



Form **8879-PE**

# IRS e-file Signature Authorization for Form 1065

OMB No. 1545-2042

## 2009

Department of the Treasury  
Internal Revenue Service

For calendar year 2009, or tax year beginning \_\_\_\_\_, 2009, ending \_\_\_\_\_, 20\_\_\_\_

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of partnership **EVANSVILLE SENIOR HOUSING, LP  
& COMMUNITY ACTION, INC.**

Employer identification number  
**39-1996893**

### Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 22)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	-51,745.
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

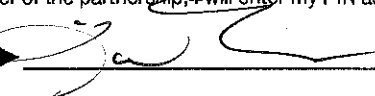
### Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager (Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2009 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic income tax return.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

I authorize WEGNER LLP to enter my PIN 00385  
ERO firm name do not enter all zeros  
as my signature on the partnership's 2009 electronically filed income tax return.


As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2009 electronically filed income tax return.

General partner or limited liability company member manager's signature   
Title ▶ OPERATING MANAGER Date ▶ 3/22/10

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 39224553713  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed income tax return for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  CPA Date ▶ 3/18/10

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.  
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Form **8879-PE** (2009)

1065

Form Department of the Treasury Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2009, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0099

2009

Partnership information section including Principal business activity (RENTAL), Principal product or service (REAL ESTATE), Business code number (531110), Name of partnership (EVANSVILLE SENIOR HOUSING, LP), Employer identification number (39-1996893), Date business started (07/07/2000), Total assets (\$1,837,971), and various checkboxes for return type and accounting method.

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Main table with 22 rows for Income and Deductions. Includes sub-rows 1a, 1b, 1c, 16a, 16b, 16c. Total income (loss) on line 8 and Total deductions on line 21.

Signature and preparer information section. Includes signature of general partner, date (3/22/10), preparer's signature (CPA), firm name (WEGNER LLP), address (2110 LUANN LANE, MADISON, WI 53713), EIN (39-0974031), and phone number ((608) 274-4020).

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2009)

**Schedule A Cost of Goods Sold** (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

- 9 a Check all methods used for valuing closing inventory:
- (i)  Cost as described in Regulations section 1.471-3
  - (ii)  Lower of cost or market as described in Regulations section 1.471-4
  - (iii)  Other (specify method used and attach explanation) ▶
- b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership?  Yes  No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  Yes  No  
If "Yes," attach explanation.

**Schedule B Other Information**

- 1 What type of entity is filing this return? Check the applicable box:
- a  Domestic general partnership
  - b  Domestic limited partnership
  - c  Domestic limited liability company
  - d  Domestic limited liability partnership
  - e  Foreign partnership
  - f  Other ▶

- 2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?  Yes  No
- 3 At the end of the tax year:
- a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership  Yes  No
  - b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership  Yes  No
- 4 At the end of the tax year, did the partnership:
- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below  Yes  No

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below  Yes  No

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
<b>5</b> Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		<b>X</b>
<b>6</b> Does the partnership satisfy <b>all four</b> of the following conditions? <b>a</b> The partnership's total receipts for the tax year were less than \$250,000. <b>b</b> The partnership's total assets at the end of the tax year were less than \$ 1 million. <b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. <b>d</b> The partnership is not filing and is not required to file Schedule M-3 ..... If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		<b>X</b>
<b>7</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		<b>X</b>
<b>8</b> During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		<b>X</b>
<b>9</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		<b>X</b>
<b>10</b> At any time during calendar year 2009, did the partnership 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		<b>X</b>
<b>11</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<b>X</b>
<b>12a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? ..... See instructions for details regarding a section 754 election.		<b>X</b>
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		<b>X</b>
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<b>X</b>
<b>13</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) ▶ <input type="checkbox"/>		
<b>14</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
<b>15</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
<b>16</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		<b>X</b>
<b>17</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		

**Designation of Tax Matters Partner** (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	<b>COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTY</b>	Identifying number of TMP ▶	<b>39-1052077</b>
If the TMP is an entity, name of TMP representative ▶		Phone number of TMP ▶	
Address of designated TMP ▶	<b>200 WEST MILWAUKEE STREET JANESVILLE, WI 53548</b>		

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22) .....	1 0.
	2 Net rental real estate income (loss) (attach Form 8825) <b>SEE STATEMENT 1</b> .....	2 -51,745.
	3 a Other gross rental income (loss) ..... <b>3a</b>	
	b Expenses from other rental activities (attach statement) ..... <b>3b</b>	
	c Other net rental income (loss). Subtract line 3b from line 3a .....	<b>3c</b>
	4 Guaranteed payments .....	4
	5 Interest income <b>SEE STATEMENT 2</b> .....	5 234.
	6 Dividends: a Ordinary dividends .....	<b>6a</b>
	b Qualified dividends ..... <b>6b</b>	
	7 Royalties .....	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) .....	8
Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) .....	9a
	b Collectibles (28%) gain (loss) ..... <b>9b</b>	
	c Unrecaptured section 1250 gain (attach statement) ..... <b>9c</b>	
	10 Net section 1231 gain (loss) (attach Form 4797) .....	10
	11 Other income (loss) (see instructions) Type ▶ .....	11
	12 Section 179 deduction (attach Form 4562) .....	12
	13 a Contributions .....	13a
	b Investment interest expense .....	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ .....	<b>13c(2)</b>
	(2) Amount ▶ .....	
	d Other deductions (see instructions) Type ▶ .....	13d
Self-Employment	14 a Net earnings (loss) from self-employment .....	14a 0.
	b Gross farming or fishing income .....	14b
	c Gross nonfarm income .....	14c
Credits	15 a Low-income housing credit (section 42(j)(5)) .....	15a
	b Low-income housing credit (other) <b>SEE STATEMENT 3</b> .....	15b 154,635.
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) .....	15c
	d Other rental real estate credits (see instructions) Type ▶ .....	15d
	e Other rental credits (see instructions) Type ▶ .....	15e
	f Other credits (see instructions) Type ▶ .....	15f
Foreign Transactions	16 a Name of country or U.S. possession ▶ .....	
	b Gross income from all sources .....	16b
	c Gross income sourced at partner level .....	16c
	Foreign gross income sourced at partnership level	
	d Passive category ▶ .....	<b>16f</b>
	e General category ▶ .....	
	f Other ▶ .....	
	Deductions allocated and apportioned at partner level	
	g Interest expense ▶ .....	<b>16h</b>
	h Other ▶ .....	
	Deductions allocated and apportioned at partnership level to foreign source income	
i Passive category ▶ .....	<b>16k</b>	
j General category ▶ .....		
k Other ▶ .....		
l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/> .....	16l	
m Reduction in taxes available for credit (attach statement) .....	16m	
n Other foreign tax information (attach statement) .....		
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment .....	17a
	b Adjusted gain or loss .....	17b
	c Depletion (other than oil and gas) .....	17c
	d Oil, gas, and geothermal properties - gross income .....	17d
	e Oil, gas, and geothermal properties - deductions .....	17e
	f Other AMT items (attach statement) .....	17f
Other Information	18 a Tax-exempt interest income .....	18a
	b Other tax-exempt income .....	18b
	c Nondeductible expenses .....	18c
	19 a Distributions of cash and marketable securities .....	19a 6,000.
	b Distributions of other property .....	19b
20 a Investment income .....	20a 234.	
b Investment expenses .....	20b	
c Other items and amounts (attach statement) .....		

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					1	-51,511.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other
a General partners						
b Limited partners	-5.			-51,459.	-47.	

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		23,012.		30,875.
2a Trade notes and accounts receivable	3,091.			
b Less allowance for bad debts		3,091.		
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 4	95,417.		105,239.
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	2,005,869.		2,005,869.	
b Less accumulated depreciation	461,832.	1,544,037.	514,432.	1,491,437.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)		210,420.		210,420.
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		1,875,977.		1,837,971.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 5	24,569.		25,156.
18 All nonrecourse loans		1,031,359.		1,030,231.
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		820,049.		782,584.
22 Total liabilities and capital		1,875,977.		1,837,971.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	-31,465.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	STMT 6 350.	a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	73,649.
a Depreciation \$	52,601.	8 Add lines 6 and 7	73,649.
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-51,511.
STMT 7 473.	53,074.		
5 Add lines 1 through 4	21,959.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	820,048.	6 Distributions: a Cash	6,000.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-31,465.	8 Add lines 6 and 7	6,000.
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	782,583.
5 Add lines 1 through 4	788,583.		

**SCHEDULE M-3**  
(Form 1065)

**Net Income (Loss) Reconciliation  
for Certain Partnerships**

OMB No. 1545-0099

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1065 or Form 1065-B.  
▶ See separate instructions.

Name of partnership <b>EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC.</b>	Employer identification number <b>39-1996893</b>
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**This Schedule M-3 is being filed because (check all that apply):**

- A  The amount of the partnership's total assets at the end of the tax year is equal to \$10 million or more.
- B  The amount of the partnership's adjusted total assets for the year is equal to \$10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year \_\_\_\_\_.
- C  The amount of total receipts for the taxable year is equal to \$35 million or more. If box C is checked, enter the total receipts for the tax year \_\_\_\_\_.
- D  An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50 percent or more in the partnership's capital, profit, or loss, on any day during the tax year of the partnership.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned
<b>NATIONAL CORPORATE TAX CREDIT FUND X1</b>	<b>91-1999726</b>	<b>99.9000%</b>

E  Voluntary Filer

**Part I Financial Information and Net Income (Loss) Reconciliation**

- 1a Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year?  
 Yes. Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K.  
 No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.
- b Did the partnership prepare a certified audited non-tax-basis income statement for that period?  
 Yes. Skip line 1c and complete lines 2 through 11 with respect to that income statement.  
 No. Go to line 1c.
- c Did the partnership prepare a non-tax-basis income statement for that period?  
 Yes. Complete lines 2 through 11 with respect to that income statement.  
 No. Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a.
- 2 Enter the income statement period: Beginning 01/01/2009 Ending 12/31/2009
- 3a Has the partnership's income statement been restated for the income statement period on line 2?  
 Yes. (If "Yes," attach an explanation and the amount of each item restated.)  
 No.
- b Has the partnership's income statement been restated for any of the five income statement periods preceding the period on line 2?  
 Yes. (If "Yes," attach an explanation and the amount of each item restated.)  
 No.

4a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	4a	<b>- 31,465.</b>
b Indicate accounting standard used for line 4a (see instructions):		
1 <input type="checkbox"/> GAAP    2 <input type="checkbox"/> IFRS    3 <input type="checkbox"/> 704(b)		
4 <input type="checkbox"/> Tax-basis    5 <input type="checkbox"/> Other: (specify) ▶ _____		
5a Net income from nonincludible foreign entities (attach schedule) .....	5a	( )
b Net loss from nonincludible foreign entities (attach schedule and enter as a positive amount) .....	5b	
6a Net income from nonincludible U.S. entities (attach schedule) .....	6a	( )
b Net loss from nonincludible U.S. entities (attach schedule and enter as a positive amount) .....	6b	
7a Net income (loss) of other foreign disregarded entities (attach schedule) .....	7a	
b Net income (loss) of other U.S. disregarded entities (attach schedule) .....	7b	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach sch.) .....	8	
9 Adjustment to reconcile income statement period to tax year (attach schedule) .....	9	
10 Other adjustments to reconcile to amount on line 11 (attach schedule) .....	10	
<b>11 Net income (loss) per income statement of the partnership.</b> Combine lines 4 through 10	11	<b>- 31,465.</b>

**Note.** Part I, line 11, must equal the amount on Part II, line 26, column (a).

12 Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines:

	Total Assets	Total Liabilities
a Included on Part I, line 4	<b>1,837,971.</b>	<b>1,055,387.</b>
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

For Paperwork Reduction Act Notice, see the Instructions for your return.

Schedule M-3 (Form 1065) 2009

910991 12-29-09 JWA

Name of partnership **EVANSVILLE SENIOR HOUSING, LP**  
**% COMMUNITY ACTION, INC.** Employer identification number **39-1996893**

**Part II Reconciliation of Net Income (Loss) per Income Statement of Partnership with Income (Loss) per Return**

Income (Loss) Items	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
(Attach schedules for lines 1 through 9)				
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross foreign distributions previously taxed				
5 Income (loss) from equity method U.S. corporations				
6 U.S. dividends				
7 Income (loss) from U.S. partnerships				
8 Income (loss) from foreign partnerships				
9 Income (loss) from other pass-through entities				
10 Items relating to reportable transactions (attach details)				
11 Interest income (attach Form 8916-A)	234.			234.
12 Total accrual to cash adjustment				
13 Hedging transactions				
14 Mark-to-market income (loss)				
15 Cost of goods sold (attach Form 8916-A)	( )			( )
16 Sale versus lease (for sellers and/or lessors)				
17 Section 481(a) adjustments				
18 Unearned/deferred revenue				
19 Income recognition from long-term contracts				
20 Original issue discount and other imputed interest				
21a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach details)				
g Other gain/loss on disposition of assets other than inventory				
22 Other income (loss) items with differences (attach schedule) <b>STMT 8</b>	144,649.	350.		144,999.
23 Total income (loss) items. Combine lines 1 through 22	144,883.	350.		145,233.
24 Total expense/deduction items (from Part III, line 30) (see instructions)	-64,848.	-20,395.		-85,243.
25 Other items with no differences	-111,501.			-111,501.
26 Reconciliation totals. Combine lines 23 through 25	-31,466.	-20,045.		-51,511.

**Note.** Line 26, column (a), must equal the amount on Part I, line 11, and column (d) must equal Form 1065, page 5, Analysis of Net Income (Loss), line 1.

Name of partnership **EVANSVILLE SENIOR HOUSING, LP**  
**% COMMUNITY ACTION, INC.** Employer identification number  
**39-1996893**

**Part III Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return - Expense/Deduction Items**

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 State and local current income tax expense				
2 State and local deferred income tax expense				
3 Foreign current income tax expense (other than foreign withholding taxes)				
4 Foreign deferred income tax expense				
5 Equity-based compensation				
6 Meals and entertainment				
7 Fines and penalties				
8 Judgments, damages, awards, and similar costs				
9 Guaranteed payments				
10 Pension and profit-sharing				
11 Other post-retirement benefits				
12 Deferred compensation				
13 Charitable contribution of cash and tangible property				
14 Charitable contribution of intangible property				
15 Organizational expenses as per Regulations section 1.709-2(a)				
16 Syndication expenses as per Regulations section 1.709-2(b)				
17 Current year acquisition/reorganization investment banking fees				
18 Current year acquisition/reorganization legal and accounting fees				
19 Amortization/impairment of goodwill				
20 Amortization of acquisition, reorganization, and start-up costs				
21 Other amortization or impairment write-offs				
22 Section 198 environmental remediation costs				
23a Depletion - Oil & Gas				
b Depletion - Other than Oil & Gas				
24 Intangible drilling & development costs				
25 Depreciation	52,601.	20,868.		73,469.
26 Bad debt expense				
27 Interest expense (attach Form 9916-A)	12,247.	-473.		11,774.
28 Purchase versus lease (for purchasers and/or lessees)				
29 Other expense/deduction items with differences (attach schedule)				
30 <b>Total expense/deduction items.</b> Combine lines 1 through 29. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	<b>64,848.</b>	<b>20,395.</b>		<b>85,243.</b>

JWA

Schedule M-3 (Form 1065) 2009

# Rental Real Estate Income and Expenses of a Partnership or an S Corporation

OMB No. 1545-1186

▶ See instructions on page 2.  
 ▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name **EVANSVILLE SENIOR HOUSING, LP**  
**% COMMUNITY ACTION, INC.**

Employer identification number  
**39 1996893**

1 Show the kind and location of each property. See page 2 to list additional properties.

**A SENIOR HOUSING IN EVANSVILLE WISCONSIN**

**B**

**C**

**D**

Rental Real Estate Income	Properties			
	A	B	C	D
2 Gross rents	2 144,999.			
<b>Rental Real Estate Expenses</b>				
3 Advertising	3 1,573.			
4 Auto and travel	4			
5 Cleaning and maintenance	5 3,281.			
6 Commissions	6			
7 Insurance	7 7,099.			
8 Legal and other professional fees	8 7,140.			
9 Interest	9 11,774.			
10 Repairs	10 30,330.			
11 Taxes	11 7,800.			
12 Utilities	12 25,284.			
13 Wages and salaries	13			
14 Depreciation (see instructions)	14 73,469.			
15 Other (list) ▶ <b>STMT 10</b>	28,994.			
	15			
16 Total expenses for each property. Add lines 3 through 15	16 196,744.			

17 Total gross rents. Add gross rents from line 2, columns A through H ..... 17 144,999.

18 Total expenses. Add total expenses from line 16, columns A through H ..... 18 ( 196,744.)

19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities ..... 19

20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) ..... 20a

b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:

(1) Name	(2) Employer identification number
_____	_____
_____	_____
_____	_____

21 Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on:  
 • Form 1065 or 1120S: Schedule K, line 2, or .....  
 • Form 1065-B: Part I, line 4 ..... } 21 -51,745.

1 Show the kind and location of each property.

**E** \_\_\_\_\_

**F** \_\_\_\_\_

**G** \_\_\_\_\_

**H** \_\_\_\_\_

		Properties			
		E	F	G	H
<b>Rental Real Estate Income</b>					
2 Gross rents .....	2				
<b>Rental Real Estate Expenses</b>					
3 Advertising .....	3				
4 Auto and travel .....	4				
5 Cleaning and maintenance .....	5				
6 Commissions .....	6				
7 Insurance .....	7				
8 Legal and other professional fees .....	8				
9 Interest .....	9				
10 Repairs .....	10				
11 Taxes .....	11				
12 Utilities .....	12				
13 Wages and salaries .....	13				
14 Depreciation (see instructions) .....	14				
15 Other (list) ► _____	15				
_____					
_____					
16 Total expenses for each property. Add lines 3 through 15	16				

**Information on Partners Owning 50% or More of the Partnership**

OMB No. 1545-0099

▶ **Attach to Form 1065. See instructions.**

Name of partnership

Employer identification number

**EVANSVILLE SENIOR HOUSING, LP**  
**% COMMUNITY ACTION, INC.**

**39-1996893**

**Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
<b>NATIONAL CORPORATE TAX</b>				
<b>CREDIT, FUND XI</b>	<b>91-1999726</b>	<b>PARTNERSHIP</b>	<b>UNITED STATES</b>	<b>99.90</b>

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

**SCHEDULE C  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**Additional Information for Schedule M-3 Filers**

▶ Attach to Form 1065. See separate instructions.

OMB No. 1545-0099

**2009**

Name of partnership

Employer identification number

**EVANSVILLE SENIOR HOUSING, LP  
& COMMUNITY ACTION, INC.**

**39-1996893**

	Yes	No
1 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? .....		<b>X</b>
2 Do the amounts reported on Schedule M-3, Part II, lines 7 or 8, column (d), reflect allocations to this partnership from another partnership of income, gain, loss, deduction, or credit that are disproportionate to this partnership's share of capital in such partnership or its ratio for sharing other items of such partnership? .....		<b>X</b>
3 At any time during the tax year, did the partnership sell, exchange, or transfer any interest in an intangible asset to a related person as defined in sections 267(b) and 707(b)(1)? .....		<b>X</b>
4 At any time during the tax year, did the partnership acquire any interest in an intangible asset from a related person as defined in sections 267(b) and 707(b)(1)? .....		<b>X</b>
5 At any time during the tax year, did the partnership make any change in accounting principle for financial accounting purposes? See instructions for a definition of change in accounting principle .....		<b>X</b>
6 At any time during the tax year, did the partnership make any change in a method of accounting for U.S. income tax purposes? .....		<b>X</b>

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule C (Form 1065) 2009

Depreciation and Amortization (Including Information on Listed Property) OTHER 1

2009

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC.

39-1996893

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.

Table with 13 rows for Section 179 election. Line 1: 250,000. Line 3: 800,000. Line 13: 13.

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

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

Table with 3 rows for Part II. Line 14, 15, 16.

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

Section A

Table with 2 rows for Section A. Line 17, 18.

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

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

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21, 22, 23.

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

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

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

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

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

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

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

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

**Section B - Information on Use of Vehicles**

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

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

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

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

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

**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
<b>42</b> Amortization of costs that begins during your 2009 tax year:					

**43** Amortization of costs that began before your 2009 tax year **43**

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

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

R-

1

**2009**

Attachment  
Sequence No. 67

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

Name(s) shown on return

**EVANSVILLE SENIOR HOUSING, LP  
& COMMUNITY ACTION, INC.**

Business or activity to which this form relates

**SENIOR HOUSING IN  
EVANSVILLE WISCONSIN**

Identifying number

**39-1996893**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	73,469.
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 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	73,469.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								<b>28</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**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.

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

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

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

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

**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
<b>42</b> Amortization of costs that begins during your 2009 tax year:					
<b>43</b> Amortization of costs that began before your 2009 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

# Low-Income Housing Credit

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

Name(s) shown on return <b>EVANSVILLE SENIOR HOUSING, LP</b> <b>% COMMUNITY ACTION, INC.</b>	Identifying number <b>39-1996893</b>
--	---

**Part I Buildings Placed in Service Before 2008**

1 Number of Forms 8609-A attached for buildings placed in service before 2008 ..... ▶ <u>1</u>	
2 Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since the close of the preceding tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (i) _____ (ii) _____ (iii) _____ (iv) _____	
3 Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 (see instructions) .....	<b>3 154,635.</b>
4 Low-income housing credit for buildings placed in service before 2008 from partnerships, S corporations, estates, and trusts .....	<b>4</b>
5 Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on Form 3800, line 1d .....	<b>5 154,635.</b>
6 Amount allocated to beneficiaries of the estate or trust (see instructions) .....	<b>6</b>
7 Estates and trusts. Subtract line 6 from line 5. Report this amount on Form 3800, line 1d .....	<b>7</b>

**Part II Buildings Placed in Service After 2007**

8 Number of Forms 8609-A attached for buildings placed in service after 2007 ..... ▶ _____	
9 Has there been a decrease in the qualified basis of any buildings accounted for on line 8 since the close of the preceding tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (i) _____ (ii) _____ (iii) _____ (iv) _____	
10 Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 (see instructions) .....	<b>10</b>
11 Low-income housing credit for buildings placed in service after 2007 from partnerships, S corporations, estates, and trusts .....	<b>11</b>
12 Add lines 10 and 11. Partnerships and S corporations, report this amount on Schedule K; all others, continue to line 13 .....	<b>12</b>
13 Low-income housing credit included on line 12 from passive activities (see instructions) .....	<b>13</b>
14 Subtract line 13 from line 12 .....	<b>14</b>
15 Low-income housing credit allowed for 2009 from a passive activity (see instructions) .....	<b>15</b>
16 Carryforward of low-income housing credit to 2009 (see instructions) .....	<b>16</b>
17 Carryback of low-income housing credit from 2010 (see instructions) .....	<b>17</b>
18 Add lines 14 through 17. Estates and trusts, go to line 19; all others, report this amount on Form 3800, line 29d .....	<b>18</b>
19 Amount allocated to beneficiaries of the estate or trust (see instructions) .....	<b>19</b>
20 Estates and trusts. Subtract line 19 from line 18. Report this amount on Form 3800, line 29d .....	<b>20</b>

LHA For Paperwork Reduction Act Notice, see instructions

Form 8586 (2009)

# Annual Statement for Low-Income Housing Credit

▶ File with owner's federal income tax return.

Attachment  
Sequence No. **36**

<b>Name(s) shown on return</b> EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC.	<b>Identifying number</b> 39-1996893
---	---

**Part I Compliance Information**

	Yes	No
<b>A</b> Building identification number (BIN) ▶ <u>WI0042301</u>		
<b>B</b> This Form 8609-A is for (check the box) ▶ a newly constructed or existing building <input checked="" type="checkbox"/> section 42(e) rehabilitation expenditures <input type="checkbox"/>		
<b>C</b> Do you have in your records the original Form 8609 (or a copy thereof) signed and issued by the housing credit agency for the building in <b>A</b> ? If "No," see the instructions and stop here - do not go to Part II.	X	
<b>D</b> Did the building in <b>A</b> qualify as a part of a qualified low-income housing project and meet the requirements of section 42 as of the end of the tax year for which this form is being filed? If "No," see the instructions and stop here - do not go to Part II.	X	
<b>E</b> Was there a decrease in the qualified basis of the building in <b>A</b> for the tax year for which this form is being filed? If "Yes," see the instructions. If "No," and the entire credit has been claimed in prior tax years, stop here - do not go to Part II.		X

**Part II Computation of Credit**

<b>1</b> Eligible basis of building	<b>1</b>	1,914,985.
<b>2</b> Low-income portion (smaller of unit fraction or floor space fraction) (if first year of the credit period, see instructions)	<b>2</b>	.9467
<b>3</b> Qualified basis of low-income building. Multiply line 1 by line 2 (see instructions for exceptions)	<b>3</b>	1,812,916.
<b>4</b> Part-year adjustment for disposition or acquisition during the tax year	<b>4</b>	
<b>5</b> Credit percentage	<b>5</b>	.0853
<b>6</b> Multiply line 3 or line 4 by the percentage on line 5	<b>6</b>	154,642.
<b>7</b> Additions to qualified basis, if any	<b>7</b>	
<b>8</b> Part-year adjustment for disposition or acquisition during the tax year	<b>8</b>	
<b>9</b> Credit percentage. Enter one-third of the percentage on line 5	<b>9</b>	
<b>10</b> Multiply line 7 or line 8 by the percentage on line 9	<b>10</b>	
<b>11</b> Section 42(f)(3)(B) modification	<b>11</b>	
<b>12</b> Add lines 10 and 11	<b>12</b>	
<b>13</b> Credit for building before line 14 reduction. Subtract line 12 from line 6	<b>13</b>	154,642.
<b>14</b> Disallowed credit due to federal grants	<b>14</b>	
<b>15</b> Credit allowed for building for tax year. Subtract line 14 from line 13, but do not enter more than the amount shown on Form 8609, Part I, line 1b	<b>15</b>	154,635.
<b>16</b> Taxpayer's proportionate share of credit for the year	<b>16</b>	154,635.
<b>17</b> Adjustments for deferred first-year credit	<b>17</b>	
<b>18</b> Taxpayer's credit. Combine lines 16 and 17. Enter here and on Form 8586	<b>18</b>	154,635.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120S.

Name of common parent <b>EVANSVILLE SENIOR HOUSING, LP % COMMUNIT</b>	Employer identification number <b>39-1996893</b>
Name of subsidiary	Employer identification number

**Part I Cost of Goods Sold**

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
<b>1</b> Amounts attributable to cost flow assumptions				
<b>2</b> Amounts attributable to:				
<b>a</b> Stock option expense .....				
<b>b</b> Other equity based compensation .....				
<b>c</b> Meals and entertainment .....				
<b>d</b> Parachute payments .....				
<b>e</b> Compensation with section 162(m) limitation				
<b>f</b> Pension and profit sharing .....				
<b>g</b> Other post-retirement benefits .....				
<b>h</b> Deferred compensation .....				
<b>i</b> Section 198 environmental remediation costs				
<b>j</b> Amortization .....				
<b>k</b> Depletion .....				
<b>l</b> Depreciation .....				
<b>m</b> Corporate owned life insurance premiums ...				
<b>n</b> Other section 263A costs .....				
<b>3</b> Inventory shrinkage accruals .....				
<b>4</b> Excess inventory and obsolescence reserves				
<b>5</b> Lower of cost or market write-downs .....				
<b>6</b> Other items with differences (attach schedule)				
<b>7</b> Other items with no differences .....				
<b>8 Total cost of goods sold.</b> Add lines 1 through 7, in columns a, b, c, and d				

JWA For Paperwork Reduction Act Notice, see page 4.

Form 8916-A (2009)

**Part II Interest Income**

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income	234.			234.
6	Total interest income. Add lines 1 through 5. Enter total on Schedule M-3 (Forms 1120, 1120-PC, and 1120-L), Part II, line 13 or Schedule M-3 (Forms 1065 and 1120S) Part II, line 11.	234.			234.

**Part III Interest Expense**

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense	12,247.	-473.		11,774.
5	Total interest expense. Add lines 1 through 4. Enter total on Schedule M-3 (Form 1120) Part III, line 8; Schedule M-3 (Forms 1120-PC and 1120-L), Part III, line 36; Schedule M-3 (Form 1065) Part III, line 27; or Schedule M-3 (Form 1120S) Part III, line 26.	12,247.	-473.		11,774.

JWA

Form 9916-A (2009)

**Worksheet for Adjusted Current Earnings Adjustments  
for Corporate and Partnership Partners**

Name of partnership <b>EVANSVILLE SENIOR HOUSING, LP &amp; COMMUNITY ACTION, INC.</b>		Employer identification number <b>39-1996893</b>
1. Additions to AMTI:		
a. Depreciation recomputed for AMT purposes .....	73,469.	
b. Tax-exempt interest income .....		
c. Amortization of organizational expenditures .....		
d. Depletion for post-1989 properties .....		
e. Intangible drilling costs deducted from AMTI .....		
f. Total additions to AMTI .....		73,469.
2. Deductions:		
a. Depreciation recomputed for ACE purposes .....	73,469.	
b. Depletion recomputed for ACE purposes .....		
c. ACE intangible drilling costs .....		
d. Total deductions .....		73,469.
3. Other adjustments:		
a. Basis adjustments from sales or exchanges .....		
b. Other adjustments .....		
c. Total other adjustments .....		
4. Total adjustments to AMTI for ACE calculation. Combine lines 1f, 2d and 3c		0.

SCHEDULE K		NET INCOME (LOSS) FROM RENTAL REAL ESTATE	STATEMENT	1
DESCRIPTION			AMOUNT	
SENIOR HOUSING IN EVANSVILLE WISCONSIN				-51,745.
TOTAL TO SCHEDULE K, LINE 2				-51,745.

SCHEDULE K		INTEREST INCOME		STATEMENT	2
DESCRIPTION		U.S. BONDS	OTHER		
INTEREST INCOME					234.
TOTAL TO SCHEDULE K, LINE 5					234.

SCHEDULE K		OTHER LOW-INCOME HOUSING CREDIT		STATEMENT	3
DESCRIPTION		AMOUNT			
FORM 8586 - LOW-INCOME HOUSING CREDIT PRE-2008					154,635.
TOTAL TO SCHEDULE K, LINE 15B					154,635.

SCHEDULE L		OTHER CURRENT ASSETS		STATEMENT	4
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR		
TENANTS' SECURITY DEPOSITS		7,990.			7,920.
REAL ESTATE TAX ESCROW		10,326.			7,396.
REPLACEMENT RESERVE ESCROW		77,101.			89,923.
TOTAL TO SCHEDULE L, LINE 6		95,417.			105,239.

SCHEDULE L		OTHER CURRENT LIABILITIES		STATEMENT	5
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR			
ACCRUED REAL ESTATE TAXES	6,932.	6,765.			
ACCRUED INTEREST PAYABLE	8,817.	9,290.			
PREPAID RENTS	830.	1,181.			
TENANTS' SECURITY DEPOSITS PAYABLE	7,990.	7,920.			
TOTAL TO SCHEDULE L, LINE 17	24,569.	25,156.			

SCHEDULE M-1		INCOME NOT RECORDED ON BOOKS THIS YEAR		STATEMENT	6
DESCRIPTION	AMOUNT				
RENTAL INCOME FROM SENIOR HOUSING IN EVANSVILLE WISCONSIN	350.				
TOTAL TO SCHEDULE M-1, LINE 2	350.				

SCHEDULE M-1		EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN		STATEMENT	7
DESCRIPTION	AMOUNT				
INTEREST EXPENSE	473.				
TOTAL TO SCHEDULE M-1, LINE 4	473.				

SCHEDULE M-3		OTHER INCOME (LOSS) ITEMS WITH DIFFERENCES			STATEMENT	8
DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	INCOME (LOSS) PER TAX RETURN		
RENTAL INCOME FROM SENIOR HOUSING IN EVANSVILLE WISCONSIN	144,649.	350.	0.	144,999.		
TOTAL TO M-3, PART II, LINE 22	144,649.	350.	0.	144,999.		

SCHEDULE M-3 OTHER EXPENSE/DEDUCTION ITEMS STATEMENT 9  
WITH NO DIFFERENCES

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
RENTAL EXPENSES FROM SENIOR HOUSING IN EVANSVILLE WISCONS	111,501.	111,501.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	111,501.	111,501.

OTHER RENTAL EXPENSES STATEMENT 10

PROPERTY: SENIOR HOUSING IN EVANSVILLE WISCONSIN

DESCRIPTION	AMOUNT
BAD DEBT EXPENSE	896.
ADMINISTRATIVE EXPENSES	10,599.
MANAGEMENT FEES	12,683.
SNOW & TRASH REMOVAL	4,816.
TOTAL TO RENTAL SCHEDULE, LINE 15	28,994.

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 2 columns: Description and Amount. Rows include Ordinary business income (loss), Credits, Net rental real estate income (loss), Foreign transactions, Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Alternative min tax (AMT) items, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Distributions, Unrecaptured sec 1250 gain, Net section 1231 gain (loss), Other information, Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss).

\*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

A Partnership's employer identification number 39-1996893
B Partnership's name, address, city, state, and ZIP code EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC. 200 W MILWAUKEE STREET JANESVILLE, WI 53548
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 39-1052077
F Partner's name, address, city, state, and ZIP code COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTY 200 WEST MILWAUKEE STREET JANESVILLE, WI 53548
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? EXEMPT ORGANIZATION
J Partner's share of profit, loss, and capital: Beginning Ending Profit 0.0900000% 0.0900000% Loss 0.0900000% 0.0900000% Capital 0.0900000% 0.0900000%
K Partner's share of liabilities at year end: Nonrecourse \$ 14. Qualified nonrecourse financing \$ 756,927. Recourse \$ 0.
L Partner's capital account analysis: Beginning capital account \$ -21,512. Capital contributed during the year \$ Current year increase (decrease) \$ -28. Withdrawals & distributions \$(6,000) Ending capital account \$ -27,540.
M Did the partner contribute property with a built-in gain or loss? Yes No (checked)
If "Yes," attach statement (see instructions)

## SCHEDULE K-1

## CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	-47.	
SCHEDULE K-1 INCOME SUBTOTAL		-47.
DEPRECIATION ON RETURN AND NOT ON BOOKS	66.	
DEPRECIATION ON BOOKS AND NOT ON RETURN	-47.	
OTHER INCREASES OR DECREASES SUBTOTAL		19.
TOTAL TO SCHEDULE K-1, ITEM L		-28.

## Partner Basis Worksheet

Partner Number: <b>1</b>	Partner ID Number: <b>39-1052077</b>
Partner Name: <b>COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTY</b>	Ownership Percentage: <b>.0900%</b>
Partnership Name: <b>EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC.</b>	Partnership ID Number: <b>39-1996893</b>
	Year Ended: <b>DECEMBER 31, 2009</b>

Increases:	
1. Adjusted basis at the end of the prior year (not less than zero) .....	1. <b>735,601.</b>
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero) .....	2.
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share) .....	3. <b>756,941.</b>
a. Less: Liabilities included in line 1 above (prior year Item M) .....	3a. <b>756,942.</b>
4. Items of income or gain this year including tax-exempt income .....	
a. Ordinary business income .....	a.
b. Net rental real estate income .....	b.
c. Other net rental income .....	c.
d. Interest income .....	d.
e. Ordinary dividends .....	e.
f. Royalties .....	f.
g. Net short-term capital gain .....	g.
h. Net long-term capital gain .....	h.
i. Net gain under Section 1231 .....	i.
j. Other income .....	j.
k. Tax-exempt income .....	k.
l. Other increases: .....	l.
Total income and gain (Add 4(a) through 4(l)) .....	4.
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities) .....	5.
6. Depletion (other than oil and gas) in excess of basis .....	6.
Total increases (Add lines 2 through 6) .....	<b>-1.</b>
<b>Decreases:</b>	
7. Withdrawals and distributions during the year .....	7. <b>6,000.</b>
8. Partners decreased share of liabilities - current year .....	8.
a. Less liabilities included in prior year .....	8a.
9. Nondeductible expenses .....	9.
10. Partnership losses and deductions:	
a. Ordinary business (loss) .....	a.
b. Net rental real estate (loss) .....	b. <b>47.</b>
c. Other net rental (loss) .....	c.
d. Net short-term capital (loss) .....	d.
e. Net long-term capital (loss) .....	e.
f. Net loss under Section 1231 .....	f.
g. Other deductions .....	g.
h. Section 179 deduction .....	h.
i. Foreign taxes paid or accrued .....	i.
j. Other decreases: .....	j.
k. Disallowed prior year's losses and deductions .....	k.
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property) Total decreases (Add 9(a) through 9(k) and line 10) .....	11. <b>47.</b>
12. Adjusted Basis of partnership interest (If less than zero, enter zero) .....	12. <b>729,553.</b>
<b>Gain on Distributions:</b>	
13. a. Cash distributions .....	a. <b>6,000.</b>
b. Less: basis before distributions and allocable loss .....	b. <b>735,600.</b>
c. Gain on distribution .....	c. <b>0.</b>
<b>Carryover:</b>	
14. a. Prior year loss .....	a.
b. Add: Losses and deductions this year .....	b. <b>47.</b>
c. Less: Applied this year .....	c. <b>729,600.</b>
d. End of year (not less than 0) .....	d. <b>0.</b>

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12-23-09

## Allocation of Losses and Deductions

Partner Number: <b>1</b>	Year Ended: <b>DECEMBER 31, 2009</b>
Partner Name: <b>COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTY</b>	Partner ID Number: <b>39-1052077</b>

	(a) Beginning of Year and Current Year Losses and Deductions	(b) %	(c) Allowable Losses and Deductions in Current Year	(d) Disallowed Losses and Deductions (Carryover to Next Year)
Ordinary business (loss) .....				
Net rental real estate (loss) .....	47.	100.000000	47.	
Other net rental (loss) .....				
Net short-term capital (loss) .....				
Net long-term capital (loss) .....				
Net loss under Section 1231 .....				
Other deductions .....				
Section 179 deduction .....				
Foreign taxes paid or accrued .....				
Other decreases .....				
<b>Total deductible losses and deductions .....</b>	<b>47.</b>	<b>100.000000</b>	<b>47.</b>	
Nondeductible expenses .....				
Oil and gas depletion .....				
<b>Total nondeductible expenses and oil and gas depletion .....</b>				
<b>Totals .....</b>	<b>47.</b>		<b>47.</b>	

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 39-1996893
B Partnership's name, address, city, state, and ZIP code EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC. 200 W MILWAUKEE STREET JANESVILLE, WI 53548
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 91-1999648
F Partner's name, address, city, state, and ZIP code NATIONAL CORPORATE TAX CREDIT, INC IX 4582 SOUTH ULSTER #1100 DENVER, CO 80237
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? CORPORATION
J Partner's share of profit, loss, and capital: Beginning Ending Profit 0.0100000% 0.0100000% Loss 0.0100000% 0.0100000% Capital 0.0100000% 0.0100000%
K Partner's share of liabilities at year end: Nonrecourse \$ 1 Qualified nonrecourse financing \$ 103 Recourse \$ 0
L Partner's capital account analysis: Beginning capital account \$ -36 Capital contributed during the year \$ Current year increase (decrease) \$ -3 Withdrawals & distributions \$( ) Ending capital account \$ -39
M Did the partner contribute property with a built-in gain or loss? No

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 2 columns: Item description and Amount. Rows include: 1 Ordinary business income (loss) 0, 15 Credits 16, 2 Net rental real estate income (loss) -5, 3 Other net rental income (loss), 4 Guaranteed payments, 5 Interest income, 6a Ordinary dividends, 6b Qualified dividends, 7 Royalties, 8 Net short-term capital gain (loss), 9a Net long-term capital gain (loss), 9b Collectibles (28%) gain (loss), 9c Unrecaptured sec 1250 gain, 10 Net section 1231 gain (loss), 11 Other income (loss), 12 Section 179 deduction, 13 Other deductions, 14 Self-employment earnings (loss), 16 Foreign transactions, 17 Alternative min tax (AMT) items, 18 Tax-exempt income and nondeductible expenses, 19 Distributions, 20 Other information.

\*See attached statement for additional information.

For IRS Use Only

## SCHEDULE K-1

## CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	-5.	
SCHEDULE K-1 INCOME SUBTOTAL		-5.
DEPRECIATION ON RETURN AND NOT ON BOOKS	8.	
DEPRECIATION ON BOOKS AND NOT ON RETURN	-6.	
OTHER INCREASES OR DECREASES SUBTOTAL		2.
TOTAL TO SCHEDULE K-1, ITEM L		-3.

## Partner Basis Worksheet

Partner Number: <b>2</b>	Partner ID Number: <b>91-1999648</b>
Partner Name: <b>NATIONAL CORPORATE TAX CREDIT, INC IX</b>	Ownership Percentage: <b>.0100%</b>
Partnership Name: <b>EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC.</b>	Partnership ID Number: <b>39-1996893</b>
	Year Ended: <b>DECEMBER 31, 2009</b>

Increases:	
1. Adjusted basis at the end of the prior year (not less than zero) .....	1. <b>88.</b>
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero) .....	2.
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share) .....	3. <b>104.</b>
a. Less: Liabilities included in line 1 above (prior year Item M) .....	3a. <b>104.</b>
4. Items of income or gain this year including tax-exempt income .....	
a. Ordinary business income .....	a.
b. Net rental real estate income .....	b.
c. Other net rental income .....	c.
d. Interest income .....	d.
e. Ordinary dividends .....	e.
f. Royalties .....	f.
g. Net short-term capital gain .....	g.
h. Net long-term capital gain .....	h.
i. Net gain under Section 1231 .....	i.
j. Other income .....	j.
k. Tax-exempt income .....	k.
l. Other increases: .....	l.
Total income and gain (Add 4(a) through 4(l)) .....	4.
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities) .....	5.
6. Depletion (other than oil and gas) in excess of basis .....	6.
Total increases (Add lines 2 through 6) .....	
<b>Decreases:</b>	
7. Withdrawals and distributions during the year .....	7.
8. Partners decreased share of liabilities - current year .....	8.
a. Less liabilities included in prior year .....	8a.
9. Nondeductible expenses .....	9.
10. Partnership losses and deductions:	
a. Ordinary business (loss) .....	a.
b. Net rental real estate (loss) .....	b. <b>5.</b>
c. Other net rental (loss) .....	c.
d. Net short-term capital (loss) .....	d.
e. Net long-term capital (loss) .....	e.
f. Net loss under Section 1231 .....	f.
g. Other deductions .....	g.
h. Section 179 deduction .....	h.
i. Foreign taxes paid or accrued .....	i.
j. Other decreases: .....	j.
k. Disallowed prior year's losses and deductions .....	k.
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property) Total decreases (Add 9(a) through 9(k) and line 10) .....	11. <b>5.</b>
12. Adjusted Basis of partnership interest (If less than zero, enter zero) .....	12. <b>83.</b>
<b>Gain on Distributions:</b>	
13. a. Cash distributions .....	a.
b. Less: basis before distributions and allocable loss .....	b.
c. Gain on distribution .....	c.
<b>Carryover:</b>	
14. a. Prior year loss .....	a.
b. Add: Losses and deductions this year .....	b. <b>5.</b>
c. Less: Applied this year .....	c. <b>88.</b>
d. End of year (not less than 0) .....	d. <b>0.</b>

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12-23-09

## Allocation of Losses and Deductions

Partner Number: <b>2</b>	Year Ended: <b>DECEMBER 31, 2009</b>
Partner Name: <b>NATIONAL CORPORATE TAX CREDIT, INC IX</b>	Partner ID Number: <b>91-1999648</b>

	(a) Beginning of Year and Current Year Losses and Deductions	(b) %	(c) Allowable Losses and Deductions in Current Year	(d) Disallowed Losses and Deductions (Carryover to Next Year)
Ordinary business (loss) .....				
Net rental real estate (loss) .....	5.	100.000000	5.	
Other net rental (loss) .....				
Net short-term capital (loss) .....				
Net long-term capital (loss) .....				
Net loss under Section 1231 .....				
Other deductions .....				
Section 179 deduction .....				
Foreign taxes paid or accrued .....				
Other decreases .....				
Total deductible losses and deductions .....	5.	100.000000	5.	
Nondeductible expenses .....				
Oil and gas depletion .....				
Total nondeductible expenses and oil and gas depletion .....				
Totals .....	5.		5.	

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury Internal Revenue Service For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 20 rows for income and deduction items. Includes: 1 Ordinary business income (loss) 0, 15 Credits 154,480, 2 Net rental real estate income (loss) -51,693, 3 Other net rental income (loss), 4 Guaranteed payments, 5 Interest income 234, 6a Ordinary dividends, 6b Qualified dividends, 7 Royalties, 8 Net short-term capital gain (loss), 9a Net long-term capital gain (loss), 9b Collectibles (28%) gain (loss), 9c Unrecaptured sec 1250 gain, 10 Net section 1231 gain (loss) 234, 11 Other income (loss), 12 Section 179 deduction, 13 Other deductions, 14 Self-employment earnings (loss) 0.

\*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

A Partnership's employer identification number 39-1996893
B Partnership's name, address, city, state, and ZIP code EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC. 200 W MILWAUKEE STREET JANESVILLE, WI 53548
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 91-1999726
F Partner's name, address, city, state, and ZIP code NATIONAL CORPORATE TAX CREDIT, FUND XI 55 BEATTIE PLACE GREENVILLE, SC 29601
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? PARTNERSHIP
J Partner's share of profit, loss, and capital: Beginning Ending Profit 99.9000000% 99.9000000% Loss 99.9000000% 99.9000000% Capital 99.9000000% 99.9000000%
K Partner's share of liabilities at year end: Nonrecourse \$ 15,170. Qualified nonrecourse financing \$ 273,201. Recourse \$ 0.
L Partner's capital account analysis: Beginning capital account \$ 841,596. Capital contributed during the year \$ Current year increase (decrease) \$ -31,255. Withdrawals & distributions \$( Ending capital account \$ 810,341.
Tax basis GAAP Section 704(b) book Other (explain)
M Did the partner contribute property with a built-in gain or loss? Yes No

## SCHEDULE K-1

## CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	-51,693.	
INTEREST INCOME	234.	
SCHEDULE K-1 INCOME SUBTOTAL		-51,459.
DEPRECIATION ON RETURN AND NOT ON BOOKS	73,575.	
DEPRECIATION ON BOOKS AND NOT ON RETURN	-52,548.	
RENTAL INCOME FROM SENIOR HOUSING IN EVANSVILLE	-350.	
WISCONSIN		
INTEREST EXPENSE	-473.	
OTHER INCREASES OR DECREASES SUBTOTAL		20,204.
TOTAL TO SCHEDULE K-1, ITEM L		-31,255.

## Partner Basis Worksheet

Partner Number: <b>3</b>	Partner ID Number: <b>91-1999726</b>
Partner Name: <b>NATIONAL CORPORATE TAX CREDIT, FUND XI</b>	Ownership Percentage: <b>99.9000%</b>
Partnership Name: <b>EVANSVILLE SENIOR HOUSING, LP % COMMUNITY ACTION, INC.</b>	Partnership ID Number: <b>39-1996893</b>
	Year Ended: <b>DECEMBER 31, 2009</b>

Increases:	
1. Adjusted basis at the end of the prior year (not less than zero) .....	1. <b>893,314.</b>
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero) .....	2. _____
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share) .....	3. <b>288,371.</b>
a. Less: Liabilities included in line 1 above (prior year Item M) .....	3a. <b>289,742.</b>
4. Items of income or gain this year including tax-exempt income .....	
a. Ordinary business income .....	a. _____
b. Net rental real estate income .....	b. _____
c. Other net rental income .....	c. _____
d. Interest income .....	d. <b>234.</b>
e. Ordinary dividends .....	e. _____
f. Royalties .....	f. _____
g. Net short-term capital gain .....	g. _____
h. Net long-term capital gain .....	h. _____
i. Net gain under Section 1231 .....	i. _____
j. Other income .....	j. _____
k. Tax-exempt income .....	k. _____
l. Other increases: .....	l. _____
Total income and gain (Add 4(a) through 4(l)) .....	4. <b>234.</b>
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities) .....	5. _____
6. Depletion (other than oil and gas) in excess of basis .....	6. _____
Total increases (Add lines 2 through 6) .....	<b>-1,137.</b>
<b>Decreases:</b>	
7. Withdrawals and distributions during the year .....	7. _____
8. Partners decreased share of liabilities - current year .....	8. _____
a. Less liabilities included in prior year .....	8a. _____
9. Nondeductible expenses .....	9. _____
10. Partnership losses and deductions:	
a. Ordinary business (loss) .....	a. _____
b. Net rental real estate (loss) .....	b. <b>51,693.</b>
c. Other net rental (loss) .....	c. _____
d. Net short-term capital (loss) .....	d. _____
e. Net long-term capital (loss) .....	e. _____
f. Net loss under Section 1231 .....	f. _____
g. Other deductions .....	g. _____
h. Section 179 deduction .....	h. _____
i. Foreign taxes paid or accrued .....	i. _____
j. Other decreases: .....	j. _____
k. Disallowed prior year's losses and deductions .....	k. _____
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property) Total decreases (Add 9(a) through 9(k) and line 10) .....	11. <b>51,693.</b>
12. Adjusted Basis of partnership interest (If less than zero, enter zero) .....	12. <b>840,484.</b>
<b>Gain on Distributions:</b>	
13. a. Cash distributions .....	a. _____
b. Less: basis before distributions and allocable loss .....	b. _____
c. Gain on distribution .....	c. _____
<b>Carryover:</b>	
14. a. Prior year loss .....	a. _____
b. Add: Losses and deductions this year .....	b. <b>51,693.</b>
c. Less: Applied this year .....	c. <b>892,177.</b>
d. End of year (not less than 0) .....	d. <b>0.</b>

911081  
12-23-09

## Allocation of Losses and Deductions

Partner Number: <span style="margin-left: 100px;">3</span>	Year Ended: <span style="margin-left: 20px;">DECEMBER 31, 2009</span>
Partner Name: <span style="margin-left: 20px;">NATIONAL CORPORATE TAX CREDIT, FUND XI</span>	Partner ID Number: <span style="margin-left: 20px;">91-1999726</span>

	(a) Beginning of Year and Current Year Losses and Deductions	(b) %	(c) Allowable Losses and Deductions in Current Year	(d) Disallowed Losses and Deductions (Carryover to Next Year)
Ordinary business (loss) .....				
Net rental real estate (loss) .....	51,693.	100.000000	51,693.	
Other net rental (loss) .....				
Net short-term capital (loss) .....				
Net long-term capital (loss) .....				
Net loss under Section 1231 .....				
Other deductions .....				
Section 179 deduction .....				
Foreign taxes paid or accrued .....				
Other decreases .....				
Total deductible losses and deductions .....	51,693.	100.000000	51,693.	
Nondeductible expenses .....				
Oil and gas depletion .....				
Total nondeductible expenses and oil and gas depletion .....				
Totals .....	51,693.		51,693.	

Form **3** Wisconsin Partnership Return

**2009**

For 2009 or taxable year beginning MM DD YYYY and ending MM DD YYYY

Complete form using **BLACK INK**.

Due Date: 15th day of 4th month following close of taxable year.

DO NOT STAPLE OR BIND

Name **EVANSVILLE SENIOR HOUSING, LP & COMMUNITY ACTION, INC.**

Number and Street **200 W MILWAUKEE STREET** Suite Number \_\_\_\_\_

City **JANESVILLE** State **WI** ZIP (+ 4 digit suffix if known) **53548**

A Federal Employer ID Number **39 1996893**

D Check  type of entity that is filing this return:

1  General partnership      4  Limited liability company      6  Other (explain below)

2  Limited liability partnership      5  Dairy cooperative filing Form 3  
solely for purposes of computing

3  Limited partnership      and allocating dairy  
cooperatives credit

B Business Activity (NAICS) Code **531110**

C State of Formation and Year **WI** Enter abbreviation of state in box, or if a foreign country, enter below. **2000**  
CCYY

Check  if applicable and see instructions:

- E  If you have an extension of time to file, enter the extended due date MM DD YYYY.
- F  If this is an amended return, include an explanation of the changes.
- G  If the partnership has terminated.
- H  If you are filing a Form 1CNP on behalf of nonresident partners.
- I  If you have related entity expenses and are required to file Schedule RT with this return.
- J  If you have at least \$4 million of gross receipts and file Form 3S.
- K Number of partners **3** L Number of nonresident partners **2**



M1 WI Property .00      N1 WI Payroll .00      O WI Sales .00

M2 Total Co. Property .00      N2 Total Co. Payroll .00

P Person to contact concerning this return: **LISA FURSETH** Phone #: **608 258 2080** Fax #: \_\_\_\_\_

**Schedule 3K - Partners' Distributive Share Items**

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)		NO COMMAS; NO CENTS	
(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amt. under Wis. law
① Ordinary business income (loss) .....	① _____	① _____	① _____
② Net rental real estate income (loss) (attach Form 8825)	② <u>-51745</u>	② _____	② <u>-51745</u>
③ Other net rental income (loss) (attach schedule)	③ _____	③ _____	③ _____
④ Guaranteed payments .....	④ _____	④ _____	④ _____
⑤ Interest income .....	⑤ <u>234</u>	⑤ _____	⑤ <u>234</u>
⑥ Ordinary dividends .....	⑥ _____	⑥ _____	⑥ _____
⑦ Royalties .....	⑦ _____	⑦ _____	⑦ _____
⑧ Net short-term capital gain (loss) .....	⑧ _____	⑧ _____	⑧ _____
⑨ Net long-term capital gain (loss) .....	⑨ _____	⑨ _____	⑨ _____
⑩ Net section 1231 gain (loss) (attach Form 4797)	⑩ _____	⑩ _____	⑩ _____
⑪ Other income (loss) (attach schedule)	⑪ _____	⑪ _____	⑪ _____

	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amt. under Wis. law
Other Deductions	12 Section 179 deduction (attach Form 4562).....	12		12
	13 a Contributions .....			
	b Investment interest expense .....			
	c Sec 59(e)(2) expenditures (1) Type .....			
	(2) Amount .....			
	d Other deductions (attach schedule)	d		d
Credits	14 Net earnings (loss) from self employment			
	15 a Manufacturing investment credit .....			
	b Dairy and livestock farm investment credit .....			
	c Health Insurance Risk-Sharing Plan assessments credit .....			
	d Ethanol and biodiesel fuel pump credit .....			
	e Development zones credit .....			
	f Development opportunity zone investment credit .....			
	g Development zone capital investment credit .....			
	h Economic development tax credit .....			
	i Technology zone credit .....			
	j Early stage seed investment credit .....			
	k Angel investment credit .....			
	l Supplement to federal historic rehabilitation tax credit .....			
	m Film production company investment credit certified under 2008 law (nonrefundable) .....			
	n Film production services credit certified under 2008 law - non-refundable amount .....			
	o Internet equipment credit .....			
	p Dairy manufacturing facility investment credit .....			
	q Dairy cooperatives credit .....			
	r Meat processing facility investment credit .....			
	s Enterprise zone jobs credit .....			
t Film production services credit - refundable amounts .....				
	u Film production company investment credit certified under 2009 law (refundable) .....			u
	v Tax paid to other states (enter postal abbreviation of state) (1) .....			1
	(2) .....			2
	(3) .....			3
	w Wisconsin tax withheld			w
Foreign Transactions	16 a Name of country or U.S. possession .....			
	b Gross income from all sources .....			
	c Gross income sourced at partner level .....			
	<i>Foreign gross income sourced at partnership level:</i>			
	d Passive category .....			
	e General category .....			
	f Other (attach statement) .....			



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amt. under Wis. law
Foreign Transactions con't	<i>Deductions allocated and apportioned at partner level:</i>			
	g Interest expense .....			
	h Other .....			
	<i>Deductions allocated and apportioned at partnership level to foreign source income:</i>			
	i Passive category .....			
	j General category .....			
	k Other (attach statement) .....			
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued .....			
	m Reduction in taxes available for credit (attach statement) .....			
	n Other foreign tax information (attach statement) .....			
	Alternative Minimum Tax (AMT) items	17 a Post-1986 depreciation adjustment .....		
b Adjusted gain or loss .....				
c Depletion (other than oil and gas) .....				
d Oil, gas, and geothermal properties - gross income .....				
e Oil, gas, and geothermal properties - deductions .....				
f Other AMT items (attach schedule) .....				
Other	18 a Tax-exempt interest income .....	18 a	a	
	b Other tax-exempt income .....	b	b	
	c Nondeductible expenses .....	c	c	
	19 a Distributions of cash and marketable securities .....	19 a	a	6000
	b Distributions of other property .....	b	b	
	20 a Investment income .....			234
	b Investment expenses .....			
	c Other items and amounts (attach schedule) .....			
	21 a Related entity expense addback .....		a	
	b Related entity expense allowable .....		b	
22 Income (loss) (see instructions) .....		22	-51511	
23 Gross income (before deducting expenses) from all activities .....		23		

*Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Signature of General Partner	Date	Signature of Preparer	Date
------------------------------	------	-----------------------	------

If you are not filing electronically, paper clip (don't staple or bind) a copy of your federal Form 1065, any accompanying schedules, and Schedules 3K-1.

File electronically through the Federal/State E-Filing Program, or mail to: Wisconsin Department of Revenue  
 PO Box 8965  
 Madison WI 53708-8965



**Part I Information About the Partnership**

**A** Partnership's federal employer ID number  
**39-1996893**

**B** Partnership's name, address, city, state, and ZIP code  
**EVANSVILLE SENIOR HOUSING, LP  
% COMMUNITY ACTION, INC.  
200 W MILWAUKEE STREET  
JANESVILLE, WI 53548**

**C** IRS center where partnership filed return  
**OGDEN, UT**

**D**  Check if this is a publicly traded partnership (PTP)

**G**  General partner or LLC member-manager  
 Limited partner or other LLC member

**H**  Domestic partner  Foreign partner

**I** What type of entity is this partner? **EXEMPT ORGANIZA**  
(The following part of item I is optional): If known that this partner is a disregarded entity or grantor trust, enter name and identifying number of the taxpayer to whom this income will be reported:

**Part II Information About the Partner**

**E** Partner's identifying number  
**39-1052077**

**F** Partner's name, address, city, state, and ZIP code  
**COMMUNITY ACTION, INC. OF ROCK AND  
WALWORTH COUNTY  
200 WEST MILWAUKEE STREET  
JANESVILLE, WI 53548**

**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0900000 %	0.0900000 %
Loss	0.0900000 %	0.0900000 %
Capital	0.0900000 %	0.0900000 %

**K** Partner's share of liabilities at the year end:

Nonrecourse	\$	14.
Qualified nonrecourse financing	\$	756,927.
Recourse	\$	0.

**L** Partner's capital account analysis:

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ -21,512.	\$	\$ -28.	\$( 6,000.)	\$ -27,540.

Tax basis  GAAP  Section 704(b) book  Other (explain)

**M** Partner's state of residence (if a full-year Wisconsin resident, items N, O, and P do not apply) **WISCONSIN**

**N**  Check if partner's Wisconsin amount is determined by apportionment. Apportionment percentage \_\_\_\_\_ %

**O**  Check if partner's Wisconsin amount is determined by separate accounting.

**P**  Check if the partner is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.

**Q** Check applicable boxes:  Final 3K-1  Amended 3K-1

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
1 Ordinary business income (loss)				
2 Net rental real estate income (loss)	-47.		-47.	
3 Other net rental income (loss)				
4 Guaranteed payments				
5 Interest income				
6 Ordinary dividends				
7 Royalties				
8 Net short-term capital gain (loss)				
9 Net long-term capital gain (loss)				
10a Net section 1231 gain (loss)				
10b Portion of the amount on line 10a attributable to gains on sales of farm assets				
11 Other income (loss) (list):				
12 Section 179 deduction				



**Part I Information About the Partnership**

**A** Partnership's federal employer ID number  
**39-1996893**

**B** Partnership's name, address, city, state, and ZIP code  
**EVANSVILLE SENIOR HOUSING, LP  
% COMMUNITY ACTION, INC.  
200 W MILWAUKEE STREET  
JANESVILLE, WI 53548**

**C** IRS center where partnership filed return  
**OGDEN, UT**

**D**  Check if this is a publicly traded partnership (PTP)

**G**  General partner or LLC member-manager  
 Limited partner or other LLC member

**H**  Domestic partner  Foreign partner

**I** What type of entity is this partner? **CORPORATION**  
(The following part of item I is optional): If known that this partner is a disregarded entity or grantor trust, enter name and identifying number of the taxpayer to whom this income will be reported:

**Part II Information About the Partner**

**E** Partner's identifying number  
**91-1999648**

**F** Partner's name, address, city, state, and ZIP code  
**NATIONAL CORPORATE TAX CREDIT, INC I  
4582 SOUTH ULSTER #1100  
DENVER, CO 80237**

**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0100000 %	0.0100000 %
Loss	0.0100000 %	0.0100000 %
Capital	0.0100000 %	0.0100000 %

**K** Partner's share of liabilities at the year end:

Nonrecourse	\$	1.
Qualified nonrecourse financing	\$	103.
Recourse	\$	0.

**L** Partner's capital account analysis:

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ -36.	\$	\$ -3.	\$ ( )	\$ -39.

Tax basis  GAAP  Section 704(b) book  Other (explain)

**M** Partner's state of residence (if a full-year Wisconsin resident, items N, O, and P do not apply) \_\_\_\_\_ %

**N**  Check if partner's Wisconsin amount is determined by apportionment. Apportionment percentage \_\_\_\_\_ %

**O**  Check if partner's Wisconsin amount is determined by separate accounting.

**P**  Check if the partner is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.

**Q** Check applicable boxes:  Final 3K-1  Amended 3K-1

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
1 Ordinary business income (loss)				
2 Net rental real estate income (loss)	-5.		-5.	
3 Other net rental income (loss)				
4 Guaranteed payments				
5 Interest income				
6 Ordinary dividends				
7 Royalties				
8 Net short-term capital gain (loss)				
9 Net long-term capital gain (loss)				
10a Net section 1231 gain (loss)				
10b Portion of the amount on line 10a attributable to gains on sales of farm assets				
11 Other income (loss) (list):				
12 Section 179 deduction				

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
<b>13</b> Other deductions <i>(list)</i> :				
<b>14</b> Self-employment earnings (loss)				
<b>15 a</b> Manufacturing investment credit				
<b>b</b> Dairy and livestock farm investment credit				
<b>c</b> Health Insurance Risk-Sharing Plan assessments credit				
<b>d</b> Ethanol and biodiesel fuel pump credit				
<b>e</b> Development zones credit				
<b>f</b> Development opportunity zone investment credit				
<b>g</b> Development zone capital investment credit				
<b>h</b> Economic development tax credit				
<b>i</b> Technology zone credit				
<b>j</b> Early stage seed investment credit				
<b>k</b> Angel investment credit				
<b>l</b> Supplement to federal historic rehabilitation tax credit				
<b>m</b> Film production company investment credit - nonrefundable				
<b>n</b> Film production services credit - nonrefundable				
<b>o</b> Internet equipment credit				
<b>p</b> Dairy manufacturing facility investment credit				
<b>q</b> Dairy cooperatives credit				
<b>r</b> Meat processing facility investment credit				
<b>s</b> Enterprise zone jobs credit				
<b>t</b> Film production services credit - refundable				
<b>u</b> Film production company investment credit-refundable				
<b>v</b> Tax paid to (1) _____ other states (2) _____ (3) _____				
<b>w</b> Wisconsin tax withheld				
<b>16</b> Foreign transactions <i>(list)</i> :				
<b>17</b> Alternative minimum tax (AMT) items <i>(list)</i> :				
<b>18 a</b> Tax-exempt interest income				
<b>b</b> Other tax-exempt income				
<b>c</b> Nondeductible expenses <i>(list)</i> :				
<b>19</b> Distributions <i>(list)</i> :				
<b>20</b> Other information <i>(list)</i> :				
<b>21 a</b> Related entity expense addback				
<b>b</b> Related entity expense allowable				
<b>22</b> Gross inc (before deducting expenses) from all activities				

**Part IV Partner's Share of Apportionment Factors** (applies to partners that are corporations, partnerships, or LLCs)

(a) Indicate factor used	(b) Wisconsin	(c) Total company
<b>23</b> First factor:		
<b>24</b> Second factor:		
<b>25</b> Third factor:		

**Part I Information About the Partnership**

**A** Partnership's federal employer ID number  
39-1996893

**B** Partnership's name, address, city, state, and ZIP code  
EVANSVILLE SENIOR HOUSING, LP  
% COMMUNITY ACTION, INC.  
200 W MILWAUKEE STREET  
JANESVILLE, WI 53548

**C** IRS center where partnership filed return  
OGDEN, UT

**D**  Check if this is a publicly traded partnership (PTP)

**G**  General partner or LLC member-manager  
 Limited partner or other LLC member

**H**  Domestic partner  Foreign partner

**I** What type of entity is this partner? **PARTNERSHIP**  
(The following part of item I is optional): If known that this partner is a disregarded entity or grantor trust, enter name and identifying number of the taxpayer to whom this income will be reported:

**Part II Information About the Partner**

**E** Partner's identifying number  
91-1999726

**F** Partner's name, address, city, state, and ZIP code  
NATIONAL CORPORATE TAX CREDIT, FUND X  
55 BEATTIE PLACE  
GREENVILLE, SC 29601

**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	99.9000000 %	99.9000000 %
Loss	99.9000000 %	99.9000000 %
Capital	99.9000000 %	99.9000000 %

**K** Partner's share of liabilities at the year end:

Nonrecourse	\$	15,170.
Qualified nonrecourse financing	\$	273,201.
Recourse	\$	0.

**L** Partner's capital account analysis:

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ 841,596.	\$	\$ -31,255.	\$ ( )	\$ 810,341.

Tax basis  GAAP  Section 704(b) book  Other (explain)

**M** Partner's state of residence (if a full-year Wisconsin resident, items N, O, and P do not apply) \_\_\_\_\_ %

**N**  Check if partner's Wisconsin amount is determined by apportionment. Apportionment percentage \_\_\_\_\_ %

**O**  Check if partner's Wisconsin amount is determined by separate accounting.

**P**  Check if the partner is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.

**Q** Check applicable boxes:  Final 3K-1  Amended 3K-1

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
1 Ordinary business income (loss)				
2 Net rental real estate income (loss)	-51,693.		-51,693.	
3 Other net rental income (loss)				
4 Guaranteed payments				
5 Interest income	234.		234.	
6 Ordinary dividends				
7 Royalties				
8 Net short-term capital gain (loss)				
9 Net long-term capital gain (loss)				
10a Net section 1231 gain (loss)				
10b Portion of the amount on line 10a attributable to gains on sales of farm assets				
11 Other income (loss) (list):				
12 Section 179 deduction				

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
<b>13</b> Other deductions <i>(list)</i> :				
<b>14</b> Self-employment earnings (loss) .....				
<b>15 a</b> Manufacturing investment credit .....				
<b>b</b> Dairy and livestock farm investment credit .....				
<b>c</b> Health Insurance Risk-Sharing Plan assessments credit .....				
<b>d</b> Ethanol and biodiesel fuel pump credit .....				
<b>e</b> Development zones credit .....				
<b>f</b> Development opportunity zone investment credit .....				
<b>g</b> Development zone capital investment credit .....				
<b>h</b> Economic development tax credit .....				
<b>i</b> Technology zone credit .....				
<b>j</b> Early stage seed investment credit .....				
<b>k</b> Angel investment credit .....				
<b>l</b> Supplement to federal historic rehabilitation tax credit .....				
<b>m</b> Film production company investment credit - nonrefundable .....				
<b>n</b> Film production services credit - nonrefundable .....				
<b>o</b> Internet equipment credit .....				
<b>p</b> Dairy manufacturing facility investment credit .....				
<b>q</b> Dairy cooperatives credit .....				
<b>r</b> Meat processing facility investment credit .....				
<b>s</b> Enterprise zone jobs credit .....				
<b>t</b> Film production services credit - refundable .....				
<b>u</b> Film production company investment credit-refundable .....				
<b>v</b> Tax paid to (1) _____ other states (2) _____ (3) _____				
<b>w</b> Wisconsin tax withheld .....				
<b>16</b> Foreign transactions <i>(list)</i> :				
<b>17</b> Alternative minimum tax (AMT) items <i>(list)</i> :				
<b>18 a</b> Tax-exempt interest income .....				
<b>b</b> Other tax-exempt income .....				
<b>c</b> Nondeductible expenses <i>(list)</i> :				
<b>19</b> Distributions <i>(list)</i> :				
<b>20</b> Other information <i>(list)</i> :				
<b>INVESTMENT INCOME</b>	234.		234.	
<b>21 a</b> Related entity expense addback .....				
<b>b</b> Related entity expense allowable .....				
<b>22</b> Gross inc (before deducting expenses) from all activities				

**Part IV Partner's Share of Apportionment Factors** (applies to partners that are corporations, partnerships, or LLCs)

(a) Indicate factor used	(b) Wisconsin	(c) Total company
<b>23</b> First factor:		
<b>24</b> Second factor:		
<b>25</b> Third factor:		