



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

## A For the 2010 calendar year, or tax year beginning 12-01-2010 and ending 11-30-2011

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

C Name of organization  
MARPLE MANOR INC  
  
D Doing Business As  
MARPLE MANOR  
  
E Number and street (or P O box if mail is not delivered to street address)  
911 N STUDEBAKER ROAD  
Room/suite  
  
F City or town, state or country, and ZIP + 4  
LONG BEACH, CA 90815  
  
G Gross receipts \$ 1,331,315

## D Employer identification number

94-2764262

## E Telephone number

(562) 257-5100

G Gross receipts \$ 1,331,315

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

J Website: ► WWW.RHF.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1981 M State of legal domicile CA

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

MARPLE MANOR, INC IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF CALIFORNIA. THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 146 UNIT COMMUNITY KNOWN AS MARPLE MANOR LOCATED IN MODESTO, CALIFORNIA, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS. THE CORPORATION RECEIVES HOUSING ASSISTANCE PAYMENTS FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED.

## 2 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 10

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 10

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .

5 0

6 Total number of volunteers (estimate if necessary) . . . . .

6 0

7a Total 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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	848,334	908,711
9	Program service revenue (Part VIII, line 2g)	444,915	410,830
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,233	1,161
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,694	10,613
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,303,176	1,331,315

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ►0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,375,164	1,392,623
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,375,164	1,392,623
19	Revenue less expenses Subtract line 18 from line 12	-71,988	-61,308

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,475,416	3,153,549
21	Total liabilities (Part X, line 26)	6,095,189	5,834,630
22	Net assets or fund balances Subtract line 21 from line 20	-2,619,773	-2,681,081

## Part II Signature Block

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

Sign Here	***** Signature of officer  DEBORAH STOUFF CORPORATE SECRETARY Type or print name and title	2012-04-04 Date
-----------	---	--------------------

Paid Preparer Use Only	Print/Type preparer's name HEATHER L PLAKE	Preparer's signature HEATHER L PLAKE	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► DAUBY O'CONNOR & ZALESKI LLC				Firm's EIN ►
	Firm's address ► 501 CONGRESSIONAL BLVD STE 300 CARMEL, IN 46032				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**

Check if Schedule O contains a response to any question in this Part III

✓

**1** Briefly describe the organization's mission

MARPLE MANOR, INC IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF CALIFORNIA THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 146 UNIT COMMUNITY KNOWN AS MARPLE MANOR LOCATED IN MODESTO, CALIFORNIA, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS THE CORPORATION RECEIVES HOUSING ASSISTANCE PAYMENTS FROM THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  No

If "Yes," describe these new services on Schedule C

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes  No

If "Yes," describe these changes on Schedule Q.

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 \$ 1,270,308 including grants of \$ ) (Revenue \$ 410,830

MARPLE MANOR, INC IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF CALIFORNIA THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 146 UNIT COMMUNITY KNOWN AS MARPLE MANOR LOCATED IN MODESTO, CALIFORNIA, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS. THE CORPORATION RECEIVES HOUSING ASSISTANCE PAYMENTS FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED.

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

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

**4d** Other program services (Describe in Schedule O)

(Expenses \$ **including grants of \$**) (Revenue \$ )

**4e Total program service expenses** 

1,270,308

**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 (see instruction)?

**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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

**5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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** If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

**a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

**b** 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.

**c** 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.

**d** 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.

**e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

**f** 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 (ASC 740)? If "Yes," complete Schedule D, Part X.

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

**b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

**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, Parts I and IV.

**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, Parts II and IV.

**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, Parts III and IV.

**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 (see instructions)

**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.

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

**b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>	Yes	
<b>11d</b>		No
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
25b	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
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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 receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	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	34	Yes	
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
36	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	36		No
37	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	37	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	38		No
39	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	39		No
40	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	40	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	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
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**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.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1a	10
1b	10

b Enter the number of voting members included in line 1a, above, who are independent . . . . .

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

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

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, 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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

### Section C. Disclosure

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

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 ►

CHRIS PURCELL  
911 N STUDEBAKER ROAD  
LONG BEACH, CA 90815  
(562) 257-5100

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

 Check if Schedule O contains a response to any question in this Part VII 
**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.

• 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, if any. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) LARRY JOHNSON PRESIDENT	20	X		X			0	0	0
(2) BARBARA NEER TREASURER	20	X		X			0	0	0
(3) PAUL ANDERSON DIRECTOR	20	X					0	0	0
(4) REV MOLLY CARLSON DIRECTOR	20	X					0	0	0
(5) MARLYN CRAWFORD DIRECTOR	20	X					0	0	0
(6) ELAINE DUNLOP DIRECTOR	20	X					0	0	0
(7) DR WILLIAM RADAR DIRECTOR	20	X					0	0	0
(8) MIKE CASKEY DIRECTOR	20	X					0	0	0
(9) THERESA GRIESHABER DIRECTOR	20	X					0	0	0
(10) KATHLEEN WEST DIRECTOR	20	X					0	0	0
(11) DR LAVERNE R JOSEPH PRESIDENT, CEO	20			X			0	318,358	80,316
(12) RICHARD T WASHINGTON VP PROJECT DEVELOPMENT	20			X			0	161,613	20,777
(13) DEBORAH STOUFF CORPORATE SECRETARY	20			X			0	122,610	19,013
(14) ROBERT R AMBERG SR VP GENERAL COUNSEL	20			X			0	263,833	30,205
(15) STUART J HARTMAN VP HOUSING OPERATIONS	20			X			0	198,224	37,978
(16) PETER OSCAR PEABODY VP HEALTH CARE OPERATIONS	20			X			0	177,264	20,491

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual Trustee	Officer	Key employee	Highest compensated employee			
(17) FRANK ROSSELLO JR CFO & VP OF FINANCE	20			X			0	178,922	12,267
(18) MARGARITA R GUZMAN DIR OF IT, ISO	20			X			0	153,874	11,067
(19) NADA BATTAGLIA HUMAN RESOURCES VP	20				X		0	145,277	27,688
(20) CHERYL J HOWELL ASSISTANT CORP SECRETARY	20				X		0	119,071	10,857
(21) JOHN CLOW DIR OF RISK MANAGEMENT	20				X		0	114,084	8,894
(22) VINCENT B MAGNONE VP TREASURY	20				X		0	146,161	26,114
(23) ANDERS PLETT VP ACQUISITIONS & PROJECT DEVELOP	20				X		0	166,576	21,729
(24) SEE SCHEDULE JO SALARY DISCLOSURE - PGS 27 & 36			X	X			0	0	0
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							0	2,265,867	327,396

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>		No
<b>4</b> 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 . . . . .	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	<b>5</b>		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
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**

			<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	908,495				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	216				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
<b>h Total.</b> Add lines 1a-1f . . . . .		908,711					
<b>Program Service Revenue</b>	<b>2a</b> RENTAL INCOME		<b>Business Code</b>				
	<b>b</b>		531110	410,830	410,830		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .		410,830				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			1,161		1,161	
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents		(I) Real	(II) Personal			
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
<b>Other Revenue</b>	<b>7a</b> Gross amount from sales of assets other than inventory		(I) Securities	(II) Other			
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> LAUNDRY AND VENDING		531110	6,262		6,262		
<b>b</b> OTHER REVENUE-MISC		531110	2,218		2,218		
<b>c</b> TENANT CHARGES		531110	2,133		2,133		
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		10,613					
<b>12 Total revenue.</b> See Instructions . . . . .		1,331,315	410,830	0	11,774		

**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 . . . . .				
a Fees for services (non-employees) Management . . . . .	110,837		110,837	
b Legal . . . . .				
c Accounting . . . . .	4,750		4,750	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .	4,756		4,756	
13 Office expenses . . . . .	41,166	41,166		
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	852,855	852,855		
17 Travel . . . . .	1,894		1,894	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	78		78	
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	191,184	191,184		
23 Insurance . . . . .	31,418	31,418		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a MANAGEMENT COMPANY EMPL	105,989	105,989		
b SERVICE COORDINATOR	47,696	47,696		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,392,623	1,270,308	122,315	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	290	<b>1</b> 495
	<b>2</b> Savings and temporary cash investments . . . . .	65,868	<b>2</b> 31,381
	<b>3</b> Pledges and grants receivable, net . . . . .	3	
	<b>4</b> Accounts receivable, net . . . . .	33,855	<b>4</b> 9,889
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>6</b> 7
	<b>8</b> Inventories for sale or use . . . . .		8
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,676	<b>9</b> 3,676
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,082,333	
	<b>b</b> Less accumulated depreciation . . . . .	<b>10a</b> 5,299,278	2,908,937 <b>10c</b> 2,783,055
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	421,735	<b>13</b> 281,414
	<b>14</b> Intangible assets . . . . .		<b>14</b>
	<b>15</b> Other assets See Part IV, line 11 . . . . .	41,055	<b>15</b> 43,639
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,475,416	<b>16</b> 3,153,549
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	316,218	<b>17</b> 310,770
	<b>18</b> Grants payable . . . . .		<b>18</b>
	<b>19</b> Deferred revenue . . . . .	3,909	<b>19</b> 10,396
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,688,617	<b>23</b> 5,473,304
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	86,445	<b>25</b> 40,160
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,095,189	<b>26</b> 5,834,630
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	-2,619,773	<b>27</b> -2,681,081
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	<b>33</b> Total net assets or fund balances . . . . .	-2,619,773	<b>33</b> -2,681,081
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,475,416	<b>34</b> 3,153,549

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,331,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,392,623
3	Revenue less expenses Subtract line 2 from line 1	3	-61,308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,619,773
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-2,681,081

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**Department of the Treasury  
Internal Revenue ServiceName of the organization  
MARPLE MANOR INC

Employer identification number

94-2764262

**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 described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	806,018	804,227	848,452	848,334	908,711	4,215,742
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	409,145	419,824	418,838	444,915	410,830	2,103,552
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 <b>Total.</b> Add lines 1 through 5	1,215,163	1,224,051	1,267,290	1,293,249	1,319,541	6,319,294
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 <b>Public Support</b> (Subtract line 7c from line 6 )						6,319,294

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,215,163	1,224,051	1,267,290	1,293,249	1,319,541	6,319,294
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,780	16,040	9,027	2,233	1,161	48,241
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	19,780	16,040	9,027	2,233	1,161	48,241
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 )	9,294	5,029	5,781	7,694	10,613	38,411
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	1,244,237	1,245,120	1,282,098	1,303,176	1,331,315	6,405,946

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98 650 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98 490 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 750 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 950 %
19a <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
20 <b>Private Foundation</b> 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

#### Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, LINE 12 MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS

2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
MARPLE MANOR INC**Employer identification number**

94-2764262

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

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

	<b>Amount</b>
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations . . . . .  Yes  No

(ii) related organizations . . . . .  Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No

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 . . . . .		532,500			532,500
b Buildings . . . . .		7,093,726	4,990,882		2,102,844
c Leasehold improvements . . . . .		55,707	47,051		8,656
d Equipment . . . . .		400,400	261,345		139,055
e Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					2,783,055

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

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

---

**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
(1) RESTRICTED CASH	281,414	C

---

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

281,41

**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, Col.(B) line 15.

**2. Fin 48 (ASC 740) 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 (ASC 740).

**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	1,331,315
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,392,623
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-61,308
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-61,308

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,331,315
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	1,331,315
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,331,315

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

1	Total expenses and losses per audited financial statements . . . . .	1	1,392,623
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,392,623
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	1,392,623

**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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CORPORATION IS ALSO EXEMPT FROM CALIFORNIA STATE FRANCHISE TAX. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS

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

OMB No 1545-0047

**2010**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.**

**Open to Public Inspection****Name of the organization**  
MARPLE MANOR INC**Employer identification number**

94-2764262

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**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)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR LAVERNE R JOSEPH	(i) 0 (ii) 311,758	0 0	0 6,600	0 9,353	0 70,963	0 398,674	0 0
(2) RICHARD T WASHINGTON	(i) 0 (ii) 155,988	0 0	0 5,625	0 13,441	0 7,336	0 182,390	0 0
(3) ROBERT R AMBERG	(i) 0 (ii) 257,583	0 0	0 6,250	0 23,079	0 7,126	0 294,038	0 0
(4) STUART J HARTMAN	(i) 0 (ii) 192,824	0 0	0 5,400	0 16,249	0 21,729	0 236,202	0 0
(5) PETER OSCAR PEABODY	(i) 0 (ii) 171,864	0 0	0 5,400	0 5,156	0 15,335	0 197,755	0 0
(6) FRANK ROSSELLO JR	(i) 0 (ii) 176,797	0 0	0 2,125	0 5,219	0 7,048	0 191,189	0 0
(7) MARGARITA R GUZMAN	(i) 0 (ii) 153,874	0 0	0 0	0 3,731	0 7,336	0 164,941	0 0
(8) NADA BATTAGLIA	(i) 0 (ii) 144,077	0 0	0 1,200	0 12,961	0 14,727	0 172,965	0 0
(9) VINCENT B MAGNONE	(i) 0 (ii) 146,161	0 0	0 0	0 4,385	0 21,729	0 172,275	0 0
(10) ANDERS PLETT	(i) 0 (ii) 161,776	0 0	0 4,800	0 0	0 21,729	0 188,305	0 0
(11) SEE SCHEDULE JO SALARY	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
(12)							
(13)							
(14)							
(15)							
(16)							

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS

## Schedule L

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

MARPLE MANOR INC

**Employer identification number**

94-2764262

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

## **Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

### **Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 94-2764262  
**Name:** MARPLE MANOR INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LARRY JOHNSON	OFFICER AND DIRECTOR OF THE FILING ENTITY				No
BARBARA NEER	OFFICER AND DIRECTOR OF THE FILING ENTITY				No
PAUL ANDERSON	DIRECTOR OF THE FILING ENTITY				No
REV MOLLY CARLSON	DIRECTOR OF THE FILING ENTITY				No
MARLYN CRAWFORD	DIRECTOR OF THE FILING ENTITY				No
ELAINE DUNLOP	DIRECTOR OF THE FILING ENTITY				No
DR WILLIAM RADAR	DIRECTOR OF THE FILING ENTITY				No
MIKE CASKEY	DIRECTOR OF THE FILING ENTITY				No
KATHLEEN WEST	DIRECTOR OF THE FILING ENTITY				No
THERESA GRIESHABER	DIRECTOR OF THE FILING ENTITY				No
DR LAVERNE R JOSEPH	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
RICHARD T WASHINGTON	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBORAH STOUFF	OFFICER OF THE FILING ENTITY				No
ROBERT RAMBERG	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
STUART J HARTMAN	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
PETER OSCAR PEABODY	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
FRANK ROSSELLO JR	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
MARGARITA R GUZMAN	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
NADA BATTAGLIA	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
CHERYL J HOWELL	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
JOHN CLOW	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
VINCENT B MAGNONE	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No
ANDERS PLETT	EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION				No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2010****Open to Public  
Inspection****Name of the organization**

MARPLE MANOR INC

**Employer identification number**

94-2764262

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		MARPLE MANOR, INC IS MANAGED BY FOUNDATION PROPERTY MANAGEMENT, INC , A PROFESSIONAL PROPERTY MANAGEMENT COMPANY FOUNDATION PROPERTY MANAGEMENT, INC HAS A PROJECT OWNER'S AND MANAGEMENT AGENT'S CERTIFICATION FOR MULTIFAMILY HOUSING PROJECTS WITH THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT UNDER THIS CERTIFICATION, HUD HAS APPROVED FOUNDATION PROPERTY MANAGEMENT, INC TO MANAGE THE MARPLE MANOR, INC APARTMENT COMMUNITY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THERE IS ONE CLASS OF MEMBERS THE MEMBERS SHALL BE RETIREMENT HOUSING FOUNDATION, FIRST CHRISTIAN CHURCH OF MODESTO, TRINITY UNITED PRESBYTERIAN CHURCH IN MODESTO AND THE RECTOR, WARDENS AND VESTRY OF ST PAUL'S CHURCH IN MODESTO, CALIFORNIA

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE DIRECTORS WILL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B		THE BYLAWS MAY BE AMENDED, REPEALED, OR ADDED TO BY A RESOLUTION OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDITING FIRM SENDS A DRAFT OF THE RETURN TO THE MANAGEMENT COMPANY. THE MANAGEMENT COMPANY FORWARDS A COPY OF THE RETURN TO EACH BOARD MEMBER FOR THEIR COMMENTS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	UPON JOINING THE COMPANY AND ANNUALLY THEREAFTER, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CERTIFICATION ACKNOWLEDGING THEIR UNDERSTANDING AND AGREEMENT TO COMPLY WITH THE COMPANY'S CONFLICT OF INTEREST POLICY, INCLUDING DISCLOSING ANY ACTIVITIES THAT MAY APPEAR OR MAY BE DEEMED VIOLATIONS OF THE POLICY. BOARD MEMBERS AND COMPANY OFFICERS HAVE AN ADDITIONAL AND MORE COMPREHENSIVE CONFLICT OF INTEREST POLICY AND CERTIFICATION REQUIREMENT. DESIGNATED MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR TRACKING THE DISTRIBUTION AND RETURN OF ALL CERTIFICATIONS AND FOR ACCOUNTING AND REPORTING ANY DISCLOSURES TO THE COMPANY'S COMPLIANCE OFFICER. IF FURTHER REVIEW OF ANY DISCLOSURE IS MERITED, THE COMPLIANCE OFFICER FORWARDS THE CERTIFICATION TO THE COMPANY'S GENERAL COUNSEL, CEO, AND/OR BOARD FOR FINAL DISPOSITION. INDIVIDUALS WHO HAVE MADE DISCLOSURES ARE ADVISED OF FINAL DISPOSITIONS. AN EMPLOYEE'S FAILURE TO SUBMIT TIMELY CERTIFICATIONS, DISCLOSURES, AND/OR TO TAKE THE NECESSARY REQUIRED ACTIONS TO AVOID CONFLICTS MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION. IF THE INDIVIDUAL IS A BOARD MEMBER, HE OR SHE MAY BE SUBJECT TO REMOVAL FROM HIS OR HER POSITION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS, AND OTHER OFFICERS OR KEY EMPLOYEES INCLUDED AN EXTENSIVE REVIEW AND APPROVAL BY INDEPENDENT PERSONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
AVERAGE NUMBER OF HOURS WORKED	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	ALL OF THE OFFICERS, DIRECTORS, AND EMPLOYEES LISTED IN PART VII, SECTION A PERFORM SIMILAR DUTIES AND HAVE SIMILAR RESPONSIBILITIES FOR RELATED ORGANIZATIONS AS THEY DO FOR THIS ORGANIZATION THEIR TOTAL HOURS WORKED PER WEEK FOR THIS ORGANIZATION ARE SIMILAR TO THEIR HOURS WORKED FOR RELATED ORGANIZATIONS BOTH IN TERMS OF NUMBER OF HOURS AND TYPE OF WORK PERFORMED

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDITING FUNCTION	FORM 990, PART XII, LINE 2C	FOUNDATION PROPERTY MANAGEMENT, INC , THE MANAGEMENT COMPANY, RECEIVES A COPY OF THE AUDIT PRIOR TO THE FINALIZATION OF THE AUDIT, THE TOP LEVEL EXECUTIVES AT FOUNDATION PROPERTY MANAGEMENT, INC GIVE THEIR APPROVAL WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM

Identifier	Return Reference	Explanation
COMPENSATION DISCLOSURE	FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II	THE COMPENSATION LISTED ON SCHEDULE J AND ELSEWHERE IN THIS RETURN IS FOR SERVICES PROVIDED TO AND PAID BY RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES THROUGH SUBSIDIARIES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	FORM 990, SCHEDULE R, PART V, LINE 1	FOR THE PURPOSES OF SCHEDULE R, PART V, THE FOLLOWING APPLIES RETIREMENT HOUSING FOUNDATION AND FOUNDATION PROPERTY MANAGEMENT, INC ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR MANAGE APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES INCLUDING THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS -LINE ITEM 1E INCLUDES PAYABLES TO RELATED ORGANIZATIONS - LINE ITEM 1L INCLUDES MANAGEMENT FEES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1O INCLUDES ALL SALARIES, EMPLOYEE BENEFITS, AND PAY ROLL TAXES, AS WELL AS BOOKKEEPING AND INSURANCE PAID TO RELATED ORGANIZATIONS

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## MARPLE MANOR INC

**Employer identification number**

94-276426

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

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

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

**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.)

**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
(1) FOUNDATION FINANCIAL SERVICES INC 911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-3930162	SPONSOR ORGANIZATION	CA	N/A	C			
(2) RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA90815 33-0322654	SPONSOR ORGANIZATION	CA	N/A	C			
(3) UNITED CONGREGATE CARE INC 912 N STUDEBAKER ROAD LONG BEACH, CA90816 33-0369183	SPONSOR ORGANIZATION	CA	N/A	C			

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining 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.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

**Software ID:**  
**Software Version:**  
**EIN:** 94-2764262  
**Name:** MARPLE MANOR INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
300 MAIN INC  300 SE MAIN STREET ESTACADA, OR97023 93-0839426	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	7			No
66TH AVENUE APARTMENTS INC  5710 66TH AVENUE SACRAMENTO, CA95823 95-4547417	HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS	CA	501(C)(3)	15			No
ABBEY RHF HOUSING INC  4012 S MANN ROAD INDIANAPOLIS, IN46221 31-1575444	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
ACCESS ANAHEIM INC  3060 W FRONTERA STREET ANAHEIM, CA92806 33-0227497	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
ADAM & BRUCE HOUSING CORPORATION  5910 KESSEN CASSEL ROAD FORT WAYNE, IN46816 31-1135796	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
AGAPE HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 33-0462745	CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP	CA	501(C)(3)	11			No
ANAHEIM MEMORIAL MANOR INC  275 EAST CENTER STREET ANAHEIM, CA92805 95-3618525	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
BAKERSFIELD SENIOR HOUSING INC  500 R STREET BAKERSFIELD, CA93304 30-0105347	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
BALDWIN RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 33-0657540	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	15			No
BENNETT ELDERLY HOUSING INC  7245 BENNETT STREET PITTSBURGH, PA15208 33-0274917	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	9			No
BEXAR RHF HOUSING INC  131 DARSON MARIE DRIVE SAN ANTONIO, TX78226 20-5593693	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	15			No
BINNALL HOUSE RHF HOUSING INC  126 CONNORS STREET GARDNER, MA01440 76-0713632	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
BIXBY KNOLLS TOWERS INC  3747 ATLANTIC AVENUE LONG BEACH, CA90807 95-2963856	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	CA	501(C)(3)	9			No
BLUEGRASS RHF HOUSING INC  6900 HOPEFUL ROAD FLORENCE, KY41042 61-1116280	NURSING AND HOUSING FOR SENIOR CITIZENS	KY	501(C)(3)	9			No
BOISE 1ST RHF HOUSING INC  661 SOUTH CURTIS ROAD BOISE, ID83705 95-3981289	LOW AND VERY LOW INCOME HOUSING	ID	501(C)(3)	9			No
BONHAM RHF HOUSING INC  1600 PECAN STREET BONHAM, TX75418 95-3972422	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
CAMP VERDE RHF HOUSING INC  377 W HIGHWAY 260 CAMP VERDE, AZ86322 74-2528374	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9			No
CARLIN RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 52-1901330	LOW INCOME HOUSING FOR THE ELDERLY	VA	501(C)(3)	15			No
CATHEDRAL PIONEER CHURCH HOMES  2701 CAPITOL AVENUE SACRAMENTO, CA95816 94-1630325	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
CATHEDRAL PIONEER CHURCH HOMES II  415 P STREET SACRAMENTO, CA95814 94-1629086	SKILLED NURSING CARE	CA	501(C)(3)	9			No
CECIL AVENUE APARTMENTS INC  1635 RANDOLPH STREET DELANO, CA93215 95-3858285	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
CEDAR RAPIDS RHF HOUSING INC  205 40TH STREET DRIVE SE CEDAR RAPIDS, IA52403 33-0240088	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	15			No
CHARLES STREET RHF HOUSING INC  10 TEMPLE PLACE BOSTON, MA02111 91-2118986	LOW INCOME HOUSING FOR THE ELDERLY & DISABLED	MA	501(C)(3)	15			No
CHESAPEAKE RHF HOUSING INC  2139 BROADMOOR AVENUE CHESAPEAKE, VA23323 94-3090349	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
COLUMBUS RHF HOUSING INC  419 FARR ROAD COLUMBUS, GA31907 20-2852210	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GA	501(C)(3)	9			No
CONGREGATIONAL CHURCH RETIREMENT COMMUNITY  750 AUBURN RAVINE ROAD AUBURN, CA95603 94-2645317	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
CONVERSE-KOKOMO OIC HOUSING SERVICES INC  111 S 3RD STREET CONVERSE, IN46919 33-0221566	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
CORNERSTONE RHF HOUSING INC  14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX77014 31-1660727	LOW & VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
CORNERSTONE VILLAGE INC  14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX77014 81-0631096	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TX	501(C)(3)	9			No
COUNCIL BLUFFS RHF HOUSING INC  1105 S THIRD STREET COUNCIL BLUFFS, IA51503 33-0217504	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9			No
CULVER CITY ROTARY PLAZA INC  5100 OVERLAND AVENUE CULVER CITY, CA90230 95-3815447	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
DALLAS RHF HOUSING INC  1409 RANGE DRIVE MESQUITE, TX75149 33-0236316	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7			No
DE SMET RHF HOUSING INC  1425 N FLORISSANT ROAD FLORISSANT, MO63033 31-1710670	SENIOR HOUSING	MO	501(C)(3)	15			No
DEL NORTE RHF SENIOR HOUSING INC  1799 WEST 32ND AVENUE DENVER, CO80211 33-0219411	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	9			No
DES MOINES RHF HOUSING INC  2111 EAST VIRGINIA AVENUE DES MOINES, IA50320 33-0402391	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9			No
DIAKONIA HOUSING I INC  2654 MCGREGOR DRIVE RANCHO CORDOVA, CA95670 95-3743532	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
DIAKONIA HOUSING INC 120 EAST FRANKLIN STREET EPPERSON, PA17522 33-0483950	LOW AND VERY LOW INCOME HOUSING	PA	501(C)(3)	7			No
DIAKONIA HOUSING INC 319 EAST 12TH STREET ANDERSON, IN46016 95-3815145	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No
DOGWOOD RETIREMENT HOUSING INC 101 S COLUMBIA STREET MILLEDGEVILLE, GA31061 95-3917927	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	GA	501(C)(3)	15			No
DONALD JORDAN SR MANOR INC 11441 ACACIA PARKWAY GARDEN GROVE, CA92840 95-3806147	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
ECUMENICAL RETIREMENT HOUSING INC 250 FERNITE DRIVE MONONA, WI53716 95-3807642	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	7			No
EDNA RHF HOUSING INC 1207 MIRACLE DRIVE EDNA, TX77957 33-0236319	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7			No
ESCALON HERITAGE HOMES INC 1100 ESCALON AVENUE ESCALON, CA95320 95-3915615	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
ESPERANZA RHF HOUSING 911 N STUDEBAKER ROAD LONG BEACH, CA90815 91-2004295	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	9			No
FAJARDO RHF HOUSING INC CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR00738 66-0431743	LOW INCOME HOUSING	PR	501(C)(3)	15			No
FLORENCE RHF HOUSING INC 718 SOUTH DARGAN STREET FLORENCE, SC29506 57-0845047	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SC	501(C)(3)	9			No
FOUNDATION PROPERTY MANAGEMENT 911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-3651050	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	11			No
FRIENDSHIP HOUSE III INC 7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN46268 31-0956562	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
GLENWOOD RHF HOUSING INC  711 NUCKOLLS STREET GLENWOOD, IA51534 33-0240089	LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING	IA	501(C)(3)	15			No
GOLD COUNTRY HEALTH CENTER INC  4301 GOLDEN CENTER DRIVE PLACERVILLE, CA95667 95-3864203	NURSING AND HOUSING FOR THE ELDERLY	CA	501(C)(3)	9			No
GRANADA GARDENS RHF HOUSING INC  167000 CHATSWORTH STREET GRANADA HILLS, CA91344 33-0713531	GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR	CA	501(C)(3)	9			No
GREAT PLAINS HOUSING ADVOCACY INC  930 S TAFT DRIVE NORTH PLATTE, NE69101 35-3252619	LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL	NE	501(C)(3)	15			No
HAMILTON RHF HOUSING INC  20 HAVERHILL STREET BROCKTON, MA02301 73-1698527	SENIOR HOUSING	MA	501(C)(3)	15			No
HARBOR TOWER  911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-3072221	LOW INCOME HOUSING	CA	501(C)(3)	9			No
HAVENWOOD RHF HOUSING INC  1330 S BURLINGTON STREET LOS ANGELES, CA90006 33-0713528	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
HERMISTON RHF HOUSING INC  986 W JUNIPER AVENUE HERMISTON, OR97838 91-1751136	LOW INCOME SENIOR HOUSING	OR	501(C)(3)	9			No
HOLLY HILL RHF HOUSING INC  900 LGPA BLVD HOLLY HILL, FL32117 59-2742497	RETIREMENT HOME FOR SENIOR CITIZENS	FL	501(C)(3)	9			No
HOLLYVIEW RHF HOUSING INC  5411 HOLLYWOOD BLVD HOLLYWOOD, CA90027 31-1708080	LOW INCOME SENIOR HOUSING	CA	501(C)(3)	15			No
HOLLYWOOD RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 31-1576132	LOW & VERY LOW INCOME HOUSING	CA	501(C)(3)	15			No
HOOSIER VALLEY HOUSING CORPORATION  785 REGINA LANE CORYDON, IN47112 31-1135803	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
HOUSTON RHF HOUSING INC  8106 CREEKBEND DRIVE HOUSTON, TX77071 31-1531662	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
ILS TRANSITION INC  1626 COURT STREET SUITE 200 REDDING, CA96001 68-0203079	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CA	501(C)(3)	9			No
INDEPENDENCE SQUARE RHF HOUSING INC  201 W DELAWARE EVANSVILLE, IN47710 30-0105351	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No
KEARNEY RHF HOUSING INC  1011 6TH AVENUE KEARNY, NE68845 33-0236348	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
KING JAMES COURT RHF HOUSING INC  383 E RIVER STREET ORANGE, MA01364 76-0713633	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9			No
LA FONTAINE CENTER INC  208 WEST STATE STREET HUNTINGTON, IN46750 31-1025386	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
LA MIRADA RHF HOUSING INC  14129 ADOREE STREET LA MIRADA, CA90638 33-0235269	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
LANCASTER RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 20-5489828	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
LIBERTY PARK RHF HOUSING INC  2735 CORPREW AVENUE NORFOLK, VA23504 33-0293189	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	9			No
LOMITA KIWANIS GARDENS INC  25109 EBONY LANE LOMITA, CA90717 95-3915617	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
LOS ALAMITOS RHF HOUSING INC  4121 KATELLA AVENUE LOS ALAMITOS, CA90720 33-0336099	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
LOS ARCOS RHF HOUSING INC  12740 GATEWAY PARK RD POWAY, CA92064 91-2129703	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
LOVELAND RHF HOUSING INC  4895 LUCERNE AVENUE LOVELAND, CO80538 20-2853552	LOW & VERY LOW INCOME HOUSING	CO	501(C)(3)	15			No
LOWER TOWNSHIP RHF HOUSING INC  664 TOWN BANK ROAD CAPE MAY, NJ08204 33-0310321	LOW AND VERY LOW INCOME HOUSING	NJ	501(C)(3)	9			No
MACARTHUR PARK TOWERS  911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-3000996	LOW INCOME HOUSING	CA	501(C)(3)	9			No
MACON RHF HOUSING INC  478 MONROE HILL MACON, GA31204 30-0265098	LOW INCOME HOUSING	GA	501(C)(3)	9			No
MADISON HERITAGE APARTMENTS INC  101 WEST 2ND STREET MADISON, TN47250 35-1601281	LOW AND VERY LOW INCOME HOUSING	TN	501(C)(3)	9			No
MALONE COMMUNITY CENTER HSG CORP  737 NORTH 22ND STREET LINCOLN, NE68503 95-3924425	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
MANITOWOC RHF HOUSING INC  1485 NORTH 7TH STREET MANITOWOC, WI54220 39-1674875	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9			No
MAPLE CITY SQUARE INC  1204 ANDREW AVENUE LA PORTE, IN46350 31-1105980	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No
MARYMOUNT ASSN FOR SR HSG  317 152ND STREET EAST TACOMA, WA98445 91-1212339	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	7			No
MASON CITY RHF HOUSING INC  741 SOUTH ILLINOIS AVENUE MASON CITY, IA50401 95-3970172	LOW AND VERY LOW INCOME HOUSING	IA	501(C)(3)	9			No
MASON PLACE RHF HOUSING INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 41-2089814	SENIOR CITIZEN HOUSING	MA	501(C)(3)	15			No
MAYFLOWER GARDENS HEALTH FACILITIES INC  6705 W AVENUE M LANCASTER, CA93536 95-3926600	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MAYFLOWER GARDENS II INC  6570 WEST AVENUE L-12 LANCASTER, CA93536 95-3315308	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
MAYFLOWER RHF HOUSING INC  6570 WEST AVENUE L-12 LANCASTER, CA93536 95-2394671	RETIREMENT HOUSING FOR SENIOR CITIZENS	CA	501(C)(3)	9			No
MCKINNEY RHF HOUSING INC  506 S GRAVES STREET MCKINNEY, TX75069 95-3972613	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
MERRITT ISLAND RHF HOUSING INC  1100 SOUTH COURtenay PARKWAY MERRITT ISLAND, FL32952 59-2721378	HOUSING AND NURSING FOR SENIOR CITIZENS	FL	501(C)(3)	9			No
MESQUITE RHF HOUSING INC  1413 RANGE DRIVE MESQUITE, TX75149 75-2264833	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
MISSION PALMS RETIREMENT HOUSING INC  900 LOS EBANOS ROAD MISSION, TX78572 95-3915111	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	9			No
MODESTO AFFILIATED CHURCH HSG CORP  900 17TH STREET MODESTO, CA95354 94-2256991	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
MPT MANAGERS  911 N STUDEBAKER ROAD LONG BEACH, CA90815 93-1216117	LOW INCOME HOUSING	CA	501(C)(3)	9			No
NORTH CAPITOL AT PLYMOUTH INC  5233 N CAPITOL ST WASHINGTON, DC20011 91-2169651	LOW AND VERY LOW INCOME HOUSING	DC	501(C)(3)	9			No
NORTHWEST HOUSING CORPORATION  227 NORTH UTE AVENUE MONTROSE, CO81401 74-2282021	LOW AND VERY LOW INCOME HOUSING	CO	501(C)(3)	9			No
OKLAHOMA RHF HOUSING INC  1207 WEST CHEROKEE LINDSAY, OK73052 33-0236323	LOW & VERY LOW INCOME HOUSING	OK	501(C)(3)	7			No
OLYMPIC RHF HOUSING INC  2726 E OLYMPIC BOULEVARD LOS ANGELES, CA90023 33-0736426	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PAGEDALE RHF HOUSING INC  7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	9			No
PARK PLACE RHF HOUSING  6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WA	501(C)(3)	9			No
PASADENA RHF HOUSING INC  275 E CORDOVA STREET PASADENA, CA 91101 95-3915619	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
PAUAHI ELDERLY HOUSING  167 NORTH PAUAHI STREET HONOLULU, HI 96817 95-3883729	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	9			No
PHOENIX RHF HOUSING INC  13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9			No
PILGRIM TOWER EAST  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
PILGRIM TOWER NORTH  911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
PINE CREST RHF HOUSING INC  419 E RIVER STREET ORANGE, MA 01364 76-0713635	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MA	501(C)(3)	9			No
PINEHURST RETIREMENT HOUSING INC  122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116	LOW AND VERY LOW INCOME HOUSING	TX	501(C)(3)	7			No
PINEWOOD MANOR BREMERTON  280 SYLVAN WAY BREMERTON, WA 98310 95-3864201	LOW AND VERY LOW INCOME HOUSING	WA	501(C)(3)	7			No
PIONEER MANOR OF GENEVA  123 SOUTH 11TH STREET GENEVA, NE 68361 95-3864190	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
PIONEER TOWERS  515 P STREET SACRAMENTO, CA 95814 95-3103749	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PLYMOUTH PLACE INC  1320 N MONROE STREET STOCKTON, CA95203 95-3835688	TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS	CA	501(C)(3)	9			No
POWAY RHF HOUSING INC  12751 GATEWAY PARK RD POWAY, CA92064 33-0299770	SENIOR CITIZEN HOUSING	CA	501(C)(3)	9			No
PRAIRIE GROVE APTS INC  141 MILLAR ROAD EAST PRAIRIE, MO63845 95-3972405	LOW AND VERY LOW INCOME HOUSING	MO	501(C)(3)	9			No
PREScott RHF HOUSING INC  117 CORY AVENUE PREScott, AZ86303 33-0224099	LOW AND VERY LOW INCOME HOUSING	AZ	501(C)(3)	9			No
REDDING PILGRIM HOUSING INC  910 CANBY ROAD REDDING, CA96003 95-3961818	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
REDDING RHF HOUSING INC  1626 COURT STREET SUITE 200 REDDING, CA96001 95-3939010	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
RETIREMENT HOUSING FOUNDATION  911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-2249495	SEE SCHEDULE O - SPONSOR ORGANIZATION	CA	501(C)(3)	1			No
RHF 202-II HOUSING (HAWAII) INC  1605 PHILIP STREET HONOLULU, HI96826 99-0270013	LOW AND VERY LOW INCOME HOUSING	HI	501(C)(3)	7			No
RHF BUNKER HILL CORPORATION  911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-3295618	AFFORDABLE HOUSING TO THE ELDERLY	CA	501(C)(3)	9			No
RHF FOUNDATION INC  911 N STUDEBAKER ROAD LONG BEACH, CA90815 91-2145934	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	11			No
RHF HOUSING INC  607 NORTH HIGHTOWER PEORIA, IL61605 95-3555022	LOW AND VERY LOW INCOME HOUSING	IL	501(C)(3)	9			No
RIVER CITY RESIDENTIAL CLUB INC  1816 O STREET SACRAMENTO, CA95814 95-3913994	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ROUND HOUSE MANOR INC 300 BICENTENNIAL COURT KAUKAUNA, WI54130 95-3856154	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9			No
SALEM RHF HOUSING INC 3524 FISHER ROAD NE SALEM, OR97305 76-0775911	LOW AND VERY LOW INCOME HOUSING	OR	501(C)(3)	9			No
SALINE COMMUNITY DIRECTIONS INC 460 RUSSELL STREET SALINE, MI48176 38-2589687	LOW AND VERY LOW INCOME HOUSING	MI	501(C)(3)	9			No
SAN ANTONIO RHF HOUSING INC 4438 CALLAGHAN ROAD SAN ANTONIO, TX78228 81-0631098	LOW INCOME HOUSING	TX	501(C)(3)	9			No
SANGNOK HOUSING CORP 911 N STUDEBAKER ROAD LONG BEACH, CA90815 95-3976201	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	11			No
SANTA MONICA RHF HOUSING INC 1125 THIRD STREET SANTA MONICA, CA90403 33-0234678	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
SHELBYVILLE INC 102 EAST FRANKLIN STREET SHELBYVILLE, IN46176 95-3952505	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	7			No
SMYRNA RHF HOUSING INC 2348 BENSON POOLE ROAD SMYRNA, GA30082 31-1728897	LOW AND VERY LOW INCOME HOUSING	GA	501(C)(3)	9			No
SOUTHPOINTE VILLA RHF HOUSING INC 302 WEST MERRILL AVENUE RIALTO, CA92376 30-0108108	LOW INCOME HOUSING FOR THE ELDERLY	CA	501(C)(3)	9			No
ST CATHERINE RHF HOUSING INC 3350 ST CATHERINE STREET FLORISSANT, MO63033 31-1710648	SENIOR HOUSING	MO	501(C)(3)	9			No
ST CROIX HOUSING FOR THE ELDERLY INC 4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI00820 95-3976114	LOW & VERY LOW INCOME HOUSING	VI	501(C)(3)	15			No
ST JAMES PARK RHF HOUSING INC 34 ST JAMES PARK LOS ANGELES, CA90007 33-0713530	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
STOCKTON CONGREGATIONAL HOMES INC  1319 NORTH MADISON STREET STOCKTON, CA95202 94-1702821	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
STORM LAKE RHF HOUSING INC  904 E MILWAUKEE AVENUE STORM LAKE, IA50588 33-0217490	LOW & VERY LOW INCOME HOUSING	IA	501(C)(3)	15			No
SUN CITY RHF HOUSING INC  28500 BRADLEY ROAD SUN CITY, CA92586 95-3930268	RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS	CA	501(C)(3)	9			No
SYMPHONY EAST RHF HOUSING INC  334 MASSACHUSETTS AVENUE BOSTON, MA02115 91-2118985	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	15			No
SYMPHONY WEST RHF HOUSING INC  333 MASSACHUSETTS AVENUE BOSTON, MA02115 91-2118974	LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	15			No
TALLAHASSEE RHF HOUSING INC  1433 NORTH ADAMS STREET TALLAHASSEE, FL32303 59-2314057	LOW AND VERY LOW INCOME HOUSING	FL	501(C)(3)	9			No
UNIVERSITY CENTER - ST CTZNS  1801 NORTH BROADWAY INDIANAPOLIS, IN46202 31-1012363	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
VACAVILLE SR HOUSING CORP  2470 NUT TREE ROAD VACAVILLE, CA95687 68-0025578	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	9			No
VILLA GREENTREE INC  2100 GREENTREE NORTH CLARKSVILLE, IN47129 31-1042917	LOW AND VERY LOW INCOME HOUSING	IN	501(C)(3)	9			No
VILLAGE GARDENS RHF HOUSING INC  1225 W 39TH STREET NORFOLK, VA23508 26-1522545	HOUSING FOR LOW INCOME ELDERLY PERSONS	VA	501(C)(3)	7			No
VILLAGE POINTE RHF INC  1220 38TH STREET NORFOLK, VA23508 91-2055958	LOW AND VERY LOW INCOME HOUSING	VA	501(C)(3)	7			No
VPH ADULT RETIREMENT CENTER  15211 SHERMAN WAY VAN NUYS, CA91405 95-3748359	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
WAICO RHF HOUSING INC  1919 NORTH 11TH STREET MILWAUKEE, WI53205 33-0230525	LOW AND VERY LOW INCOME HOUSING	WI	501(C)(3)	9			No
WEST VALLEY TOWERS  14650 SHERMAN WAY VAN NUYS, CA91405 95-3573752	LOW AND VERY LOW INCOME HOUSING	CA	501(C)(3)	7			No
WINSLOW RHF HOUSING INC  901 WEST DESMOND WINSLOW, AZ86047 33-0236331	LOW AND VERY LOW INCOME HOUSING	NE	501(C)(3)	9			No
YELLOWWOOD ACRES INC  2210 GREENTREE N CLARKSVILLE, IN47129 35-1590607	NURSING SERVICES AND SENIOR HOUSING	IN	501(C)(3)	9			No

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

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

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

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

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
MARPLE MANOR INC

Business or activity to which this form relates

Identifying number

FORM 990 PAGE 10

94-2764262

**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	500,000
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	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2009 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 2011 Add lines 9 and 10, less line 12 ►	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	190,991

**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 2010 . . . . .	17	193
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 2010 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 2010 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	191,184
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, 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

**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**

<b>26</b> Property used more than 50% in a qualified business use	%							
	%							
	%							

<b>27</b> Property used 50% or less in a qualified business use	%				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

<b>30</b> 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	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> A amortization of costs that begins during your 2010 tax year (see instructions)					

**43** A amortization of costs that began before your 2010 tax year **43**

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