3 Investment income (including dividends, interest and other similar amounts)		901		901
			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)	19,554					
	d Net rental income or (loss)			19,554		19,554	
Other Revenue	Business Code						
			7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other		
			b Less cost or other basis and sales expenses			8,945	
			c Gain or (loss)			-8,945	
	d Net gain or (loss)				-8,945	-8,945	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	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 & Vending		531,110	535		535		
b Miscellaneous		531,110	479		479		
c							
d All other revenue							
e Total. Add lines 11a-11d		1,014					
12 Total revenue. See Instructions		634,726	102,031	0	21,469		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	32,719		32,719	
b Legal	7,676		7,676	
c Accounting	10,684		10,684	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	119	119		
13 Office expenses	10,323	10,323		
14 Information technology				
15 Royalties				
16 Occupancy	221,026	221,026		
17 Travel	759		759	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,955		1,955	
20 Interest	192,311	192,311		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,749	127,749		
23 Insurance				
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 Mgmt Co Employee Charge	75,596	75,596		
b Bad Debts	337	337		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	681,254	627,461	53,793	0
26 Joint costs. Check here <input checked="" type="checkbox"/> <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	65,664	1 41,799
2	Savings and temporary cash investments	580,866	2
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	105	4 633
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	12,823	9 12,600
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,329,137
b	Less accumulated depreciation	10b	1,460,450
		1,966,281	10c 1,868,687
11	Investments—publicly traded securities	11	
12	Investments—other securities See Part IV, line 11	12	
13	Investments—program-related See Part IV, line 11	13	628,253
14	Intangible assets	14	114,947
15	Other assets See Part IV, line 11	131,601	15 11,133
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,757,340	16 2,678,052
Liabilities			
17	Accounts payable and accrued expenses	33,882	17 14,368
18	Grants payable	18	
19	Deferred revenue	314	19 541
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	3,217,172	23 3,184,898
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities Complete Part X of Schedule D	9,304	25 28,105
26	Total liabilities. Add lines 17 through 25	3,260,672	26 3,227,912
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	-503,332	27 -549,860
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	-503,332	33 -549,860
34	Total liabilities and net assets/fund balances	2,757,340	34 2,678,052

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC

Employer identification number

31-1132673

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f 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)

g 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

h 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 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?

i 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")						
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						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
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")					511,226	511,226
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	627,165	627,395	625,894	620,129	110,976	2,611,559
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	627,165	627,395	625,894	620,129	622,202	3,122,785
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						3,122,785

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	627,165	627,395	625,894	620,129	622,202	3,122,785
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,936	18,028	33,924	6,142	20,455	82,485
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,936	18,028	33,924	6,142	20,455	82,485
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)	51,816	20,240	18,572	19,248	1,014	110,890
13 Total support (Add lines 9, 10c, 11 and 12)	682,917	665,663	678,390	645,519	643,671	3,316,160

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	94 170 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	93 060 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2 490 %
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 II, Line 12, Explanation of Other Income MISCELLANEOUS LAUNDRY & vENDING

SCHEDULE D

(Form 990)

Supplemental Financial Statements**2009**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

**Open to Public
Inspection****Name of the organization**

NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC

Employer identification number

31-1132673

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300,000			300,000
b Buildings		1,964,028	892,436		1,071,592
c Leasehold improvements		69,123	48,932		20,191
d Equipment		703,719	248,244		455,475
e Other		292,267	270,838		21,429
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					1,868,687

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) should equal Form 202, Part X, col (B) (See 13.)		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

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

(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Mortgage Escrow Deposits	11,745	C
Reserve Replacement Fund	357,553	F
Residual Receipts	258,955	C

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

628.25

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

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

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

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	634,726
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	681,254
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-46,528
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	-46,528

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	643,671
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	643,671
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	-8,945
c	Add lines 4a and 4b	4c	-8,945
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	634,726

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

1	Total expenses and losses per audited financial statements	1	690,199
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	8,945
e	Add lines 2a through 2d	2e	8,945
3	Subtract line 2e from line 1	3	681,254
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	681,254

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 July 31, 2010 and 2009. As of July 31, 2010 and 2009, the following federal and state tax years remain open--United States years ended July 31, 2010, 2009, 2008, and 2007 and State of Florida years ended July 31, 2010, 2009, 2008, and 2007
Part XII, Line 4b - Other Adjustments		LOSS ON ASSET DISPOSAL -8945
Part XIII, Line 2d - Other Adjustments		LOSS ON ASSET DISPOSAL 8945

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC

Employer identification number

31-1132673

Part I Questions Regarding Compensation

Yes No

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax 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 checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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)?

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

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.

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)**Supplemental Information to Form 990****2009****Open to Public
Inspection**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.**

Name of the organization

NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC

Employer identification number

31-1132673

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE MEMBERSHIP IN THE CORPORATION SHALL, AT ALL TIMES, BE LIMITED TO INDIVIDUALS WHO ARE EITHER MEMBERS OF THE SPONSORING ORGANIZATION, NATIONAL CHURCH RESIDENCES, OR NON-MEMBERS WHO HAVE APPROVAL OF THE BOARD OF DIRECTORS OF NATIONAL CHURCH RESIDENCES
Form 990, Part VI, Section A, line 7a		The DIRECTORS shall be elected by the member of the corporation FROM ITS MEMBERSHIP WITH THE FOLLOWING EXCEPTIONS A THE DIRECTOR SHALL BE NOMINATED BY THE SOLE MEMBER B THE DIRECTORS SHALL SERVE A TERM OF AT LEAST ONE YEAR AND UNTIL HIS OR HER SUCCESSOR SHALL BE ELECTED AND SHALL QUALIFY
Form 990, Part VI, Section B, line 11		THE 990 RETURN IS MADE AVAILABLE TO THE BOARD PRIOR TO FILING AN OFFICER REVIEWS THE 990 RETURN PRIOR TO SIGNATURE
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS ENFORCED AND MONITORED BY AN ANNUAL SIGN-OFF
Form 990, Part VI, Section B, line 15		FOLLOWING AN ESTABLISHED EXECUTIVE COMPENSATION POLICY, THE HUMAN RESOURCE COMMITTEE REVIEWS AND APPROVES SALARIES OF ALL OFFICERS AND REPORTS TO THE EXECUTIVE COMMITTEE ON THEIR ACTION THE COMMITTEES BASE THE SALARY DECISIONS ON SURVEY DATA FROM COMPARABLE ORGANIZATIONS, USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST AND THROUGH A SECURED WEBSITE
FORM 990, PART XI, LINE 2C		THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH OVERSEES AUDIT OF THE FINANCIAL STATEMENTS AND IS INVOLVED IN SELECTION OF THE INDEPENDENT ACCOUNTANT WHICH COMPLETES THE AUDIT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
		FORM 990, SCHEDULE R, PART II THE RELATED TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION #5048

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships****2009**

► 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.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**

NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC

Employer identification number

31-1132673

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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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

See Additional Data Table

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		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds(a)
Name of other organization(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	Yes	No

Software ID:
Software Version:
EIN: 31-1132673
Name: NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?
Chateau Gardens Housing LLC 912 Martin Ave Fond du Lac, WI549356336 71-0955814	Rental activity for low income families	WI					Yes	No	Yes
Westerville Senior Housing II LLC 622 South Sunbury Road Westerville, OH43081 20-2489049	Rental activity for low income seniors	OH					No		No
Roosevelt Towne Apartments LLC 711 N Euclid Ave St Louis, MO631081632 13-4242467	Rental activity for families	OH					No		No
Abbey Church Village Limited Partnership 6003 Abbey Chapel Dr Dublin, OH430171529 31-1416957	Rental activity for families	OH					No		No
Elizabeth Senior Housing Limited Partnership 122 Seventh Street Elizabeth, NJ072012822 20-2862379	Rental activity for low income seniors	NJ					No		No
Vision Center II Limited Partnership 3400 Vision Center Court Columbus, OH432272262 31-1364056	Rental activity for seniors	OH					No		No
Battery Park Senior Housing Limited Partnership 1 Battle Square Asheville, NC288012712 26-0069390	Rental activity for low income seniors	NC					No		No
Bristol Court Apartments Limited Partnership 600 E Fifth St Waverly, OH456901566 20-2470977	Rental activity for low income seniors	OH					No		No
Waggoner Senior Housing Limited Partnership 831 Acorn Grove Dr Blacklick, OH430045044 31-1812222	Rental activity for low income seniors	OH					No		No
Clara Park Village Apartments Limited Partnership 4805 Clara St Cudahy, CA902015200 20-2869540	Rental activity for low income seniors	OH					No		No
Coeur d'Alene Senior Housing Limited Partnership 7712 N Heartland Dr Coeur d'Alene, ID838158906 31-1639271	Rental activity for low income seniors	ID					No		No
Colorado Plaza Senior Housing Limited Partnership 420 Colorado St Manhattan, KS665020659 31-1714217	Rental activity for low income seniors	KS					No		No
Chantry Place Housing Limited Partnership 5560 Chantry Drive Columbus, OH432324767 20-1872900	Rental activity for low income families	OH					No		No
The Commons at Grant Limited Partnership 398 S Grant Ave Columbus, OH432155549 31-1797406	Rental activity for low income families	OH					No		No
Country Ridge Apartments Limited Partnership 5656 Farmhouse Lane Hilliard, OH430267846 31-1504074	Rental activity for families	OH					No		No
Courtyard at Willow Woods Limited Partnership 1500 Lincoln Avenue Tomah, WI546602463 20-3678605	Rental activity for low income seniors	WI					No		No
Cypress Sunrise Village Apartments Limited Partnership 9151 Grindlay St Cypress, CA906303088 20-2869574	Rental activity for low income seniors	OH					No		No
East Valley Senior Housing Limited Partnership 16010 East Valleyway Ave Veradale, WA990378937 91-2033951	Rental activity for low income seniors	WA					No		No
Eden Place Senior Housing LP 1220 Jefferson Ave Seguin, TX781555934 74-3017793	Rental activity for low income seniors	TX					No		No
Harbourview Senior Housing Limited Partnership 115 Franklin Street Sandusky, OH448702806 20-2471589	Rental activity for low income seniors	OH					No		No
Harvard Elderly Limited Partnership 6900 Harvard Ave Cleveland, OH441055016 34-1863728	Rental activity for seniors	OH					No		No
Hayden Senior Housing LP 88 W Sargent Dr Hayden, ID838358882 46-0493154	Rental activity for low income seniors	ID					No		No
Heartland Senior Housing LP 7745 N Heartland Dr Coeur d'Alene, ID838158904 54-2064319	Rental activity for low income seniors	ID					No		No
Hilltop Senior Housing Limited Partnership 300 Overstreet Way Columbus, OH432284335 31-1592983	Rental activity for seniors	OH					No		No
Hilltop II Senior Housing Limited Partnership 3630 Moores Trail Rd Columbus, OH432284345 52-2367292	Rental activity for seniors	OH					No		No
Kirby Manor Senior Limited Partnership 11500 Detroit Avenue Cleveland, OH441020000 87-0704525	Rental activity for low income seniors	OH					No		No
Lakewood Christian Manor Limited Partnership 2141 Springdale Rd SW 31-1647433	Rental activity for low income seniors	OH					No		No
Presbyterian Homes of Pasco NPR Limited Partnership 5852 Sea Forest Dr New Port Richey, FL34652049 59-3283881	Rental activity for low income seniors	FL					No		No
Madison Heights Win Limited Dividend Housing Association Limited Partnership 27777 Dequindre Rd MI48071 20-3638189	Rental activity for low income seniors	MI					No		No
Mansfield Woods Limited Partnership 382 Woodridge Dr 31-1592987	Rental activity for families	OH					No		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, 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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No	Yes	No
Meadowview Senior Housing Limited Partnership 338 W Main St Mt Sterling, OH 43143-1291 20-2471060	Rental activity for low income seniors	OH					No			No
Memorial Towers Limited Partnership 1405 South 7th Ave Phoenix, AZ 85007-0000 30-0230394	Rental activity for low income seniors	OH					No			No
Leonardtown Senior Housing Limited Partnership 22810 Dorsey St Leonardtown, MD 20650-3831 20-8599565	Rental activity for low income seniors	MD					No			No
San Antonio Senior Housing Limited Partnership 3503 Camino Real San Antonio, TX 78238-3401 31-1592980	Rental activity for seniors	OH					No			No
Lakeside Apartment Housing LP 2590 Francisco Blvd Pacifica, CA 94044-2732 02-0668710	Rental activity for low income families	CA					No			No
Westerville Senior Housing Limited Partnership 630 South Sunbury Rd Westerville, OH 43081-9344 45-0470538	Rental activity for seniors	OH					No			No
Renaissance Senior Apartments Limited Partnership 419 N St Clair St Toledo, OH 43604-1562 31-1348625	Rental activity for low income seniors	OH					No			No
Romulus Win Limited Dividend Housing Association Limited Partnership 36500 Bibbins Street Romulus, MI 48174 42-1674512	Rental activity for low income seniors	MI					No			No
Santiago Fajardo Village Limited Partnership SE 1 Calle 5-1 Adm Office Fajardo, PR 00738-4849 20-2907605	Rental activity for low income seniors	OH					No			No
Solberg Win Limited Dividend Housing Association Limited Partnership 27783 Dequindre Rd Madison Heights, MI 48071 42-1674495	Rental activity for low income seniors	MI					No			No
Southwood Gardens Adult Community Limited Partnership 3550 Cedar Creek Rd Shreveport, LA 71118-2326 31-1484717	Rental activity for low income seniors	OH					No			No
Sprague Senior Housing Limited Partnership 14303 E Sprague Ave Spokane, WA 99216-3121 91-2123013	Rental activity for low income seniors	WA					No			No
Summerfield Village Apartments Limited Partnership 2624 Traction Ave Sacramento, CA 95815-2485 20-2869621	Rental activity for low income seniors	OH					No			No
Euclid Hills Apartments Limited Partnership 19500 Euclid Ave Euclid, OH 44117-1489 31-1393852	Rental activity for families	OH					No			No
Rivercrest Senior Housing Associates Limited Partnership 7210 Williams Rd Niagara Falls, NY 14304-3735 20-2518262	Rental activity for low income seniors	NY					No			No
Warren Elderly Homes Limited Partnership 1330 Blakely Circle SW Warren, OH 44485-3875 31-1501031	Rental activity for seniors	OH					No			No
Warren Elderly Homes II Limited Partnership 1330 Blakely Circle SW Warren, OH 44485-3875 34-1885076	Rental activity for seniors	OH					No			No
Heritage Place at Trails Edge Limited Partnership 2620 East State Blvd Fort Wayne, IN 46805-4730 20-1469685	Rental activity for low income seniors	IN					No			No
Trinity Manor Senior Housing Limited Partnership 301 Clark St Middletown, OH 45042-8158 26-0072500	Rental activity for low income seniors	OH					No			No
Trinity Towers Limited Partnership LP 2611 Springdale Rd SW Atlanta, GA 30315-7137 52-2405847	Rental activity for low income seniors	GA					No			No
Tschorley Senior Housing Limited Partnership 111 S Tschorley Rd Greenacres, WA 99016-9342 91-2177168	Rental activity for low income seniors	WA					No			No
Tschorley Senior Housing II Limited Partnership 107 S Tschorley Rd Greenacres, WA 99016-9317 81-0636765	Rental activity for low income seniors	WA					No			No
Vanderbilt Senior Housing Limited Partnership 75 Haywood Street Asheville, NC 28801-2846 20-2635801	Rental activity for low income seniors	NC					No			No
Viewpoint Senior Housing Limited Partnership 215 East Shoreline Drive Sandusky, OH 44870 20-2471408	Rental activity for low income seniors	OH					No			No
Villa Esperanza Apartments Limited Partnership SE Administration Box 111 St 35 Bldg 2 Carolina, PR 00983-0000 20-2907561	Rental activity for low income seniors	OH					No			No
Villa Providencia Apartments Limited Partnership SE 350 Carr 837 Guaynabo, PR 00969-6238 20-2907579	Rental activity for low income seniors	OH					No			No
Combined Locks Senior Housing Limited Partnership 334 Wallace Street Combined Locks, WI 54113 20-5556388	Rental activity for low income seniors	WI					No			No
Wayne Win Limited Dividend Housing Association Limited Partnership 35200 Sims Wayne, MI 48184 42-1674508	Rental activity for low income seniors	MI					No			No
White Birch I Housing Limited Partnership 9239 N 75th Unit 1 Milwaukee, WI 53223-2065 76-0752024	Rental activity for low income families	WI					No			No
White Birch II Housing Limited Partnership 9239 N 75th Unit 1 Milwaukee, WI 53223-2065 76-0752031	Rental activity for low income families	WI					No			No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No	Yes	No
Mt Baldy Senior Housing LP 839 Kootenai Cut Off Rd Ponderay, ID838529804 74-3085816	Rental activity for low income seniors	ID					No			No
Whitehall Senior Housing Limited Partnership 851 Country Club Rd Whitehall, OH432132442 31-1592973	Rental activity for seniors	OH					No			No
Wysong Village Apartments Limited Partnership 111 N Chapel Ave Alhambra, CA918013565 20-2869668	Rental activity for low income seniors	OH					No			No
The Commons at Buckingham Housing Limited Partnership 328 Buckingham St Columbus, OH43215 26-0223422	Rental activity for low income individuals	OH					No			No
Dublin House Senior Housing Limited Partnership 1425 Central Ave Middletown, OH45044 20-4064054	Rental activity for low income seniors	OH					No			No
Superior Arboretum Senior Housing Limited Partnership 199 Gray Dr Superior, AZ85273 26-2084830	Rental activity for low income seniors	AZ					No			No
The Commons at Livingston Housing Limited Partnership 3349 E Livingston Ave Columbus, OH43215 26-4416286	Rental activity for low income individuals	OH					No			No
Lincoln Gardens II Senior Housing Limited Partnership 108 Sturbridge Rd Columbus, OH43228 26-4310827	Rental activity for low income seniors	OH					No			No
Renaissance II Senior Housing Limited Partnership 419 N St Clair St Toledo, OH436041562 26-2062189	Rental activity for low income seniors	OH					No			No
Kiwanis Village Senior Housing Limited Partnership 1200 Croy Dr Findlay, OH45840 20-4063620	Rental activity for low income seniors	OH					No			No
Delowe & Myrtle Senior Housing Limited Partnership 1881 Myrtle Dr SW Atlanta, GA30311 26-2082332	Rental activity for low income seniors	GA					No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ROOSEVELT TOWNE HOUSING INC 711 N EUCLID AVE ST LOUIS, MO 631081632 54-2086755	RENTAL ACTIVITY FOR FAMILIES	OH		C			
ABBEY CHURCH ROAD INC 6003 ABBEY CHAPEL DR DUBLIN, OH 430171529 31-1416121	RENTAL ACTIVITY FOR FAMILIES	OH		C			
VISION CENTER II INC 3400 VISION CENTER COURT COLUMBUS, OH 432272262 31-1363226	rental activity for seniors	OH		C			
CHANTRY PLACE HOUSING INC 5560 CHANTRY DRIVE COLUMBUS, OH 432324767 20-1891592	RENTAL ACTIVITY FOR FAMILIES	OH		C			
COUNTRY RIDGE APARTMENTS INC 5656 FARMHOUSE LANE HILLIARD, OH 430267846 31-1504166	RENTAL ACTIVITY FOR FAMILIES	OH		C			
HARVARD SCHOOL INC 6900 HARVARD AVE CLEVELAND, OH 441055016 31-1740172	RENTAL ACTIVITY FOR SENIORS	OH		C			
HILLTOP SENIOR HOUSING INC 300 OVERSTREET WAT COLUMBUS, OH 432284335 31-1592982	RENTAL ACTIVITY FOR SENIORS	OH		C			
HILLTOP II SENIOR HOUSING INC 3630 MOORES TRAIL RD COLUMBUS, OH 432284345 02-0633437	RENTAL ACTIVITY FOR SENIORS	OH		C			
MANSFIELD WOODS INC 382 WOODRIDGE DR MANSFIELD, OH 449062103 31-1592986	RENTAL ACTIVITY FOR FAMILIES	OH		C			
SAN ANTONIO SENIOR HOUSING INC 3503 CAMINO REAL SAN ANTONIO, TX 782383401 31-1592978	RENTAL ACTIVITY FOR SENIORS	OH		C			
WESTERVILLE SENIOR HOUSING INC 630 SOUTH SUNBURY RD WESTERVILLE, OH 430819344 73-1631614	RENTAL ACTIVITY FOR SENIORS	OH		C			
EUCLID HILLS HOUSING INC 19500 EUCLID AVE EUCLID, OH 441171489 31-1392833	RENTAL ACTIVITY FOR FAMILIES	OH		C			
NCROF WARREN SENIOR HOUSING INC 1330 BLAKELY CIRCLE SW WARREN, OH 4444853875 31-1743867	RENTAL ACTIVITY FOR SENIORS	OH		C			
NCROF WARREN SENIOR HOUSING II INC 1330 BLAKELY CIRCLE SW WARREN, OH 4444853875 31-1721646	RENTAL ACTIVITY FOR SENIORS	OH		C			
WHITEHALL SENIOR HOUSING INC 851 COUNTRY CLUB RD WHITEHALL, OH 432132442 31-1592976	RENTAL ACTIVITY FOR SENIORS	OH		C			
WINGATE MANAGEMENT CORPORATION 29777 TELEGRAPH ROAD SUITE 2100 SOUTHFIELD, MI 48034 38-2060029	MANAGEMENT OF RENTAL ACTIVITY	MI		C			

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No 67

Name(s) shown on return NATIONAL CHURCH RESIDENCES OF HIALEAH FL INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 31-1132673
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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	
6				
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	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	124,135

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 ►		

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	124,135
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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available 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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) A amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) A amortization for this year
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42 A amortization of costs that begins during your 2009 tax year (see instructions)

43 A amortization of costs that began before your 2009 tax year **43** 3,614

44 Total. Add amounts in column (f) See the instructions for where to report **44** 3,614