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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 06-01-2013, 2013, and ending 05-31-2014**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>MAPLE CITY SQUARE INC  | <b>D</b> Employer identification number<br>31-1105980  |
|   | Doing Business As<br>MAPLE CITY SQUARE  |  |
|   | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>911 N STUDEBAKER ROAD     | <b>E</b> Telephone number<br>(562) 257-5100  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>LONG BEACH, CA 90815                  | <b>G</b> Gross receipts \$ 297,806   |
|   | <b>F</b> Name and address of principal officer<br>DEBORAH STOUFF<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815 | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   | <b>J</b> Website: ▶ WWW.RHF.ORG   |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation 1984 <b>M</b> State of legal domicile IN  |

## Part I Summary

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>MAPLE CITY SQUARE, INC IS A NOT-FOR-PROFIT CORPORATION FORMED IN ACCORDANCE WITH THE NOT-FOR-PROFIT STATUTES OF THE STATE OF INDIANA THE CORPORATION WAS FORMED FOR THE PURPOSE OF OPERATING A 30 UNIT COMMUNITY KNOWN AS MAPLE CITY SQUARE LOCATED IN LA PORTE, INDIANA, WHICH PROVIDES HOUSING FOR LOW INCOME ELDERLY PERSONS PURSUANT TO SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | 7                   |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | 7                   |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b>                         | 0                   |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | 0                   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | 0                   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | 0                                |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 214,934                          | 215,263             |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 80,264                           | 80,842              |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 326                              | 227                 |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,297                            | 1,474               |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 296,821                          | 297,806             |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0                                | 0                   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0                                | 0                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0                                | 0                   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0   |                                  |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 0                                | 0                   |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 412,890                          | 341,166             |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 412,890  | 341,166                          |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 636,434                          | 598,546             |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20  | 880,443                          | 885,915             |
|   |  | -244,009                         | -287,369            |

## 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.

|                  |  |                    |
|------------------|--|--------------------|
| <b>Sign Here</b> | *****<br>Signature of officer                                      | 2014-09-18<br>Date |
|                  | DEBORAH STOUFF CORPORATE SECRETARY<br>Type or print name and title |                    |

|                               |   |                         |      |   |                   |
|-------------------------------|---|-------------------------|------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Ppnt/Type preparer's name<br>JESSICA COOPER                         | Preparer's signature    | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P01011828 |
|                               | Firm's name ▶ DAUBY O'CONNOR & ZALESKI LLC                          | Firm's EIN ▶ 35-1750664 |      | Phone no (317) 848-5700                         |                   |
|                               | Firm's address ▶ 501 CONGRESSIONAL BLVD STE 300<br>CARMEL, IN 46032 |                         |      |   |                   |

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



**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  |     | No |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>   |     | No |
| <b>11</b> 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  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>   |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>  | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>  | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>                         |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** *(continued)*

|   |                   |            |
|---|-------------------|------------|
| <p><b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i></p>  | <p><b>21</b></p>  | <p>No</p>  |
| <p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i></p>  | <p><b>22</b></p>  | <p>No</p>  |
| <p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i></p>  | <p><b>23</b></p>  | <p>Yes</p> |
| <p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i></p>                           | <p><b>24a</b></p> | <p>No</p>  |
| <p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>   | <p><b>24b</b></p> |            |
| <p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>  | <p><b>24c</b></p> |            |
| <p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>   | <p><b>24d</b></p> |            |
| <p><b>25a 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? <i>If "Yes," complete Schedule L, Part I . . . . .</i></p>  | <p><b>25a</b></p> | <p>No</p>  |
| <p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i></p>  | <p><b>25b</b></p> | <p>No</p>  |
| <p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i></p>                                    | <p><b>26</b></p>  | <p>No</p>  |
| <p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i></p> | <p><b>27</b></p>  | <p>No</p>  |
| <p><b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>   |                   |            |
| <p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>  | <p><b>28a</b></p> | <p>No</p>  |
| <p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>   | <p><b>28b</b></p> | <p>No</p>  |
| <p><b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>   | <p><b>28c</b></p> | <p>Yes</p> |
| <p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>  | <p><b>29</b></p>  | <p>No</p>  |
| <p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>  | <p><b>30</b></p>  | <p>No</p>  |
| <p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i></p>  | <p><b>31</b></p>  | <p>No</p>  |
| <p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i></p>  | <p><b>32</b></p>  | <p>No</p>  |
| <p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i></p>  | <p><b>33</b></p>  | <p>No</p>  |
| <p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i></p>  | <p><b>34</b></p>  | <p>Yes</p> |
| <p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>   | <p><b>35a</b></p> | <p>No</p>  |
| <p><b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>  | <p><b>35b</b></p> |            |
| <p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>  | <p><b>36</b></p>  | <p>No</p>  |
| <p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i></p>   | <p><b>37</b></p>  | <p>No</p>  |
| <p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>  | <p><b>38</b></p>  | <p>Yes</p> |

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

Check if Schedule O contains a response or note to any line in this Part V

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

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |     |    |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O              |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b>  | 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? . . . . .   |     | No |
| <b>3</b>  | 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? . . . . . | Yes |    |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | No |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  | Yes |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body? . . . . .   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | 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 . . . . .        |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **IN**
- 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 made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 or note to any line 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) TOM S MASUDA<br>TREASURER                         | 20<br>5 00   | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (2) DR DARRYL M SEXTON<br>VICE PRESIDENT              | 20<br>5 00   | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (3) JEAN G DREMSTEDT<br>DIRECTOR                      | 20<br>5 00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (4) FRANK G JAHRLING<br>DIRECTOR                      | 20<br>5 00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (5) CHRISTINA E POTTER<br>DIRECTOR                    | 20<br>5 00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (6) RAYMOND E EAST<br>DIRECTOR                        | 20<br>5 00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (7) STEWART M SIMINGTON<br>DIRECTOR                   | 20<br>5 00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (8) REV DR JOHN E TRNKA<br>DIRECTOR                   | 20<br>5 00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (9) DR LAVERNE R JOSEPH<br>PRESIDENT, CEO             | 20<br>40 00  |   |                       | X       |              |                              | 0      | 342,648   | 83,792   |   |
| (10) DEBORAH J STOUFF<br>VP OF CORP RECORDS, CORP SEC | 20<br>40 00  |   |                       | X       |              |                              | 0      | 136,935   | 21,150   |   |
| (11) ROBERT R AMBERG<br>SR VP GENERAL COUNSEL         | 20<br>40 00  |   |                       |         | X            |                              | 0      | 291,010   | 33,377   |   |
| (12) STUART J HARTMAN<br>VP HOUSING OPERATIONS        | 20<br>40 00  |   |                       |         | X            |                              | 0      | 217,447   | 42,681   |   |
| (13) PETER OSCAR PEABODY<br>VP HEALTH CARE OPERATIONS | 20<br>40 00  |   |                       |         | X            |                              | 0      | 195,026   | 22,731   |   |
| (14) FRANK ROSSELLO JR<br>CFO AND VP OF FINANCE       | 20<br>40 00  |   |                       |         | X            |                              | 0      | 198,773   | 13,557   |   |
| (15) RICHARD T WASHINGTON<br>VP BUSINESS DEVELOPMENT  | 20<br>40 00  |   |                       |         | X            |                              | 0      | 177,729   | 23,502   |   |
| (16) NADA BATTAGLIA<br>HUMAN RESOURCES VP             | 20<br>40 00  |   |                       |         | X            |                              | 0      | 157,779   | 30,332   |   |
| (17) VINCENT B MAGNONE<br>VP TREASURY                 | 20<br>40 00  |   |                       |         | X            |                              | 0      | 162,692   | 28,989   |   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) ANDERS PLETT<br>VP ACQUISITIONS & PROJ DEVELOPMENT        | 20<br>40 00  |   |                       |         | X            |                              |        | 0   | 183,708  | 23,484  |
| (19) CHERYL J HOWELL<br>ASS'T TO PRES , VP OF ADM SVCS         | 20<br>40 00  |   |                       |         |              | X                            |        | 0   | 132,001  | 12,042  |
| (20) CHRISTOPHER MULLEN<br>DIRECTOR OF ITS & ISO               | 20<br>40 00  |   |                       |         |              | X                            |        | 0   | 137,332  | 18,163  |
| (21) JOHN CLOW<br>DIR OF RISK MANAGEMENT                       | 20<br>40 00  |   |                       |         |              | X                            |        | 0   | 125,111  | 9,718   |
| (22) KEVIN GILCHRIST<br>SR DIRECTOR OF DEVELOPMENT FINANCE     | 20<br>40 00  |   |                       |         |              | X                            |        | 0   | 124,200  | 6,756   |
| (23) CHRIS PURCELL<br>CONTROLLER                               | 20<br>40 00  |   |                       |         |              | X                            |        | 0   | 118,989  | 10,258  |
| (24) SEE SCHEDULE JO SALARY<br>DISCLOSURE - PGS 28 & 38        | 0 00   |   |                       | 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   | 2,701,380  | 380,532   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>  |     | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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 Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|---|--|--|--|---|---|
| <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> _____ 214,551   |  |  |   |   |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 712  |  |  |   |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____  |  |  |   |   |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   |  | 215,263  |   |   |
| <b>Program Service Revenue</b>  | <b>2a</b> RENTAL INCOME _____ Business Code _____ 531110   | 80,842   | 80,842   |   |   |
|   | <b>b</b> _____   |  |  |   |   |
|   | <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 . . . . . <b>▶</b>   |  | 80,842   |   |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>   | 227  |  |   | 227   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>   |  |  |   |   |
|   | <b>5</b> Royalties . . . . . <b>▶</b>  |  |  |   |   |
|   | <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>▶</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>▶</b>                           |  |   |   |
|   | <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>▶</b> |  |   |   |
|   | <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>▶</b>             |  |  |  |   |   |
| <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>▶</b>   |  |  |   |   |
| Miscellaneous Revenue _____ Business Code _____                                     |  |  |  |   |   |
| <b>11a</b> LAUNDRY AND VENDING _____ 531110   | 1,424  |  |  | 1,424                                   |   |
| <b>b</b> TENANT CHARGES _____ 531110  | 50   |  |  | 50                                      |   |
| <b>c</b> _____  |  |  |  |   |   |
| <b>d</b> All other revenue . . . . . _____  |  |  |  |   |   |
| <b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                                |  | 1,474  |  |   |   |
| <b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>                        |  | 297,806  | 80,842   | 0                                       | 1,701   |

**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)

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.   |                              |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States. See Part IV, line 22.   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members.   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees.  |                              |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages.  |                              |  |   |                                    |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  |                              |  |   |                                    |
| <b>9</b>  | Other employee benefits.   |                              |  |   |                                    |
| <b>10</b>   | Payroll taxes.   |                              |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management   | 21,813                       |  | 21,813  |                                    |
| <b>b</b>  | Legal  | 1,136                        |  | 1,136   |                                    |
| <b>c</b>  | Accounting   | 4,850                        |  | 4,850   |                                    |
| <b>d</b>  | Lobbying   |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17.   |                              |  |   |                                    |
| <b>f</b>  | Investment management fees.  |                              |  |   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |                              |  |   |                                    |
| <b>12</b>   | Advertising and promotion  | 1,679                        |  | 1,679   |                                    |
| <b>13</b>   | Office expenses  | 13,174                       | 13,174                                 |   |                                    |
| <b>14</b>   | Information technology   |                              |  |   |                                    |
| <b>15</b>   | Royalties  |                              |  |   |                                    |
| <b>16</b>   | Occupancy  | 192,460                      | 192,460                                |   |                                    |
| <b>17</b>   | Travel   | 2,043                        |  | 2,043   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials.  |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings   | 394                          |  | 394   |                                    |
| <b>20</b>   | Interest   |                              |  |   |                                    |
| <b>21</b>   | Payments to affiliates   |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization  | 30,329                       | 30,329                                 |   |                                    |
| <b>23</b>   | Insurance  | 2,921                        | 2,921                                  |   |                                    |
| <b>24</b>   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b>  | MANAGEMENT COMPANY EMPL  | 51,235                       | 51,235                                 |   |                                    |
| <b>b</b>  | SERVICE COORDINATOR  | 19,132                       | 19,132                                 |   |                                    |
| <b>c</b>  |  |                              |  |   |                                    |
| <b>d</b>  |  |                              |  |   |                                    |
| <b>e</b>  | All other expenses   |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e.   | 341,166                      | 309,251                                | 31,915  | 0                                  |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |   | (A)                  |           | (B)                |
|---|---|----------------------|-----------|--------------------|
|   |   | Beginning of year    |           | End of year        |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 97                   | <b>1</b>  | 97                 |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 22,574               | <b>2</b>  | 1,276              |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                      | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net . . . . .   | 1,231                | <b>4</b>  | 185                |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                      | <b>5</b>  |                    |
|   | <b>6</b> Loans and other 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) Complete Part II of Schedule L . . . . . |                      | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                      | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  |                      | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  |                      | <b>9</b>  |                    |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .  | <b>10a</b> 1,105,208 |           |                    |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 674,049   | 461,488   | <b>10c</b> 431,159 |
|   | <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 . . . . .  | 143,256              | <b>13</b> | 157,915            |
|   | <b>14</b> Intangible assets . . . . .   |                      | <b>14</b> |                    |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 7,788                | <b>15</b> | 7,914              |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 636,434   | <b>16</b>            | 598,546   |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 106,338              | <b>17</b> | 130,576            |
|   | <b>18</b> Grants payable . . . . .  |                      | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .  |                      | <b>19</b> | 287                |
|   | <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> Loans and other 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 . . . . .  | 762,834              | <b>23</b> | 743,655            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                      | <b>24</b> |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  | 11,271               | <b>25</b> | 11,397             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 880,443              | <b>26</b> | 885,915            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                      |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .   | -244,009             | <b>27</b> | -287,369           |
|   | <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 (ASC 958), 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 . . . . .                         | -244,009  | <b>33</b>            | -287,369  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 636,434   | <b>34</b>            | 598,546   |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 297,806  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 341,166  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -43,360  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | -244,009 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |          |
| <b>7</b>  | Investment expenses   | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0        |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | -287,369 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAPLE CITY SQUARE INC

Employer identification number  
31-1105980

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

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

- 1  A church, convention of churches, or association of churches 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  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

(ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

| (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 monetary 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 176,256  | 181,531  | 211,083  | 214,934  | 215,263  | 999,067   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 176,256  | 181,531  | 211,083  | 214,934  | 215,263  | 999,067   |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 999,067   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  | 176,256  | 181,531  | 211,083  | 214,934  | 215,263   | 999,067   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 689      | 547      | 403      | 326      | 227       | 2,192     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  | 1,713    | 1,763    | 2,495    | 1,297    | 1,474     | 8,742     |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |           | 1,010,001 |
| <b>12</b> Gross receipts from related activities, etc (see instructions)  |          |          |          |          | <b>12</b> | 399,290   |
| <b>13 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> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

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

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | 98.920 % |
| <b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14  | <b>15</b> | 98.630 % |
| <b>16a 33 1/3% support test—2013.</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 <input checked="" type="checkbox"/>   |           |          |
| <b>b 33 1/3% support test—2012.</b> If the organization did not check a 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 <input type="checkbox"/>   |           |          |
| <b>17a 10%-facts-and-circumstances test—2013.</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 <input type="checkbox"/>    |           |          |
| <b>b 10%-facts-and-circumstances test—2012.</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 <input type="checkbox"/> |           |          |
| <b>18 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 <input type="checkbox"/>  |           |          |

**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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 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> <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** 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**

| Return Reference             | Explanation  |
|------------------------------|--|
| SCHEDULE A, PART II, LINE 10 | MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MAPLE CITY SQUARE INC

Employer identification number 31-1105980

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, grants, and value, and two yes/no questions about donor advisement and grant purposes.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about conservation easement purposes, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures for public service and financial gain.

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

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

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

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

**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 XIII and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 44,000                          |                              | 44,000         |
| <b>b</b> Buildings . . . . .  |                                      | 896,656                         | 582,667                      | 313,989        |
| <b>c</b> Leasehold improvements . . . . .   |                                      | 14,555                          | 7,069                        | 7,486          |
| <b>d</b> Equipment . . . . .  |                                      | 149,997                         | 84,313                       | 65,684         |
| <b>e</b> Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 431,159        |

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) RESTRICTED CASH  | 157,915        | C   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) | 157,915        |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
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|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability   | (b) Book value |
|--|----------------|
| Federal income taxes   |                |
| SECURITY DEPOSITS  | 7,914          |
| DUE TO FPM   | 2,307          |
| DUE TO RHF   | 1,176          |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 11,397         |

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|          |   |           |           |         |
|----------|---|-----------|-----------|---------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  | 297,806 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |         |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> |           |         |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |         |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |         |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 0       |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 297,806 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                            |           |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |         |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> | 0       |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  | 297,806 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|          |  |           |           |         |
|----------|--|-----------|-----------|---------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 341,166 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |         |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |         |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |         |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |         |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |           |         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 0       |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 341,166 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |         |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |           |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> | 0       |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  | 341,166 |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX, AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE TAX AUTHORITY |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAPLE CITY SQUARE INC

Employer identification number

31-1105980

**Part I Questions Regarding Compensation**

- 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 idemnification 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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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)?

|           | Yes | No |
|-----------|-----|----|
| <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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title        | (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 as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference    | Explanation  |
|---------------------|--|
| 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 190 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 |

**Additional Data**

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name  |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) 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 compensation |                           |                         |                                 |  |
| DR LAVERNE R JOSEPH PRESIDENT, CEO              | (i)<br>(ii) | 0<br>336,048                                       | 0<br>0                              | 0<br>6,600               | 0<br>10,081               | 0<br>73,711             | 0<br>426,440                    | 0<br>0   |
| DEBORAH J STOUFF VP OF CORP RECORDS, CORP SEC   | (i)<br>(ii) | 0<br>136,935                                       | 0<br>0                              | 0<br>0                   | 0<br>4,108                | 0<br>17,042             | 0<br>158,085                    | 0<br>0   |
| ROBERT R AMBERG SR VP GENERAL COUNSEL           | (i)<br>(ii) | 0<br>285,010                                       | 0<br>0                              | 0<br>6,000               | 0<br>25,223               | 0<br>8,154              | 0<br>324,387                    | 0<br>0   |
| STUART J HARTMAN VP HOUSING OPERATIONS          | (i)<br>(ii) | 0<br>212,047                                       | 0<br>0                              | 0<br>5,400               | 0<br>18,573               | 0<br>24,108             | 0<br>260,128                    | 0<br>0   |
| PETER OSCAR PEABODY VP HEALTH CARE OPERATIONS   | (i)<br>(ii) | 0<br>189,626                                       | 0<br>0                              | 0<br>5,400               | 0<br>5,689                | 0<br>17,042             | 0<br>217,757                    | 0<br>0   |
| FRANK ROSSELLO JR CFO AND VP OF FINANCE         | (i)<br>(ii) | 0<br>195,773                                       | 0<br>0                              | 0<br>3,000               | 0<br>5,783                | 0<br>7,774              | 0<br>212,330                    | 0<br>0   |
| RICHARD T WASHINGTON VP BUSINESS DEVELOPMENT    | (i)<br>(ii) | 0<br>172,329                                       | 0<br>0                              | 0<br>5,400               | 0<br>15,348               | 0<br>8,154              | 0<br>201,231                    | 0<br>0   |
| NADA BATTAGLIA HUMAN RESOURCES VP               | (i)<br>(ii) | 0<br>156,579                                       | 0<br>0                              | 0<br>1,200               | 0<br>14,092               | 0<br>16,240             | 0<br>188,111                    | 0<br>0   |
| VINCENT B MAGNONE VP TREASURY                   | (i)<br>(ii) | 0<br>162,692                                       | 0<br>0                              | 0<br>0                   | 0<br>4,881                | 0<br>24,108             | 0<br>191,681                    | 0<br>0   |
| ANDERS PLETT VP ACQUISITIONS & PROJ DEVELOPMENT | (i)<br>(ii) | 0<br>178,908                                       | 0<br>0                              | 0<br>4,800               | 0<br>0                    | 0<br>23,484             | 0<br>207,192                    | 0<br>0   |
| CHRISTOPHER MULLEN DIRECTOR OF ITS & ISO        | (i)<br>(ii) | 0<br>137,332                                       | 0<br>0                              | 0<br>0                   | 0<br>2,504                | 0<br>15,659             | 0<br>155,495                    | 0<br>0   |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MAPLE CITY SQUARE INC

Employer identification number

31-1105980

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**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**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) JEAN G DREMSTEDT          | DIRECTOR OF THE FILING ENTITY                                   |                           |                                |   | No |
| (2) RAYMOND E EAST            | DIRECTOR OF THE FILING ENTITY                                   |                           |                                |   | No |
| (3) CHRISTINA E POTTER        | DIRECTOR OF THE FILING ENTITY                                   |                           |                                |   | No |
| (4) FRANK G JAHRLING          | DIRECTOR OF THE FILING ENTITY                                   |                           |                                |   | No |
| (5) STEWART M SIMINGTON       | DIRECTOR OF THE FILING ENTITY                                   |                           |                                |   | No |
| (6) REV DR JOHN E TRNKA       | DIRECTOR OF THE FILING ENTITY                                   |                           |                                |   | No |
| (7) TOM S MASUDA              | OFFICER AND DIRECTOR OF THE FILING ENTITY                       |                           |                                |   | No |
| (8) DARRYL M SEXTON           | OFFICER AND DIRECTOR OF THE FILING ENTITY                       |                           |                                |   | No |
| (9) RICHARD T WASHINGTON      | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (10) DEBORAH STOUFF           | OFFICER OF THE FILING ENTITY                                    |                           |                                |   | No |
| (11) DR LAVERNE R JOSEPH      | OFFICER OF THE FILING ENTITY                                    |                           |                                |   | No |
| (12) ROBERT R AMBERG          | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (13) STUART J HARTMAN         | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (14) PETER OSCAR PEABODY      | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (15) FRANK ROSSELLO JR        | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (16) KEVIN GILCHRIST          | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (17) NADA BATTAGLIA           | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (18) CHERYL J HOWELL          | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (19) CHRIS PURCELL            | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (20) JOHN CLOW                | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (21) VINCENT B MAGNONE        | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (22) ANDERS PLETT             | EMPLOYEE OF RHF, WHICH IS A SPONSOR ORGANIZATION                |                           |                                |   | No |
| (23) CHRISTOPHER MULLEN       | 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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Name of the organization  
MAPLE CITY SQUARE INC

**Employer identification number**

31-1105980

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 3 | <p>MAPLE CITY SQUARE, INC IS MANAGED BY FOUNDATION PROPERTY MANAGEMENT, INC , A PROFESSIONAL PROPERTY MANAGEMENT COMPANY FOUNDATION PROPERTY MANAGEMENT, INC HAS A PROJECT OWNER'S AND MANAGEMENT AGENT'S CERTIFICATION FOR MULTIFAMILY HOUSING PROJECTS WITH THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT UNDER THIS CERTIFICATION, HUD HAS APPROVED FOUNDATION PROPERTY MANAGEMENT, INC TO MANAGE THE MAPLE CITY SQUARE, INC APARTMENT COMMUNITY THE MANAGEMENT CONTRACT ENCOMPASSES THE DAY TO DAY OPERATIONS OF THE PROJECT INCLUDING, BUT NOT LIMITED TO, COLLECTION OF RENTS, MAINTENANCE OF FACILITIES, SUPERVISION OF STAFF, AND ONGOING SUPPORT FOR BOTH THE OWNERS AND TENANTS AS NEEDED IN ORDER TO ESTABLISH A SAFE, SANITARY AND AFFORDABLE ENVIRONMENT STUART J HARTMAN AND PETER OSCAR PEABODY ARE COMPENSATED BY FOUNDATION PROPERTY MANAGEMENT, INC AS FOLLOWS BASE COMPENSATION OF \$212,047 AND \$189,626, OTHER COMPENSATION OF \$5,400 AND \$5,400, DEFERRED COMPENSATION OF \$18,573 AND \$5,689, AND NONTAXABLE BENEFITS OF \$24,108 AND \$17,042, RESPECTIVELY</p> |

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THERE IS ONE CLASS OF MEMBERS, CONSISTING OF RETIREMENT HOUSING FOUNDATION AND ST PAUL UNITED CHURCH OF CHRIST, LAPORTE, INDIANA THE PROJECT IS WAITING ON FORMAL WRITTEN RESIGNATION TO AMEND THE BYLAWS, BUT ST PAUL UNITED CHURCH OF CHRIST, LAPORTE, INDIANA VOTED TO DISBAND DURING THE YEAR AND HELD THEIR LAST SERVICE ON AUGUST 5, 2012 AND WILL BE WITHDRAWING AS CO-SPONSOR MEMBERSHIP IS NONTRANSFERABLE AND NONASSIGNABLE |

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7A | THE DIRECTORS ARE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING OF THE MEMBERS |

| Return Reference                         | Explanation  |
|--|--|
| FORM 990, PART VI,<br>SECTION A, LINE 7B | THE BYLAWS MAY NOT BE AMENDED, REPEALED, ADDED TO, NOR NEW BYLAWS ADOPTED WITHOUT THE UNANIMOUS AFFIRMATIVE VOTE OR UNANIMOUS WRITTEN CONSENT OF THE MEMBERS |

| Return Reference                         | Explanation  |
|--|--|
| FORM 990, PART VI,<br>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 |

| 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. |

| Return Reference                         | Explanation  |
|--|--|
| FORM 990, PART VI,<br>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 |

**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

| Return Reference                       | Explanation   |
|--|---|
| 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 |

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART XII, LINE<br>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 |

| <b>Return Reference</b>                               | <b>Explanation</b>   |
|---|--|
| 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 190 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 R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAPLE CITY SQUARE INC

**Employer identification number**

31-1105980

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

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

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| See Additional Data Table                             |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|---|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |   |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
| See Additional Data Table                                |                         |  |  |   |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |   |                                 |  |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
| See Additional Data Table                                |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> | Yes |    |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> | Yes |    |
| <b>1n</b> |     | No |
| <b>1o</b> |     | No |
|           |     |    |
| <b>1p</b> | Yes |    |
| <b>1q</b> |     | No |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference   | Explanation  |
|--------------------|--|
| SCHEDULE R, PART V | 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 190 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 1M INCLUDES MANAGEMENT FEES PAID TO RELATED ORGANIZATIONS -LINE ITEM 1P INCLUDES ALL SALARIES, EMPLOYEE BENEFITS, AND PAYROLL TAXES, AS WELL AS BOOKKEEPING AND INSURANCE PAID TO RELATED ORGANIZATIONS |

**Additional Data**

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|---|----|
|   |   |  |                            |   |                                  | Yes   | No |
| (1) 300 MAIN INC<br>300 SE MAIN STREET<br>ESTACADA, OR 97023<br>93-0839426                            | LOW AND VERY LOW INCOME HOUSING   | OR   | 501(C)(3)                  | 7   |                                  |   | No |
| (1) 66TH AVENUE APARTMENTS INC<br>5710 66TH AVENUE<br>SACRAMENTO, CA 95823<br>95-4547417              | HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS                                 | CA   | 501(C)(3)                  | 15  |                                  |   | No |
| (2) ABBEY RHF HOUSING INC<br>4012 S MANN ROAD<br>INDIANAPOLIS, IN 46221<br>31-1575444                 | LOW AND VERY LOW INCOME HOUSING   | IN   | 501(C)(3)                  | 9   |                                  |   | No |
| (3) ACCESS ANAHEIM INC<br>3060 W FRONTERA STREET<br>ANAHEIM, CA 92806<br>33-0227497                   | LOW AND VERY LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |   | No |
| (4) ADAM & BRUCE HOUSING CORPORATION<br>5910 KESSEN CASSEL ROAD<br>FORT WAYNE, IN 46816<br>31-1135796 | LOW AND VERY LOW INCOME HOUSING   | IN   | 501(C)(3)                  | 9   |                                  |   | No |
| (5) AGAPE HOUSING CORPORATION INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>33-0462745      | CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP | CA   | 501(C)(3)                  | 11  |                                  |   | No |
| (6) ANAHEIM MEMORIAL MANOR INC<br>275 EAST CENTER STREET<br>ANAHEIM, CA 92805<br>95-3618525           | LOW AND VERY LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |   | No |
| (7) BAKERSFIELD SENIOR HOUSING INC<br>500 R STREET<br>BAKERSFIELD, CA 93304<br>30-0105347             | LOW AND VERY LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |   | No |
| (8) BALDWIN RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>33-0657540            | LOW & VERY LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 15  |                                  |   | No |
| (9) BENNETT ELDERLY HOUSING INC<br>7245 BENNETT STREET<br>PITTSBURGH, PA 15208<br>33-0274917          | LOW AND VERY LOW INCOME HOUSING   | PA   | 501(C)(3)                  | 9   |                                  |   | No |
| (10) BEXAR RHF HOUSING INC<br>131 DARSON MARIE DRIVE<br>SAN ANTONIO, TX 78226<br>20-5593693           | LOW & VERY LOW INCOME HOUSING   | TX   | 501(C)(3)                  | 15  |                                  |   | No |
| (11) BINNALL HOUSE RHF HOUSING INC<br>126 CONNORS STREET<br>GARDNER, MA 01440<br>76-0713632           | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED      | MA   | 501(C)(3)                  | 9   |                                  |   | No |
| (12) BIXBY KNOLLS TOWERS INC<br>3747 ATLANTIC AVENUE<br>LONG BEACH, CA 90807<br>95-2963856            | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED      | CA   | 501(C)(3)                  | 9   |                                  |   | No |
| (13) BLUEGRASS RHF HOUSING INC<br>6900 HOPEFUL ROAD<br>FLORENCE, KY 41042<br>61-1116280               | NURSING AND HOUSING FOR SENIOR CITIZENS                                     | KY   | 501(C)(3)                  | 9   |                                  |   | No |
| (14) BOISE 1ST RHF HOUSING INC<br>661 SOUTH CURTIS ROAD<br>BOISE, ID 83705<br>95-3981289              | LOW AND VERY LOW INCOME HOUSING   | ID   | 501(C)(3)                  | 9   |                                  |   | No |
| (15) BONHAM RHF HOUSING INC<br>1600 PECAN STREET<br>BONHAM, TX 75418<br>95-3972422                    | LOW AND VERY LOW INCOME HOUSING   | TX   | 501(C)(3)                  | 9   |                                  |   | No |
| (16) CAMP VERDE RHF HOUSING INC<br>377 W HIGHWAY 260<br>CAMP VERDE, AZ 86322<br>74-2528374            | LOW AND VERY LOW INCOME HOUSING   | AZ   | 501(C)(3)                  | 9   |                                  |   | No |
| (17) CARLIN RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>52-1901330            | LOW INCOME HOUSING FOR THE ELDERLY  | VA   | 501(C)(3)                  | 15  |                                  |   | No |
| (18) CATHEDRAL PIONEER CHURCH HOMES<br>2701 CAPITOL AVENUE<br>SACRAMENTO, CA 95816<br>94-1630325      | LOW AND VERY LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |   | No |
| (19) CATHEDRAL PIONEER CHURCH HOMES II<br>415 P STREET<br>SACRAMENTO, CA 95814<br>94-1629086          | SKILLED NURSING CARE  | CA   | 501(C)(3)                  | 9   |                                  |   | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations                         |  |   |                            |  |                                  |  |    |
|--|--|---|----------------------------|--|----------------------------------|--|----|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                    | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|  |  |   |                            |  |                                  | Yes  | No |
| (21) CECIL AVENUE APARTMENTS INC<br>1635 RANDOLPH STREET<br>DELANO, CA 93215<br>95-3858285                 | LOW AND VERY LOW INCOME HOUSING                            | CA  | 501(C)(3)                  | 7  |                                  |  | No |
| (1) CEDAR RAPIDS RHF HOUSING INC<br>205 40TH STREET DRIVE SE<br>CEDAR RAPIDS, IA 52403<br>33-0240088       | LOW AND VERY LOW INCOME HOUSING                            | IA  | 501(C)(3)                  | 15   |                                  |  | No |
| (2) CHARLES STREET RHF HOUSING INC<br>10 TEMPLE PLACE<br>BOSTON, MA 02111<br>91-2118986                    | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED              | MA  | 501(C)(3)                  | 15   |                                  |  | No |
| (3) CHESAPEAKE RHF HOUSING INC<br>2139 BROADMOOR AVENUE<br>CHESAPEAKE, VA 23323<br>94-3090349              | LOW AND VERY LOW INCOME HOUSING                            | VA  | 501(C)(3)                  | 9  |                                  |  | No |
| (4) COLUMBUS RHF HOUSING INC<br>419 FARR ROAD<br>COLUMBUS, GA 31907<br>20-2852210                          | ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS  | GA  | 501(C)(3)                  | 9  |                                  |  | No |
| (5) CONGREGATIONAL CHURCH RETIREMENT COMMUNITY<br>750 AUBURN RAVINE ROAD<br>AUBURN, CA 95603<br>94-2645317 | LOW AND VERY LOW INCOME HOUSING                            | CA  | 501(C)(3)                  | 9  |                                  |  | No |
| (6) CONGREGATIONAL TOWER RHF HOUSING INC<br>288 F STREET<br>CHULA VISTA, CA 91910<br>46-1443891            | LOW AND VERY LOW INCOME HOUSING                            | CA  | 501(C)(3)                  | 9  |                                  |  | No |
| (7) CONVERSE-KOKOMO OIC HOUSING SERVICES INC<br>111 S 3RD STREET<br>CONVERSE, IN 46919<br>33-0221566       | LOW AND VERY LOW INCOME HOUSING                            | IN  | 501(C)(3)                  | 9  |                                  |  | No |
| (8) CORNERSTONE RHF HOUSING INC<br>14522 CORNERSTONE VILLAGE DRIVE<br>HOUSTON, TX 77014<br>31-1660727      | LOW & VERY LOW INCOME HOUSING                              | TX  | 501(C)(3)                  | 9  |                                  |  | No |
| (9) CORNERSTONE VILLAGE INC<br>14422 CORNERSTONE VILLAGE DRIVE<br>HOUSTON, TX 77014<br>81-0631096          | NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY | TX  | 501(C)(3)                  | 9  |                                  |  | No |
| (10) COUNCIL BLUFFS RHF HOUSING INC<br>1105 S THIRD STREET<br>COUNCIL BLUFFS, IA 51503<br>33-0217504       | LOW AND VERY LOW INCOME HOUSING                            | IA  | 501(C)(3)                  | 9  |                                  |  | No |
| (11) CULVER CITY ROTARY PLAZA INC<br>5100 OVERLAND AVENUE<br>CULVER CITY, CA 90230<br>95-3815447           | LOW AND VERY LOW INCOME HOUSING                            | CA  | 501(C)(3)                  | 9  |                                  |  | No |
| (12) DALLAS RHF HOUSING INC<br>1409 RANGE DRIVE<br>MESQUITE, TX 75149<br>33-0236316                        | LOW AND VERY LOW INCOME HOUSING                            | TX  | 501(C)(3)                  | 7  |                                  |  | No |
| (13) DE SMET RHF HOUSING INC<br>1425 N FLORISSANT ROAD<br>FLORISSANT, MO 63033<br>31-1710670               | SENIOR HOUSING   | MO  | 501(C)(3)                  | 15   |                                  |  | No |
| (14) DEL NORTE RHF SENIOR HOUSING INC<br>1799 WEST 32ND AVENUE<br>DENVER, CO 80211<br>33-0219411           | LOW AND VERY LOW INCOME HOUSING                            | CO  | 501(C)(3)                  | 9  |                                  |  | No |
| (15) DES MOINES RHF HOUSING INC<br>2111 EAST VIRGINIA AVENUE<br>DES MOINES, IA 50320<br>33-0402391         | LOW AND VERY LOW INCOME HOUSING                            | IA  | 501(C)(3)                  | 9  |                                  |  | No |
| (16) DIAKONIA HOUSING I INC<br>2654 MCGREGOR DRIVE<br>RANCHO CORDOVA, CA 95670<br>95-3743532               | LOW AND VERY LOW INCOME HOUSING                            | CA  | 501(C)(3)                  | 9  |                                  |  | No |
| (17) DIAKONIA HOUSING INC<br>120 EAST FRANKLIN STREET<br>EPHRATA, PA 17522<br>33-0483950                   | LOW AND VERY LOW INCOME HOUSING                            | PA  | 501(C)(3)                  | 7  |                                  |  | No |
| (18) DIAKONIA HOUSING INC<br>319 EAST 12TH STREET<br>ANDERSON, IN 46016<br>95-3815145                      | LOW AND VERY LOW INCOME HOUSING                            | IN  | 501(C)(3)                  | 7  |                                  |  | No |
| (19) DOGWOOD RETIREMENT HOUSING INC<br>101 S COLUMBIA STREET<br>MILLEDGEVILLE, GA 31061<br>95-3917927      | LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING               | GA  | 501(C)(3)                  | 15   |                                  |  | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations                        |  |  |                            |   |                                  |  |    |
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| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |  |  |                            |   |                                  | Yes  | No |
| (41) DONALD JORDAN SR MANOR INC<br>11441 ACACIA PARKWAY<br>GARDEN GROVE, CA 92840<br>95-3806147           | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (1) ECUMENICAL RETIREMENT HOUSING INC<br>250 FEMRITE DRIVE<br>MONONA, WI 53716<br>95-3807642              | LOW AND VERY LOW INCOME HOUSING  | WI   | 501(C)(3)                  | 7   |                                  |  | No |
| (2) EDNA RHF HOUSING INC<br>1207 MIRACLE DRIVE<br>EDNA, TX 77957<br>33-0236319                            | LOW AND VERY LOW INCOME HOUSING  | TX   | 501(C)(3)                  | 7   |                                  |  | No |
| (3) ESCALON HERITAGE HOMES INC<br>1100 ESCALON AVENUE<br>ESCALON, CA 95320<br>95-3915615                  | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (4) ESPERANZA RHF HOUSING<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>91-2004295                  | LOW AND VERY LOW INCOME HOUSING  | WA   | 501(C)(3)                  | 9   |                                  |  | No |
| (5) FAJARDO RHF HOUSING INC<br>CALLE 5 EDIF ADM MONTE VISTA<br>FAJARDO, PR 00738<br>66-0431743            | LOW INCOME HOUSING   | PR   | 501(C)(3)                  | 15  |                                  |  | No |
| (6) FLORENCE RHF HOUSING INC<br>718 SOUTH DARGAN STREET<br>FLORENCE, SC 29506<br>57-0845047               | RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS                          | SC   | 501(C)(3)                  | 9   |                                  |  | No |
| (7) FOUNDATION PROPERTY MANAGEMENT<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-3651050         | SEE SCHEDULE O - SPONSOR ORGANIZATION  | CA   | 501(C)(3)                  | 11  |                                  |  | No |
| (8) FRIENDSHIP HOUSE III INC<br>7988 NORTH MICHIGAN ROAD<br>INDIANAPOLIS, IN 46268<br>31-0956562          | LOW AND VERY LOW INCOME HOUSING  | IN   | 501(C)(3)                  | 9   |                                  |  | No |
| (9) GLENWOOD RHF HOUSING INC<br>711 NUCKOLLS STREET<br>GLENWOOD, IA 51534<br>33-0240089                   | LOW & VERY LOW INCOME SENIOR CITIZEN HOUSING                                 | IA   | 501(C)(3)                  | 15  |                                  |  | No |
| (10) GOLD COUNTRY HEALTH CENTER INC<br>4301 GOLDEN CENTER DRIVE<br>PLACERVILLE, CA 95667<br>95-3864203    | NURSING AND HOUSING FOR THE ELDERLY  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (11) GRANADA GARDENS RHF HOUSING INC<br>167000 CHATSWORTH STREET<br>GRANADA HILLS, CA 91344<br>33-0713531 | GENERAL WELFARE & ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS OR | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (12) GREAT PLAINS HOUSING ADVOCACY INC<br>930 S TAFT DRIVE<br>NORTH PLATTE, NE 69101<br>35-3252619        | LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL                          | NE   | 501(C)(3)                  | 15  |                                  |  | No |
| (13) HAMILTON RHF HOUSING INC<br>20 HAVERHILL STREET<br>BROCKTON, MA 02301<br>73-1698527                  | SENIOR HOUSING   | MA   | 501(C)(3)                  | 15  |                                  |  | No |
| (14) HAMPTON SUPPORTIVE HOUSING INC<br>3260 BICKERS STREET<br>DALLAS, TX 75212<br>31-1663924              | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED                                | CA   | 501(C)(3)                  | 7   |                                  |  | No |
| (15) HARBOR TOWER<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-3072221                          | LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (16) HAVENWOOD RHF HOUSING INC<br>1330 S BURLINGTON STREET<br>LOS ANGELES, CA 90006<br>33-0713528         | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (17) HERMISTON RHF HOUSING INC<br>986 W JUNIPER AVENUE<br>HERMISTON, OR 97838<br>91-1751136               | LOW INCOME SENIOR HOUSING  | OR   | 501(C)(3)                  | 9   |                                  |  | No |
| (18) HOLLY HILL RHF HOUSING INC<br>900 LGPA BLVD<br>HOLLY HILL, FL 32117<br>59-2742497                    | RETIREMENT HOME FOR SENIOR CITIZENS  | FL   | 501(C)(3)                  | 9   |                                  |  | No |
| (19) HOLLYVIEW RHF HOUSING INC<br>5411 HOLLYWOOD BLVD<br>HOLLYWOOD, CA 90027<br>31-1708080                | LOW INCOME SENIOR HOUSING  | CA   | 501(C)(3)                  | 15  |                                  |  | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations               |  |  |                            |   |                                  |  |    |
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|  |  |  |                            |   |                                  | Yes  | No |
| (61) HOLLYWOOD RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>31-1576132    | LOW & VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 15  |                                  |  | No |
| (1) HOOSIER VALLEY HOUSING CORPORATION<br>785 REGINA LANE<br>CORYDON, IN 47112<br>31-1135803     | LOW AND VERY LOW INCOME HOUSING  | IN   | 501(C)(3)                  | 9   |                                  |  | No |
| (2) HOUSTON RHF HOUSING INC<br>8106 CREEKBEND DRIVE<br>HOUSTON, TX 77071<br>31-1531662           | LOW AND VERY LOW INCOME HOUSING  | TX   | 501(C)(3)                  | 9   |                                  |  | No |
| (3) ILS TRANSITION INC<br>1626 COURT STREET SUITE 200<br>REDDING, CA 96001<br>68-0203079         | ASSIST DEVELOPMENTALLY DISABLED PERSONS                                | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (4) INDEPENDENCE SQUARE RHF HOUSING INC<br>201 W DELAWARE<br>EVANSVILLE, IN 47710<br>30-0105351  | LOW AND VERY LOW INCOME HOUSING  | IN   | 501(C)(3)                  | 7   |                                  |  | No |
| (5) KEARNEY RHF HOUSING INC<br>1011 6TH AVENUE<br>KEARNY, NE 68845<br>33-0236348                 | LOW AND VERY LOW INCOME HOUSING  | NE   | 501(C)(3)                  | 9   |                                  |  | No |
| (6) KING JAMES COURT RHF HOUSING INC<br>383 E RIVER STREET<br>ORANGE, MA 01364<br>76-0713633     | AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA   | 501(C)(3)                  | 9   |                                  |  | No |
| (7) LA FONTAINE CENTER INC<br>208 WEST STATE STREET<br>HUNTINGTON, IN 46750<br>31-1025386        | LOW AND VERY LOW INCOME HOUSING  | IN   | 501(C)(3)                  | 9   |                                  |  | No |
| (8) LA MIRADA RHF HOUSING INC<br>14129 ADOREE STREET<br>LA MIRADA, CA 90638<br>33-0235269        | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (9) LANCASTER RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>20-5489828     | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (10) LANE MANOR RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>45-2872284   | LOW INCOME HOUSING FOR THE ELDERLY & DISABLED                          | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (11) LIBERTY PARK RHF HOUSING INC<br>2735 CORPREW AVENUE<br>NORFOLK, VA 23504<br>33-0293189      | LOW AND VERY LOW INCOME HOUSING  | VA   | 501(C)(3)                  | 9   |                                  |  | No |
| (12) LOMITA KIWANIS GARDENS INC<br>25109 EBONY LANE<br>LOMITA, CA 90717<br>95-3915617            | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (13) LOS ALAMITOS RHF HOUSING INC<br>4121 KATELLA AVENUE<br>LOS ALAMITOS, CA 90720<br>33-0336099 | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 7   |                                  |  | No |
| (14) LOS ARCOS RHF HOUSING INC<br>12740 GATEWAY PARK RD<br>POWAY, CA 92064<br>91-2129703         | GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (15) LOVELAND RHF HOUSING INC<br>4895 LUCERNE AVENUE<br>LOVELAND, CO 80538<br>20-2853552         | LOW & VERY LOW INCOME HOUSING  | CO   | 501(C)(3)                  | 15  |                                  |  | No |
| (16) LOWER TOWNSHIP RHF HOUSING INC<br>664 TOWN BANK ROAD<br>CAPE MAY, NJ 08204<br>33-0310321    | LOW AND VERY LOW INCOME HOUSING  | NJ   | 501(C)(3)                  | 9   |                                  |  | No |
| (17) MAC ARTHUR PARK TOWERS<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-3000996       | LOW INCOME HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (18) MACON RHF HOUSING INC<br>478 MONROE HILL<br>MACON, GA 31204<br>30-0265098                   | LOW INCOME HOUSING   | GA   | 501(C)(3)                  | 9   |                                  |  | No |
| (19) MADISON HERITAGE APARTMENTS INC<br>101 WEST 2ND STREET<br>MADISON, TN 47250<br>35-1601281   | LOW AND VERY LOW INCOME HOUSING  | TN   | 501(C)(3)                  | 9   |                                  |  | No |

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| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |  |  |                            |   |                                  | Yes  | No |
| (81) MALONE COMMUNITY CENTER HSG CORP<br>737 NORTH 22ND STREET<br>LINCOLN, NE 68503<br>95-3924425             | LOW AND VERY LOW INCOME HOUSING            | NE   | 501(C)(3)                  | 9   |                                  |  | No |
| (1) MANITOWOC RHF HOUSING INC<br>1485 NORTH 7TH STREET<br>MANITOWOC, WI 54220<br>39-1674875                   | LOW AND VERY LOW INCOME HOUSING            | WI   | 501(C)(3)                  | 9   |                                  |  | No |
| (2) MARPLE MANOR INC<br>530 COFFEE ROAD<br>MODESTO, CA 95355<br>94-2764262                                    | LOW AND VERY LOW INCOME HOUSING            | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (3) MARYMOUNT ASSN FOR SR HSG<br>317 152ND STREET EAST<br>TACOMA, WA 98445<br>91-1212339                      | LOW AND VERY LOW INCOME HOUSING            | WA   | 501(C)(3)                  | 7   |                                  |  | No |
| (4) MASON CITY RHF HOUSING INC<br>741 SOUTH ILLINOIS AVENUE<br>MASON CITY, IA 50401<br>95-3970172             | LOW AND VERY LOW INCOME HOUSING            | IA   | 501(C)(3)                  | 9   |                                  |  | No |
| (5) MASON PLACE RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>41-2089814                | SENIOR CITIZEN HOUSING                     | MA   | 501(C)(3)                  | 15  |                                  |  | No |
| (6) MAYFLOWER GARDENS HEALTH FACILITIES INC<br>6705 W AVENUE M<br>LANCASTER, CA 93536<br>95-3926600           | RETIREMENT HOUSING FOR SENIOR CITIZENS     | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (7) MAYFLOWER GARDENS II INC<br>6570 WEST AVENUE L-12<br>LANCASTER, CA 93536<br>95-3315308                    | LOW AND VERY LOW INCOME HOUSING            | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (8) MAYFLOWER RHF HOUSING INC<br>6570 WEST AVENUE L-12<br>LANCASTER, CA 93536<br>95-2394671                   | RETIREMENT HOUSING FOR SENIOR CITIZENS     | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (9) MCKINNEY RHF HOUSING INC<br>506 S GRAVES STREET<br>MCKINNEY, TX 75069<br>95-3972613                       | TO PROVIDE LOW AND VERY LOW INCOME HOUSING | TX   | 501(C)(3)                  | 9   |                                  |  | No |
| (10) MERRITT ISLAND RHF HOUSING INC<br>1100 SOUTH COURTENAY PARKWAY<br>MERRITT ISLAND, FL 32952<br>59-2721378 | HOUSING AND NURSING FOR SENIOR CITIZENS    | FL   | 501(C)(3)                  | 9   |                                  |  | No |
| (11) MESQUITE RHF HOUSING INC<br>1413 RANGE DRIVE<br>MESQUITE, TX 75149<br>75-2264833                         | LOW AND VERY LOW INCOME HOUSING            | TX   | 501(C)(3)                  | 9   |                                  |  | No |
| (12) MISSION PALMS RETIREMENT HOUSING INC<br>900 LOS EBANOS ROAD<br>MISSION, TX 78572<br>95-3915111           | LOW AND VERY LOW INCOME HOUSING            | TX   | 501(C)(3)                  | 9   |                                  |  | No |
| (13) MODESTO AFFILIATED CHURCH HSG CORP<br>900 17TH STREET<br>MODESTO, CA 95354<br>94-2256991                 | LOW AND VERY LOW INCOME HOUSING            | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (14) MPT MANAGERS<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>93-1216117                              | LOW INCOME HOUSING                         | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (15) NORTH CAPITOL AT PLYMOUTH INC<br>5233 N CAPITOL ST<br>WASHINGTON, DC 20011<br>91-2169651                 | LOW AND VERY LOW INCOME HOUSING            | DC   | 501(C)(3)                  | 9   |                                  |  | No |
| (16) NORTHWEST HOUSING CORPORATION<br>227 NORTH UTE AVENUE<br>MONTROSE, CO 81401<br>74-2282021                | LOW AND VERY LOW INCOME HOUSING            | CO   | 501(C)(3)                  | 9   |                                  |  | No |
| (17) OKLAHOMA RHF HOUSING INC<br>1207 WEST CHEROKEE<br>LINDSAY, OK 73052<br>33-0236323                        | LOW & VERY LOW INCOME HOUSING              | OK   | 501(C)(3)                  | 7   |                                  |  | No |
| (18) OLYMPIC RHF HOUSING INC<br>2726 E OLYMPIC BOULEVARD<br>LOS ANGELES, CA 90023<br>33-0736426               | LOW AND VERY LOW INCOME HOUSING            | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (19) PAGEDALE RHF HOUSING INC<br>7550 PAGE AVENUE<br>ST LOUIS, MO 63133<br>20-5267298                         | LOW AND VERY LOW INCOME HOUSING            | MO   | 501(C)(3)                  | 9   |                                  |  | No |

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|   |  |  |                            |   |                                  | Yes  | No |
| (101) PARK PLACE RHF HOUSING<br>6900 37TH AVENUE SOUTH<br>SEATTLE, WA 98118<br>31-1717824         | ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS                       | WA   | 501(C)(3)                  | 9   |                                  |  | No |
| (1) PASADENA RHF HOUSING INC<br>275 E CORDOVA STREET<br>PASADENA, CA 91101<br>95-3915619          | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 7   |                                  |  | No |
| (2) PAUAHI ELDERLY HOUSING<br>167 NORTH PAUAHI STREET<br>HONOLULU, HI 96817<br>95-3883729         | LOW AND VERY LOW INCOME HOUSING  | HI   | 501(C)(3)                  | 9   |                                  |  | No |
| (3) PHOENIX RHF HOUSING INC<br>13420 NORTH 21ST PLACE<br>PHOENIX, AZ 85022<br>86-0661151          | LOW AND VERY LOW INCOME HOUSING  | AZ   | 501(C)(3)                  | 9   |                                  |  | No |
| (4) PILGRIM TOWER EAST<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-3298228             | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (5) PILGRIM TOWER NORTH<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-2874168            | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (6) PINE CREST RHF HOUSING INC<br>419 E RIVER STREET<br>ORANGE, MA 01364<br>76-0713635            | AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA   | 501(C)(3)                  | 9   |                                  |  | No |
| (7) PINEHURST RETIREMENT HOUSING INC<br>122 KICKAPOO STREET<br>PALESTINE, TX 75803<br>95-3915116  | LOW AND VERY LOW INCOME HOUSING  | TX   | 501(C)(3)                  | 7   |                                  |  | No |
| (8) PINWOOD MANOR BREMERTON<br>280 SYLVAN WAY<br>BREMERTON, WA 98310<br>95-3864201                | LOW AND VERY LOW INCOME HOUSING  | WA   | 501(C)(3)                  | 7   |                                  |  | No |
| (9) PIONEER MANOR OF GENEVA<br>123 SOUTH 11TH STREET<br>GENEVA, NE 68361<br>95-3864190            | LOW AND VERY LOW INCOME HOUSING  | NE   | 501(C)(3)                  | 9   |                                  |  | No |
| (10) PIONEER TOWERS<br>515 P STREET<br>SACRAMENTO, CA 95814<br>95-3103749                         | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (11) PLYMOUTH PLACE INC<br>1320 N MONROE STREET<br>STOCKTON, CA 95203<br>95-3835688               | TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS     | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (12) POWAY RHF HOUSING INC<br>12751 GATEWAY PARK RD<br>POWAY, CA 92064<br>33-0299770              | SENIOR CITIZEN HOUSING   | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (13) PRAIRIE GROVE APTS INC<br>141 MILLAR ROAD<br>EAST PRAIRIE, MO 63845<br>95-3972405            | LOW AND VERY LOW INCOME HOUSING  | MO   | 501(C)(3)                  | 9   |                                  |  | No |
| (14) PRESCOTT RHF HOUSING INC<br>117 CORY AVENUE<br>PRESCOTT, AZ 86303<br>33-0224099              | LOW AND VERY LOW INCOME HOUSING  | AZ   | 501(C)(3)                  | 9   |                                  |  | No |
| (15) REDDING PILGRIM HOUSING INC<br>910 CANBY ROAD<br>REDDING, CA 96003<br>95-3961818             | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (16) REDDING RHF HOUSING INC<br>1626 COURT STREET SUITE 200<br>REDDING, CA 96001<br>95-3939010    | LOW AND VERY LOW INCOME HOUSING  | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (17) RETIREMENT HOUSING FOUNDATION<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-2249495 | SEE SCHEDULE O - SPONSOR ORGANIZATION                                  | CA   | 501(C)(3)                  | 1   |                                  |  | No |
| (18) RHF 202-II HOUSING (HAWAII) INC<br>1605 PHILIP STREET<br>HONOLULU, HI 96826<br>99-0270013    | LOW AND VERY LOW INCOME HOUSING  | HI   | 501(C)(3)                  | 7   |                                  |  | No |
| (19) RHF BUNKER HILL CORPORATION<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-3295618   | AFFORDABLE HOUSING TO THE ELDERLY                                      | CA   | 501(C)(3)                  | 9   |                                  |  | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations                             |  |  |                            |   |                                  |  |    |
|--|--|--|----------------------------|---|----------------------------------|--|----|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|  |  |  |                            |   |                                  | Yes  | No |
| (121) RHF FOUNDATION INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>91-2145934                        | LOW AND VERY LOW INCOME HOUSING                              | CA   | 501(C)(3)                  | 11  |                                  |  | No |
| (1) RHF HOUSING INC<br>607 NORTH HIGHTOWER<br>PEORIA, IL 61605<br>95-3555022                                   | LOW AND VERY LOW INCOME HOUSING                              | IL   | 501(C)(3)                  | 9   |                                  |  | No |
| (2) RIVER CITY RESIDENTIAL CLUB INC<br>1816 O STREET<br>SACRAMENTO, CA 95814<br>95-3913994                     | LOW AND VERY LOW INCOME HOUSING                              | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (3) ROUND HOUSE MANOR INC<br>300 BICENTENNIAL COURT<br>KAUKAUNA, WI 54130<br>95-3856154                        | LOW AND VERY LOW INCOME HOUSING                              | WI   | 501(C)(3)                  | 9   |                                  |  | No |
| (4) SALEM RHF HOUSING INC<br>3524 FISHER ROAD NE<br>SALEM, OR 97305<br>76-0775911                              | LOW AND VERY LOW INCOME HOUSING                              | OR   | 501(C)(3)                  | 9   |                                  |  | No |
| (5) SALINE COMMUNITY DIRECTIONS INC<br>460 RUSSELL STREET<br>SALINE, MI 48176<br>38-2589687                    | LOW AND VERY LOW INCOME HOUSING                              | MI   | 501(C)(3)                  | 9   |                                  |  | No |
| (6) SAN ANTONIO RHF HOUSING INC<br>4438 CALLAGHAN ROAD<br>SAN ANTONIO, TX 78228<br>81-0631098                  | LOW INCOME HOUSING   | TX   | 501(C)(3)                  | 9   |                                  |  | No |
| (7) SANGNOK HOUSING CORP<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>95-3976201                        | LOW AND VERY LOW INCOME HOUSING                              | CA   | 501(C)(3)                  | 11  |                                  |  | No |
| (8) SANTA MONICA RHF HOUSING INC<br>1125 THIRD STREET<br>SANTA MONICA, CA 90403<br>33-0234678                  | LOW AND VERY LOW INCOME HOUSING                              | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (9) SHELBYVILLE INC<br>102 EAST FRANKLIN STREET<br>SHELBYVILLE, IN 46176<br>95-3952505                         | LOW AND VERY LOW INCOME HOUSING                              | IN   | 501(C)(3)                  | 7   |                                  |  | No |
| (10) SMYRNA RHF HOUSING INC<br>2348 BENSON POOLE ROAD<br>SMYRNA, GA 30082<br>31-1728897                        | LOW AND VERY LOW INCOME HOUSING                              | GA   | 501(C)(3)                  | 9   |                                  |  | No |
| (11) SOUTHPOINTE VILLA RHF HOUSING INC<br>302 WEST MERRILL AVENUE<br>RIALTO, CA 92376<br>30-0108108            | LOW INCOME HOUSING FOR THE ELDERLY                           | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (12) ST CATHERINE RHF HOUSING INC<br>3350 ST CATHERINE STREET<br>FLORISSANT, MO 63033<br>31-1710648            | SENIOR HOUSING   | MO   | 501(C)(3)                  | 9   |                                  |  | No |
| (13) ST CROIX HOUSING FOR THE ELDERLY INC<br>4100 SUNNY ISLE CHRISTIANSTED<br>ST CROIX, VI 00820<br>95-3976114 | LOW & VERY LOW INCOME HOUSING                                | VI   | 501(C)(3)                  | 15  |                                  |  | No |
| (14) ST JAMES PARK RHF HOUSING INC<br>34 ST JAMES PARK<br>LOS ANGELES, CA 90007<br>33-0713530                  | LOW AND VERY LOW INCOME HOUSING                              | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (15) STOCKTON CONGREGATIONAL HOMES INC<br>1319 NORTH MADISON STREET<br>STOCKTON, CA 95202<br>94-1702821        | LOW AND VERY LOW INCOME HOUSING                              | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (16) STORM LAKE RHF HOUSING INC<br>904 E MILWAUKEE AVENUE<br>STORM LAKE, IA 50588<br>33-0217490                | LOW & VERY LOW INCOME HOUSING                                | IA   | 501(C)(3)                  | 15  |                                  |  | No |
| (17) SUN CITY RHF HOUSING INC<br>28500 BRADLEY ROAD<br>SUN CITY, CA 92586<br>95-3930268                        | RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS | CA   | 501(C)(3)                  | 9   |                                  |  | No |
| (18) SYMPHONY EAST RHF HOUSING INC<br>334 MASSACHUSETTS AVENUE<br>BOSTON, MA 02115<br>91-2118985               | LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY                | MA   | 501(C)(3)                  | 15  |                                  |  | No |
| (19) SYMPHONY WEST RHF HOUSING INC<br>333 MASSACHUSETTS AVENUE<br>BOSTON, MA 02115<br>91-2118974               | LOW & VERY LOW INCOME HOUSING FOR THE ELDERLY                | MA   | 501(C)(3)                  | 15  |                                  |  | No |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                      | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|--|--|-------------------------------|---|-------------------------------------|--|----|
|   |  |  |                               |   |                                     | Yes  | No |
| (141) TALLAHASSEE RHF HOUSING INC<br><br>1433 NORTH ADAMS STREET<br>TALLAHASSEE, FL 32303<br>59-2314057 | LOW AND VERY LOW<br>INCOME HOUSING           | FL   | 501(C)(3)                     | 9   |                                     |  | No |
| (1) UNIVERSITY CENTER - ST CTZNS<br><br>1801 NORTH BROADWAY<br>INDIANAPOLIS, IN 46202<br>31-1012363     | LOW AND VERY LOW<br>INCOME HOUSING           | IN   | 501(C)(3)                     | 9   |                                     |  | No |
| (2) VACAVILLE SR HOUSING CORP<br><br>2470 NUT TREE ROAD<br>VACAVILLE, CA 95687<br>68-0025578            | LOW AND VERY LOW<br>INCOME HOUSING           | CA   | 501(C)(3)                     | 9   |                                     |  | No |
| (3) VILLA GREENTREE INC<br><br>2100 GREENTREE NORTH<br>CLARKSVILLE, IN 47129<br>31-1042917              | LOW AND VERY LOW<br>INCOME HOUSING           | IN   | 501(C)(3)                     | 9   |                                     |  | No |
| (4) VILLAGE GARDENS RHF HOUSING INC<br><br>1225 W 39TH STREET<br>NORFOLK, VA 23508<br>26-1522545        | HOUSING FOR LOW<br>INCOME ELDERLY<br>PERSONS | VA   | 501(C)(3)                     | 7   |                                     |  | No |
| (5) VILLAGE POINTE RHF INC<br><br>1220 38TH STREET<br>NORFOLK, VA 23508<br>91-2055958                   | LOW AND VERY LOW<br>INCOME HOUSING           | VA   | 501(C)(3)                     | 7   |                                     |  | No |
| (6) VPH ADULT RETIREMENT CENTER<br><br>15211 SHERMAN WAY<br>VAN NUYS, CA 91405<br>95-3748359            | LOW AND VERY LOW<br>INCOME HOUSING           | CA   | 501(C)(3)                     | 7   |                                     |  | No |
| (7) WAICO RHF HOUSING INC<br><br>1919 NORTH 11TH STREET<br>MILWAUKEE, WI 53205<br>33-0230525            | LOW AND VERY LOW<br>INCOME HOUSING           | WI   | 501(C)(3)                     | 9   |                                     |  | No |
| (8) WEST VALLEY TOWERS<br><br>14650 SHERMAN WAY<br>VAN NUYS, CA 91405<br>95-3573752                     | LOW AND VERY LOW<br>INCOME HOUSING           | CA   | 501(C)(3)                     | 7   |                                     |  | No |
| (9) WINSLOW RHF HOUSING INC<br><br>901 WEST DESMOND<br>WINSLOW, AZ 86047<br>33-0236331                  | LOW AND VERY LOW<br>INCOME HOUSING           | NE   | 501(C)(3)                     | 9   |                                     |  | No |
| (10) YELLOWWOOD ACRES INC<br><br>2210 GREENTREE N<br>CLARKSVILLE, IN 47129<br>35-1590607                | NURSING SERVICES<br>AND SENIOR<br>HOUSING    | IN   | 501(C)(3)                     | 9   |                                     |  | No |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership  |                         |  |                                  |   |                              |                                    |                                      |    |   |                                     |    |                             |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|---|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |   | Yes                                 | No |                             |
| 10 TEMPLE PLACE LTD PTR<br><br>10 TEMPLE PLACE<br>BOSTON, MA 02111<br>91-2118880                   | LOW INCOME HOUSING      | MA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| 333 MASSACHUSETTS AVENUE LTD PTR<br><br>333 MASSACHUSETTS AVENUE<br>BOSTON, MA 02115<br>91-2118879 | LOW INCOME HOUSING      | MA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| 334 MASSACHUSETTS AVENUE LTD PTR<br><br>334 MASSACHUSETTS AVENUE<br>BOSTON, MA 02115<br>91-2118878 | LOW INCOME HOUSING      | MA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| 3555 WHITTIER RHF PARTNERS LP<br><br>3555 WHITTIER BLVD<br>LOS ANGELES, CA 90023<br>26-2776373     | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| AMISTAD PLAZA PARTNERS LTD PRT<br><br>6050 S WESTERN AVE<br>LOS ANGELES, CA 90047<br>33-0657744    | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| CAPITOL TOWERS RHF PARTNERS LP<br><br>470 BROAD STREET<br>HARTFORD, CT 06106<br>45-3517331         | LOW INCOME HOUSING      | CT   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| CLOISTERS RHF HOUSING LLC<br><br>400 E HOWRY AVENUE<br>DELAND, FL 32724<br>91-2081880              | LOW INCOME HOUSING      | FL   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| COLLEGE VILLAS LP<br><br>511 COLLEGE AVENUE<br>HENDERSON, NV 89105<br>80-0383839                   | LOW INCOME HOUSING      | NV   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| CONGREGATIONAL TOWER PARTNERS LP<br><br>288 F STREET<br>CHULA VISTA, CA 91910<br>46-1159405        | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| CONGREGATIONAL TOWER LLC<br><br>288 F STREET<br>CHULA VISTA, CA 91910<br>46-1170579                | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| ESPERANZA APARTMENTS LTD PRT<br><br>6940 37TH AVENUE SOUTH<br>SEATTLE, WA 98118<br>91-2058664      | LOW INCOME HOUSING      | WA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| GRAND VIEW RHF PARTNERS LP<br><br>450 GRAND VIEW STREET<br>LOS ANGELES, CA 90057<br>20-8737125     | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| HILL RHF HOUSING PARTNERS LP<br><br>255 SOUTH HILL STREET<br>LOS ANGELES, CA 90012<br>26-2045140   | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| HILL RHF HOUSING LLC<br><br>255 SOUTH HILL STREET<br>LOS ANGELES, CA 90012<br>26-2044491           | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| HOLLYVIEW LIMITED PARTNERSHIP<br><br>5411 HOLLYVIEW BLVD<br>HOLLYWOOD, CA 90027<br>80-0047322      | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership      |                         |  |                                  |   |                              |                                    |                                      |    |   |                                     |    |                             |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|---|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |   | Yes                                 | No |                             |
| HOUSING CORP FUND ASSOC<br><br>625 N NEW HAMPSHIRE LOS ANGELES, CA 90004 33-0404058                    | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| LA FAMILY HOUSING CO<br><br>1722 SOUTH TOBERMAN STREET LOS ANGELES, CA 90015 33-0383600                | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| LOS ARCOS LIMITED PARTNERSHIP<br><br>12740 GATEWAY PARK RD POWAY, CA 92064 91-2129525                  | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| MADISON RHF PARTNERS LIMITED PARTNERSHIP<br><br>440 NORTH MADISON AVENUE PASADENA, CA 91101 35-1601281 | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| MASON RHF LIMITED PARTNERSHIP<br><br>80 MASON STREET BOSTON, MA 02111 41-2089820                       | LOW INCOME HOUSING      | MA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| MESA RHF PARTNERS LP<br><br>340 SOUTH MESA SAN PEDRO, CA 90731 20-8737239                              | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| OLIVE RHF HOUSING PARTNERS LP<br><br>255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2045031            | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| OLIVE RHF HOUSING LLC<br><br>255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625                    | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| PIONEER TOWERS RHF PARTNERS LP<br><br>575 P STREET SACRAMENTO, CA 95814 27-5105225                     | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| PIONEER TOWERS RHF HOUSING LLC<br><br>575 P STREET SACRAMENTO, CA 95814 27-5104715                     | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| RIO VISTA VILLAGE LTD PRT<br><br>1310 RIO VISTA AVENUE LOS ANGELES, CA 90023 95-4358490                | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| RIVERSIDE VILLAGE RHF LIMITED PARTNERSHIP<br><br>24 STATE STREET LEOMINSTER, MA 01453 26-3792698       | LOW INCOME HOUSING      | MA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| SAN JACINTO MANOR ASSOCIATES LP<br><br>1262 SANTA FE AVENUE SAN JACINTO, CA 92583 95-3973274           | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| SANGNOK PARTNERS LP<br><br>732 SOUTH BONNIE BRAE LOS ANGELES, CA 90057 33-0383602                      | LOW INCOME HOUSING      | CA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |
| SEABURY RHF LIMITED PARTNERSHIP<br><br>240-244 BELMONT STREET WORCHESTER, MA 01604 76-0713646          | LOW INCOME HOUSING      | MA   | N/A                              |   |                              |                                    |                                      | No |   |                                     | No |                             |

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

| (a)<br>Name, address, and EIN of<br>related organization                                       | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
|  |                         |   |  |   |                                 |  | Yes                                     | No |  | Yes  | No |                                |
| SHEPHERD PARK RHF<br>PARTNERS LP<br><br>170 SISSON AVENUE<br>HARTFORD, CT 06105<br>27-1649972  | LOW INCOME<br>HOUSING   | CT  | N/A                                    |   |                                 |  |   | No |  |  | No |                                |
| SOUTHEPOINTE VILLA LTD<br>PTR<br><br>302 WEST MERRILL AVENUE<br>RIALTO, CA 92376<br>33-1037938 | LOW INCOME<br>HOUSING   | CA  | N/A                                    |   |                                 |  |   | No |  |  | No |                                |
| THE CARLIN LTD PRT<br><br>4300 N CARLIN SPRINGS<br>ROAD<br>ARLINGTON, VA 22203<br>33-0595836   | LOW INCOME<br>HOUSING   | VA  | N/A                                    |   |                                 |  |   | No |  |  | No |                                |
| VILLA RHF PARTNERS LP<br><br>560 EAST VILLA STREET<br>PASADENA, CA 91101<br>47-0942681         | LOW INCOME<br>HOUSING   | CA  | N/A                                    |   |                                 |  |   | No |  |  | No |                                |
| VISTAS RHF PARTNERS LP<br><br>15211 SHERMAN WAY<br>VAN NUYS, CA 91405<br>46-2888427            | LOW INCOME<br>HOUSING   | CA  | N/A                                    |   |                                 |  |   | No |  |  | No |                                |
| WEST VALLEY RHF<br>PARTNERS LP<br><br>14650 SHERMAN WAY<br>VAN NUYS, CA 91405<br>46-2888466    | LOW INCOME<br>HOUSING   | CA  | N/A                                    |   |                                 |  |   | No |  |  | No |                                |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| CAPITOL TOWERS RHF HOUSING INC<br>470 BROAD STREET<br>HARTFORD, CT 06106<br>45-3513698         | SPONSOR ORGANIZATION    | CT   | N/A                              | C  |                              |                                    |                             |  | No |
| CARLIN RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>52-1901330          | SPONSOR ORGANIZATION    | VA   | N/A                              | C  |                              |                                    |                             |  | No |
| CHARLES STREET RHF HOUSING INC<br>10 TEMPLE PLACE<br>BOSTON, MA 02111<br>91-2118986            | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |
| COLLEGE VILLAS RHF HOUSING INC<br>511 COLLEGE AVENUE<br>HENDERSON, NV 89105<br>27-2262481      | SPONSOR ORGANIZATION    | NV   | N/A                              | C  |                              |                                    |                             |  | No |
| CONGREGATIONAL TOWER LLC<br>288 F STREET<br>CHULA VISTA, CA 91910<br>46-1170579                | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| CONGREGATIONAL TOWER RHF HOUSING INC<br>288 F STREET<br>CHULA VISTA, CA 91910<br>46-1443891    | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| HAMILTON RHF HOUSING INC<br>175 FEDERAL STREET SUITE 700<br>BOSTON, MA 02111<br>73-1698527     | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |
| MASON PLACE RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>41-2089814     | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |
| PIONEER TOWERS RHF HOUSING LLC<br>575 P STREET<br>SACRAMENTO, CA 95814<br>27-5104715           | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| RETIREMENT ENTERPRISES INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>33-0322654      | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| RIVERSIDE RHF HOUSING INC<br>24 STATE STREET<br>LEOMINSTER, MA 01453<br>26-3792834             | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |
| SEABURY HEIGHTS RHF HOUSING INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>74-3062143 | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |
| SHEPHERD PARK RHF HOUSING INC<br>170 SISSON AVE<br>HARTFORD, CT 06105<br>27-1605363            | SPONSOR ORGANIZATION    | CT   | N/A                              | C  |                              |                                    |                             |  | No |
| SYMPHONY EAST RHF HOUSING INC<br>334 MASSACHUSETTS AVENUE<br>BOSTON, MA 02111<br>91-2118985    | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |
| SYMPHONY WEST RHF HOUSING INC<br>333 MASSACHUSETTS AVENUE<br>BOSTON, MA 02111<br>91-2118974    | SPONSOR ORGANIZATION    | MA   | N/A                              | C  |                              |                                    |                             |  | No |

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

| (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| UNITED CONGREGATE CARE INC<br>911 N STUDEBAKER ROAD<br>LONG BEACH, CA 90815<br>33-0369183   | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| VISTAS RHF HOUSING LLC<br>15211 SHERMAN WAY<br>VAN NUYS, CA 91405<br>46-2888279             | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| WEST VALLEY RHF HOUSING LLC<br>14650 SHERMAN WAY<br>VAN NUYS, CA 91405<br>46-2888355        | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| 3555 WHITTIER RHF HOUSING LLC<br>3555 WHITTIER BLVD<br>LOS ANGELES, CA 90023<br>26-2776297  | SPONSOR ORGANIZATION    | CA   | N/A                              | C  |                              |                                    |                             |  | No |
| ESSEX VILLAGE RHF HOUSING INC<br>12 FISCHER DRIVE<br>NORTH KINGSTON, RI 02852<br>46-1061727 | SPONSOR ORGANIZATION    | RI   | N/A                              | C  |                              |                                    |                             |  | No |
| KINGS GRANT RHF HOUSING INC<br>12 FISCHER DRIVE<br>NORTH KINGSTON, RI 02852<br>46-1083561   | SPONSOR ORGANIZATION    | RI   | N/A                              | C  |                              |                                    |                             |  | No |

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

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

OMB No 1545-0172  
**2013**  
 Attachment  
 Sequence No **179**

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

|  |   |   |
|--|---|---|
| Name(s) shown on return<br>MAPLE CITY SQUARE INC | Business or activity to which this form relates<br>FORM 990 PAGE 10 | <b>Identifying number</b><br><br>31-1105980 |
|--|---|---|

**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 instructions)  | 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 smaller of line 5 or line 8  | 9                            |                  |
| 10 Carryover of disallowed deduction from line 13 of your 2012 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 2014 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 | 30,329 |

**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 2013   | 17 |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B—Assets Placed in Service During 2013 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        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2013 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 | 30,329 |
| 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? 24b If "Yes," is the evidence written? 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) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2013 tax year (see instructions) 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f) See the instructions for where to report