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2010 Tax Return(s)

Prepared for DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION
CLIENT CODE: 03385-1AU02

Account Number 788028
Release Number 2010.03010

Prepared by WEGNER LLP
2110 LUANN LANE
MADISON, WI
53713

608-274-4020

Processing Date: 03/11/2011
Time: 07:53:47

**Special
Instructions**

Messages

****RETURN CONTAINS A WARNING DIAGNOSTIC****

Return Information

WARNING

Form: L-2 Sheet: 1 Box: 118

- Balance Sheet. The override for the beginning partners' capital entered for the balance sheet differs from the amounts entered on Interview Form K-1 for Schedule M-2, line 1. The Interview Form K-1 amounts are used to produce Schedule M-2 and the override amount is used to produce the balance sheet, even though they do not agree. The difference is \$1. (10299)

Form: Form 1065

- Schedule M-2. Ending capital on Schedule M-2, line 9 (\$845,172) does not agree with the total of all partners' ending capital from Schedules K-1, Item L, Ending Capital (\$845,173). The difference is \$-1. (10045)

INFORMATIONAL

Form: 5 Sheet: 1 Box: 36

- Schedule K-1. Schedule K-1 instructions are not printed since there is no entry on Interview Form 5, Box 36, and no entry for any partner on Interview Form K-2, Box 130 and below. (30038)

Form: Fed EF

- Electronic Filing. The signing officer LINDA FURSETH with title OPERATING MANAGER is included in this electronic filing return. (32426)
- Electronic Filing. This federal partnership return has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-PE should be signed and retained by the electronic return originator for three years. (37000)
- Electronic Filing. The Name Control is determined to be DELA. If this is not correct, an override entry is available on Interview Form EF-1, Box 41. (37236)
- Electronic Filing. The name on Schedule K-1 (Form 1065) contains more than 35 characters and will be truncated for the electronic file. If you do not want the name truncated, go to Interview Form K-1 and enter the name as you want it to appear in the electronic file. (39111)
- Electronic Filing. Other rental expense description on Form 8825, entity 1, ADMINISTRATIVE EXPENSE, contained more than 20 characters and will be truncated for the electronic file. If you do not want the description truncated, go to Interview Form E-1 and enter the description as you want it to appear in the electronic file. (39172)

Return Information

- **Electronic Filing.** Your default for customer notification is e-mail if entered, defaulting to postcard if the e-mail address is missing. Since the taxpayer e-mail address has not been entered in this return, a postcard will be sent to the taxpayer once the return has been accepted by the IRS. If you wish an e-mail to be sent instead, please enter the taxpayer's e-mail address on Interview Form 1. (39386)

Form: ALT FILING

- **Wisconsin Electronic Filing.** The Wisconsin return has qualified for electronic filing. (33003)

Form: Schedule M-3

- All questions on Schedule C, Additional Information for Schedule M-3 Filers, are left unanswered. They are assumed as No. Please check the questions on that schedule carefully and rerun the return if necessary. (30264)

Input Overrides

DELAVAN MATURE ADULT HOUSING, LLC

NAME: % COMMUNITY ACTION

ID Number: 39-1959312

Unit	Form	Entity	Box	Description	Amount/Percentage
FED	4		50	TYPE OF ENTITY	
FED	4		59	INTEREST IN AN ACCOUNT IN A FOREIGN COUNTRY	
FED	K-9		90	NONRECOURSE LIABILITIES	738,691.
FED	K-9		91	TOTAL LIABILITIES FROM QUALIFIED NONRECOURSE FINANCING	203,426.
FED	L-3		52	DEPRECIATION	57,020.
FED	L-3		72	DEPRECIATION	72,451.
FED	P-6	2	33	LOW INCOME PORTION	1.000000000
WI	WI11		30	LAND - WI - BOY	272,300.
WI	WI11		31	LAND - WI - EOY	272,300.
WI	WI11		32	LAND - TOTAL COMPANY - BOY	272,300.
WI	WI11		33	LAND - TOTAL COMPANY - EOY	272,300.
WI	WI11		34	BUILDINGS - WI - BOY	1,978,306.
WI	WI11		35	BUILDINGS - WI - EOY	1,978,306.
WI	WI11		36	BUILDINGS - TOTAL COMPANY - BOY	1,978,306.
WI	WI11		37	BUILDINGS - TOTAL COMPANY - EOY	1,978,306.



DELANAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION
200 W MILWAUKEE STREET
JANESVILLE, WI 53548
ATTENTION: DAVE ROHR

DEAR DAVE:

WE HAVE PREPARED AND ENCLOSED YOUR 2010 LIMITED LIABILITY COMPANY RETURNS FOR THE YEAR ENDED DECEMBER 31, 2010.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. RETURN FEDERAL FORM 8879-PE TO US BY APRIL 18, 2011.

THE WISCONSIN FORM 3 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. NO FURTHER ACTION IS REQUIRED.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

ATTACHED ARE SCHEDULES K-1 FOR ALL MEMBERS INDICATING THEIR SHARE OF INCOME, DEDUCTIONS AND CREDITS TO BE REPORTED ON THEIR RESPECTIVE TAX RETURNS. THESE SCHEDULES SHOULD BE IMMEDIATELY FORWARDED TO EACH OF THE MEMBERS.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

SCOTT HAUMERSEN, CPA

Two-Year Comparison - Partnership

2010

Name of partnership DELAVAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Employer identification number 39-1959312
--	--

Description	Prior Year	Current Year	Increase (Decrease)
NUMBER OF PARTNERS	3.	3.	0.
SCHEDULE K:			
INCOME (LOSS):			
NET INCOME/LOSS FROM RRE ACTIVITIES	-48,991.	-46,017.	2,974.
INTEREST INCOME	632.	550.	-82.
CREDITS:			
LOW-INCOME HOUSING CREDIT - OTHER	162,733.	135,052.	-27,681.
INVESTMENT INTEREST:			
INVESTMENT INCOME	632.	550.	-82.
OTHER:			
DISTRIBUTIONS OF MONEY	5,500.	5,500.	0.
OTHER ITEMS AND AMOUNTS	0.	135,052.	135,052.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	-34,147.	-28,797.	5,350.
INCOME ON SCHEDULE K NOT ON BOOKS	816.	0.	-816.
DEPRECIATION ON BOOKS NOT ON SCH K	57,020.	57,020.	0.
OTHER BOOK EXPENSES NOT ON SCH K	886.	889.	3.
TOTAL- NET BOOK INC THROUGH EXPENSE	24,575.	29,112.	4,537.
OTHER BOOK INCOME NOT ON SCH K	0.	2,129.	2,129.
DEPRECIATION ON SCH K NOT ON BOOKS	72,935.	72,451.	-484.
TOTAL- BOOK INC THROUGH SCH K DED	72,935.	74,580.	1,645.
INCOME (LOSS)	-48,359.	-45,467.	2,892.
SCHEDULE M-2:			
CAPITAL AT BEGINNING OF YEAR	919,115.	879,469.	-39,646.
NET INCOME (LOSS) PER BOOKS	-34,147.	-28,797.	5,350.

Two-Year Comparison - Partnership

2010

Name of partnership DELAVAN MATURE ADULT HOUSING, LLC & COMMUNITY ACTION	Employer identification number 39-1959312
--	--

Description	Prior Year	Current Year	Increase (Decrease)
TOTAL- BEGINNING CAP THROUGH INCR	884,968.	850,672.	-34,296.
CASH DISTRIBUTIONS	5,500.	5,500.	0.
TOTAL- CASH CONT THROUGH OTHER DECR	5,500.	5,500.	0.
CAPITAL BALANCE AT END OF YEAR	879,468.	845,172.	-34,296.

Expanded Capital Account Summary

Name **DELANAN MATURE ADULT HOUSING, LLC** I.D. Number **39-1959312**
% COMMUNITY ACTION

Partner Number **1** **COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES** Partner's Identification Number **39-1052077**
200 WEST MILWAUKEE STREET
JANESVILLE, WI 53548

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>-551.</u>		<u>-26.</u>	<u>1,900.</u>	<u>-2,477.</u>

Partner Number **2** **NATIONAL CORPORATE TAX CREDIT, INC** Partner's Identification Number **91-1955903**
4582 SOUTH ULSTER ST # 1100
DENVER, CO 80237

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>-34.</u>		<u>-3.</u>		<u>-37.</u>

Partner Number **3** **NATIONAL CORPORATE TAX CREDIT, FUND X** Partner's Identification Number **91-1955905**
55 BEATTIE PLACE
GREENVILLE, SC 29601

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>880,054.</u>		<u>-28,767.</u>	<u>3,600.</u>	<u>847,687.</u>

Partner Number _____ Partner's Identification Number _____

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
_____	_____	_____	_____	_____

Total For All Partner's Capital Accounts

Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<u>879,469.</u>	<u>0.</u>	<u>-28,796.</u>	<u>5,500.</u>	<u>845,173.</u>

**IRS e-file Signature Authorization
for Form 1065**

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax year beginning _____, 2010, ending _____, 20__.

2010

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

Name of partnership **DEHAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION**

Employer identification number
39-1959312

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	-46,017.
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 2010 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 acknowledgement 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 **03385**
ERO firm name **do not enter all zeros**

as my signature on the partnership's 2010 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 2010 electronically filed income tax return.

General partner or limited liability company member manager's signature ▶ _____
Title ▶ **OPERATING MANAGER** Date ▶ _____

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 2010 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 ▶ _____ Date ▶ _____

**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.

Form **8879-PE** (2010)

LHA

U.S. Return of Partnership Income

For calendar year 2010, or tax year beginning _____, _____, ending _____, _____

2010

A Principal business activity	Print or type.	Name of partnership DELAVAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	D Employer identification number 39-1959312
RENTAL		Number, street, and room or suite no. If a P.O. box, see the instructions. 200 W MILWAUKEE STREET	E Date business started 06/01/1999
B Principal product or service		City or town, state, and ZIP code JANESVILLE WI 53548	F Total assets \$ 1,847,289.
C Business code number 531110			

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 3

J Check if Schedules C and M-3 are attached

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

Income	1 a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c
	2 Cost of goods sold (Schedule A, line 8)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (attach statement)			7
8 Total income (loss). Combine lines 3 through 7			8	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Schedule A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21
22 Ordinary business income (loss). Subtract line 21 from line 8			22	0.

Sign Here

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

Signature of general partner or limited liability company member manager: _____ Date: _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only	Print/Type preparer's name SCOTT HAUMERSEN, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00084908
	Firm's name ▶ WEGNER LLP	Firm's EIN ▶ 39-0974031			
	Firm's address ▶ 2110 LUANN LANE MADISON, WI 53713	Phone no. 608-274-4020			

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 Total. Add lines 1 through 5	6
7 Inventory at end of year	7
8 Cost of goods sold. 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		Yes	No	
1 What type of entity is filing this return? Check the applicable box:				
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership			
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership			
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> 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?		X		
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		X		
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			X	
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			X	
(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			X	
(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
5 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		X
6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$ 1 million. c 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. d The partnership is not filing and is not required to file Schedule M-3		X
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.		
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 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?		X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2010, 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. ▶		X
11 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		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election?		X
See instructions for details regarding a section 754 election.		
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		X
c 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		X
13 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"/>	
14 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?		X
15 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 ▶		
16 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. ▶		X
17 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 ▶	COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES	Identifying number of TMP ▶	39-1052077
If the TMP is an entity, name of TMP representative ▶		Phone number of TMP ▶	
Address of designated TMP ▶	200 WEST MILWAUKEE STREET JANESVILLE, WI 53548		

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) SEE STATEMENT 1	2	-46,017.	
	3 a Other gross rental income (loss) 3a			
	b Expenses from other rental activities (attach statement) 3b			
	c Other net rental income (loss). Subtract line 3b from line 3a 3c			
	4 Guaranteed payments 4			
	5 Interest income SEE STATEMENT 2	5	550.	
	6 Dividends: a Ordinary dividends 6a			
	b Qualified dividends 6b			
	7 Royalties 7			
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) 8			
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) 9a				
b Collectibles (28%) gain (loss) 9b				
c Unrecaptured section 1250 gain (attach statement) 9c				
10 Net section 1231 gain (loss) (attach Form 4797) 10				
11 Other income (loss) (see instructions) Type 11				
Deductions	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 (2) Amount 13c(2)			
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) SEE STATEMENT 3 15b		135,052.	
	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 16a			
	b Gross income from all sources 16b			
	c Gross income sourced at partner level 16c			
	<i>Foreign gross income sourced at partnership level</i>			
	d <small>Passive category</small> 16f e General category f Other 16f			
	<i>Deductions allocated and apportioned at partner level</i>			
	g Interest expense 16h h Other 16h			
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>			
	i <small>Passive category</small> 16k j General category k Other 16k			
	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		5,500.	
	b Distributions of other property 19b			
20 a Investment income 20a		550.		
b Investment expenses 20b				
c Other items and amounts (attach statement) STMT 4				

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	-45,467.
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	-4.			-45,422.		-41.	

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		35,371.		37,058.
2a Trade notes and accounts receivable	2.		50.	
b Less allowance for bad debts		2.		50.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 5	170,313.		187,717.
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	1,978,306.		1,978,306.	
b Less accumulated depreciation	571,122.	1,407,184.	628,142.	1,350,164.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)		272,300.		272,300.
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		1,885,170.		1,847,289.
Liabilities and Capital				
15 Accounts payable		50.		
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 6	28,479.		25,540.
18 All nonrecourse loans		977,173.		976,577.
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		879,468.		845,172.
22 Total liabilities and capital		1,885,170.		1,847,289.

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	-28,797.	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):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		STMT 8	2,129.
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
a Depreciation \$	57,020.	a Depreciation \$	72,451.
b Travel and entertainment \$	889.	8 Add lines 6 and 7	74,580.
STMT 7	57,909.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-45,467.
5 Add lines 1 through 4	29,112.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	879,469.	6 Distributions: a Cash	5,500.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-28,797.	8 Add lines 6 and 7	5,500.
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	845,172.
5 Add lines 1 through 4	850,672.		

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

2010

Department of the Treasury
Internal Revenue Service

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

Name of partnership DELANAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Employer identification number 39-1959312
--	---

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
NATIONAL CORPORATE TAX CREDIT, FUND X	91-1955905	99.9000%

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 01/01/2010 Ending 12/31/2010
- 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	-28,797.
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	
11 Net income (loss) per income statement of the partnership. Combine lines 4 through 10	11	-28,797.

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	1,847,290.	1,002,117.
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) 2010

Name of partnership DELAVAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Employer identification number 39-1959312
---	---

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

	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
Income (Loss) Items				
(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)	550.		550.
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) STMT 9	130,716.	-2,129.	128,587.
23	Total income (loss) items. Combine lines 1 through 22	131,266.	-2,129.	129,137.
24	Total expense/deduction items (from Part III, line 31) (see instructions)	-64,793.	-14,541.	-79,334.
25	Other items with no differences	-95,270.		-95,270.
26	Reconciliation totals. Combine lines 23 through 25	-28,797.	-16,670.	-45,467.

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 **DELAVAN MATURE ADULT HOUSING, LLC**
% COMMUNITY ACTION Employer identification number
39-1959312

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	57,020.	15,430.		72,450.
26 Bad debt expense				
27 Interest expense (attach Form 8916-A)	7,773.	-889.		6,884.
28 Purchase versus lease (for purchasers and/or lessees)				
29 Research and development costs (attach schedule)				
30 Other expense/deduction items with differences (attach schedule)				
31 Total expense/deduction items. Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	64,793.	14,541.		79,334.

JWA

Schedule M-3 (Form 1065) 2010

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

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

Name **DELANAN MATURE ADULT HOUSING, LLC**
& COMMUNITY ACTION

Employer identification number **39 1959312**

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.				
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	223 DELVIEW LANE DELANAN, WI 53115	2	365	0
B				
C				
D				

		Properties			
Rental Real Estate Income		A	B	C	D
2	Gross rents	128,587.			
Rental Real Estate Expenses					
3	Advertising	2,505.			
4	Auto and travel				
5	Cleaning and maintenance	5,521.			
6	Commissions				
7	Insurance	3,771.			
8	Legal and other professional fees	6,850.			
9	Interest	6,884.			
10	Repairs	23,644.			
11	Taxes	6,392.			
12	Utilities	22,627.			
13	Wages and salaries				
14	Depreciation (see instructions)	72,450.			
15	Other (list) ▶ STMT 11	23,960.			
15					
15					
16	Total expenses for each property. Add lines 3 through 15	174,604.			
17	Income or (Loss) from each property. Subtract line 16 from line 2	-46,017.			

18a	Total gross rents. Add gross rents from line 2, columns A through H	128,587.
18b	Total expenses. Add total expenses from line 16, columns A through H	(174,604.)
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	
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)	
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 18a through 20a. Enter the result here and on:	-46,017.
	• Form 1065 or 1120S: Schedule K, line 2, or	
	• Form 1065-B: Part I, line 4	

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see below for list	Fair Rental Days	Personal Use Days
E			
F			
G			
H			

		Properties			
		E	F	G	H
Rental Real Estate Income					
2	Gross rents	2			
Rental Real Estate Expenses					
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			
17	Income or (Loss) from each property. Subtract line 16 from line 2	17			

Allowable Codes for Type of Property

- 1 - Single Family Residence
- 2 - Multi-Family Residence
- 3 - Vacation or Short-Term Rental
- 4 - Commercial
- 5 - Land
- 6 - Royalties
- 7 - Self-Rental
- 8 - Other (include description with the code on Form 8825 or on a separate statement)

JWA

Form 8825 (12-2010)

**SCHEDULE B-1
(Form 1065)**

(December 2009)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0099

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

Name of partnership

**DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION**

Employer identification number

39-1959312

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
NATIONAL CORPORATE TAX CREDIT, FUND X	91-1955905	PARTNERSHIP	UNITED STATES	99.90

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

2010

Name of partnership

**DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION**

Employer identification number

39-1959312

	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?		X
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?		X
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)?		X
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)?		X
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		X
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?		X

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

Schedule C (Form 1065) 2010

Depreciation and Amortization
 (Including Information on Listed Property)

R- 1

2010

Attachment
 Sequence No. 67

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

Name(s) shown on return DELANAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Business or activity to which this form relates	Identifying number 39-1959312
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 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 2011. Add lines 9 and 10, less line 12	13	

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

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

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	2,708.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	69,742.
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 2010 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	72,450.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 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
42 Amortization of costs that begins during your 2010 tax year:	:				
	:				
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

▶ **Attach to your tax return.**

Name(s) shown on return DELANAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Identifying number 39-1959312
--	---

Part I Buildings Placed in Service Before 2008

1 Number of Forms 8609-A attached for buildings placed in service before 2008 ▶ <u>2</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)	3	135,052.
4 Low-income housing credit for buildings placed in service before 2008 from partnerships, S corporations, estates, and trusts	4	
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	5	135,052.
6 Amount allocated to beneficiaries of the estate or trust (see instructions)	6	
7 Estates and trusts. Subtract line 6 from line 5. Report this amount on Form 3800, line 1d	7	

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)	10	
11 Low-income housing credit for buildings placed in service after 2007 from partnerships, S corporations, estates, and trusts	11	
12 Add lines 10 and 11. Partnerships and S corporations, report this amount on Schedule K; all others, continue to line 13	12	
13 Low-income housing credit included on line 12 from passive activities (see instructions)	13	
14 Subtract line 13 from line 12	14	
15 Low-income housing credit allowed for 2010 from a passive activity (see instructions)	15	
16 Carryforward of low-income housing credit to 2010 (see instructions)	16	
17 Carryback of low-income housing credit from 2011 (see instructions)	17	
18 Add lines 14 through 17. Estates and trusts, go to line 19; all others, report this amount on Form 3800, line 29d	18	
19 Amount allocated to beneficiaries of the estate or trust (see instructions)	19	
20 Estates and trusts. Subtract line 19 from line 18. Report this amount on Form 3800, line 29d	20	

LHA For Paperwork Reduction Act Notice, see instructions

Form **8586** (2010)

Annual Statement for Low-Income Housing Credit

▶ File with owner's federal income tax return.

Attachment

Sequence No. **36**

Name(s) shown on return DELAVAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Identifying number 39-1959312
---	---

Part I Compliance Information	Yes	No
A Building identification number (BIN) ▶ <u>WI9937201</u>		
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"/>		
C 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 A ? If "No," see the instructions and stop here - do not go to Part II.	X	
D Did the building in A 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	
E Was there a decrease in the qualified basis of the building in A 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	1	2
1 Eligible basis of building	1	124,337.
2 Low-income portion (smaller of unit fraction or floor space fraction) (if first year of the credit period, see instructions)	2	
3 Qualified basis of low-income building. Multiply line 1 by line 2 (see instructions for exceptions)	3	
4 Part-year adjustment for disposition or acquisition during the tax year	4	
5 Credit percentage	5	.0000
6 Multiply line 3 or line 4 by the percentage on line 5	6	
7 Additions to qualified basis, if any	7	
8 Part-year adjustment for disposition or acquisition during the tax year	8	
9 Credit percentage. Enter one-third of the percentage on line 5	9	
10 Multiply line 7 or line 8 by the percentage on line 9	10	
11 Section 42(f)(3)(B) modification	11	
12 Add lines 10 and 11	12	
13 Credit for building before line 14 reduction. Subtract line 12 from line 6	13	
14 Disallowed credit due to federal grants	14	
15 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	15	
16 Taxpayer's proportionate share of credit for the year	16	
17 Adjustments for deferred first-year credit	17	8,565.
18 Taxpayer's credit. Combine lines 16 and 17. Enter here and on Form 8586	18	8,565.

* BEYOND 10-YEAR CREDIT PERIOD AND
WITHIN 15-YEAR COMPLIANCE PERIOD

Annual Statement for Low-Income Housing Credit

▶ File with owner's federal income tax return.

Attachment

Sequence No. **36**

Name(s) shown on return DELAVAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION	Identifying number 39-1959312
---	---

Part I Compliance Information	Yes	No
A Building identification number (BIN) ▶ <u>WI9937201</u>		
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"/>		
C 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 A ? If "No," see the instructions and stop here - do not go to Part II.	X	
D Did the building in A 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	
E Was there a decrease in the qualified basis of the building in A 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	1	2
1 Eligible basis of building	1	1,836,001.
2 Low-income portion (smaller of unit fraction or floor space fraction) (if first year of the credit period, see instructions)	2	1.0000
3 Qualified basis of low-income building. Multiply line 1 by line 2 (see instructions for exceptions)	3	1,836,001.
4 Part-year adjustment for disposition or acquisition during the tax year	4	
5 Credit percentage	5	.0000
6 Multiply line 3 or line 4 by the percentage on line 5	6	
7 Additions to qualified basis, if any	7	
8 Part-year adjustment for disposition or acquisition during the tax year	8	
9 Credit percentage. Enter one-third of the percentage on line 5	9	
10 Multiply line 7 or line 8 by the percentage on line 9	10	
11 Section 42(f)(3)(B) modification	11	
12 Add lines 10 and 11	12	
13 Credit for building before line 14 reduction. Subtract line 12 from line 6	13	
14 Disallowed credit due to federal grants	14	
15 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	15	
16 Taxpayer's proportionate share of credit for the year	16	
17 Adjustments for deferred first-year credit	17	126,487.
18 Taxpayer's credit. Combine lines 16 and 17. Enter here and on Form 8586	18	126,487.

* BEYOND 10-YEAR CREDIT PERIOD AND
WITHIN 15-YEAR COMPLIANCE PERIOD

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 DELANAN MATURE ADULT HOUSING, LLC & COMM	Employer identification number 39-1959312
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
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Section 198 environmental remediation costs				
j Amortization				
k Depletion				
l Depreciation				
m Corporate owned life insurance premiums ...				
n Other section 263A costs				
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
6 Other items with differences (attach schedule)				
7 Other items with no differences				
8 Total cost of goods sold. Add lines 1 through 7, in columns a, b, c, and d				

JWA For Paperwork Reduction Act Notice, see page 4.

Form 8916-A (2010)

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 STMT 12	550.			550.
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.	550.			550.

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 STMT 13	7,773.	-889.		6,884.
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.	7,773.	-889.		6,884.

JWA

Form 8916-A (2010)

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

Name of partnership		Employer identification number
DELAVAN MATURE ADULT HOUSING, LLC % COMMUNITY ACTION		39-1959312
1. Additions to AMTI:		
a. Depreciation recomputed for AMT purposes	72,450.	
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		72,450.
2. Deductions:		
a. Depreciation recomputed for ACE purposes	72,450.	
b. Depletion recomputed for ACE purposes		
c. ACE intangible drilling costs		
d. Total deductions		72,450.
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
MULTI-FAMILY RESIDENCE	-46,017.
TOTAL TO SCHEDULE K, LINE 2	-46,017.

SCHEDULE K INTEREST INCOME STATEMENT 2

DESCRIPTION	U.S. BONDS	OTHER
INTEREST INCOME		550.
TOTAL TO SCHEDULE K, LINE 5		550.

SCHEDULE K OTHER LOW-INCOME HOUSING CREDIT STATEMENT 3

DESCRIPTION	AMOUNT
FORM 8586 - LOW-INCOME HOUSING CREDIT PRE-2008	135,052.
TOTAL TO SCHEDULE K, LINE 15B	135,052.

SCHEDULE K OTHER ITEMS STATEMENT 4

DESCRIPTION	AMOUNT
LIH CREDIT - OTHER - PRE-2008 - ESBC PORTION	135,052.

SCHEDULE L OTHER CURRENT ASSETS STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES		1,217.
REAL ESTATE TAX ESCROW	7,479.	6,572.
REPLACEMENT RESERVE ESCROW	154,964.	172,088.
TENANTS' SECURITY DEPOSITS	7,870.	7,840.
TOTAL TO SCHEDULE L, LINE 6	170,313.	187,717.

SCHEDULE L OTHER CURRENT LIABILITIES STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST PAYABLE	10,669.	11,554.
ACCRUED REAL ESTATE TAXES	7,090.	5,425.
PREPAID RENTS	2,850.	721.
TENANTS' SECURITY DEPOSITS PAYABLE	7,870.	7,840.
TOTAL TO SCHEDULE L, LINE 17	28,479.	25,540.

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN STATEMENT 7

DESCRIPTION	AMOUNT
INTEREST EXPENSE	889.
TOTAL TO SCHEDULE M-1, LINE 4	889.

SCHEDULE M-1 INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN STATEMENT 8

DESCRIPTION	AMOUNT
RENTAL INCOME	2,129.
TOTAL TO SCHEDULE M-1, LINE 6	2,129.

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH DIFFERENCES STATEMENT 9

DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	INCOME (LOSS) PER TAX RETURN
RENTAL INCOME	130,716.	-2,129.	0.	128,587.
TOTAL TO M-3, PART II, LINE 22	130,716.	-2,129.	0.	128,587.

SCHEDULE M-3 OTHER EXPENSE/DEDUCTION ITEMS STATEMENT 10
WITH NO DIFFERENCES

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
RENTAL EXPENSES	95,270.	95,270.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	95,270.	95,270.

OTHER RENTAL EXPENSES STATEMENT 11

MULTI-FAMILY RESIDENCE

PROPERTY:
LOCATION: 223 DELVIEW LANE, DELAVAN, WI 53115

DESCRIPTION	AMOUNT
SNOW REMOVAL	1,366.
ADMINISTRATIVE EXPENSE	22,564.
BAD DEBTS	30.
TOTAL TO RENTAL SCHEDULE, LINE 15	23,960.

FORM 8916-A OTHER INTEREST INCOME STATEMENT 12

DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST INCOME	550.	0.	0.	550.
TOTAL TO PART II, LINE 5	550.	0.	0.	550.

FORM 8916-A

OTHER INTEREST EXPENSE

STATEMENT 13

DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST EXPENSE FROM RENTS AND ROYALTIES	7,773.	-889.	0.	6,884.
TOTAL TO PART III, LINE 4	7,773.	-889.	0.	6,884.



COMMUNITY ACTION, INC. OF ROCK AND
WALWORTH COUNTIES
200 WEST MILWAUKEE STREET
JANESVILLE, WI 53548

RE: DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION

DEAR MEMBER:

ATTACHED IS YOUR COPY OF THE 2010 PARTNERSHIP FORM 1065 SCHEDULE K-1. THIS SCHEDULE SUMMARIZES YOUR INFORMATION FROM THE PARTNERSHIP. THIS INFORMATION HAS BEEN PROVIDED TO THE INTERNAL REVENUE SERVICE WITH THE U.S. PARTNERSHIP RETURN OF INCOME, FORM 1065.

THE INFORMATION PROVIDED ON THIS SCHEDULE SHOULD BE ENTERED ON YOUR TAX RETURN, IN ACCORDANCE WITH THE INSTRUCTIONS IN SCHEDULE K-1, PAGE 2. IF YOUR RETURN WILL BE PREPARED BY YOUR ACCOUNTANT OR ATTORNEY, YOU SHOULD PROVIDE A COPY OF THIS SCHEDULE TO THE PREPARER WITH YOUR OTHER TAX INFORMATION.

SCHEDULE K-1 INSTRUCTIONS ARE ACCESSIBLE AT WWW.IRS.GOV. BECAUSE TAX REPORTING AND FILING REQUIREMENTS VARY FROM STATE TO STATE, WE SUGGEST YOU CONSULT THE APPROPRIATE STATE DEPARTMENT OF REVENUE OR YOUR TAX ADVISOR IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION AND THE IMPACT ON YOUR TAX SITUATION.

WE THANK YOU FOR THE OPPORTUNITY TO SERVE YOU.

SINCERELY,

SCOTT HAUMERSEN, CPA

Schedule K-1 (Form 1065)

2010

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

Department of the Treasury Internal Revenue Service

For calendar year 2010, 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 3 columns: Line number, Description, and Amount. Includes rows for Ordinary business income (0), Credits (122), Net rental real estate income (-41), Foreign transactions, Other net rental income, Guaranteed payments, Interest income, Dividends, Royalties, Capital gains, Distributions (1,900), and Other deductions.

*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

Form section for Part I: A Partnership's employer identification number (39-1959312), B Partnership's name and address (DELAVAN MATURE ADULT HOUSING, LLC), C IRS Center (OGDEN, UT), D Publicly traded partnership checkbox.

Part II Information About the Partner

Form section for Part II: E Partner's identifying number (39-1052077), F Partner's name and address (COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES), G-H Partner type (General partner), I Entity type (EXEMPT ORGANIZATION), J Partner's share of profit/loss/capital table, K Partner's share of liabilities table.

Form section for Part III: L Partner's capital account analysis table, M Did the partner contribute property with a built-in gain or loss? (No).

SCHEDULE K-1

CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	-41.	
SCHEDULE K-1 INCOME SUBTOTAL		-41.
DEPRECIATION ON RETURN AND NOT ON BOOKS	65.	
DEPRECIATION ON BOOKS AND NOT ON RETURN	-51.	
RENTAL INCOME	2.	
INTEREST EXPENSE	-1.	
OTHER INCREASES OR DECREASES SUBTOTAL		15.
TOTAL TO SCHEDULE K-1, ITEM L		-26.

Partner Basis Worksheet

Partner Number: 1	Partner ID Number: 39-1052077
Partner Name: COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES	Ownership Percentage: .0900%
Partnership Name: DELANAN MATURE ADULT HOUSING, LLC & COMMUNITY ACTION	Partnership ID Number: 39-1959312
	Year Ended: DECEMBER 31, 2010

Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	169.
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.	871.
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	905.
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)		-34.

Decreases:

7. Withdrawals and distributions during the year	7.	1,900.
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.	41.
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)	11.	
Total decreases (Add 10(a) through 10(k) and line 11)		41.
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	0.

Gain on Distributions:

13. a. Cash distributions	a.	1,900.
b. Less: basis before distributions and allocable loss	b.	135.
c. Gain on distribution	c.	1,765.

Carryover:

14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	41.
c. Less: Applied this year	c.	0.
d. End of year (not less than 0)	d.	41.

011081
10-22-10

Allocation of Losses and Deductions

Partner Number: 1	Year Ended: DECEMBER 31, 2010
Partner Name: COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES	Partner ID Number: 39-1052077

	(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)	41.	100.000000		41.
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	41.	100.000000		41.
Nondeductible expenses				
Oil and gas depletion				
Total nondeductible expenses and oil and gas depletion				
Totals	41.			41.



NATIONAL CORPORATE TAX CREDIT, INC
4582 SOUTH ULSTER ST # 1100
DENVER, CO 80237

RE: DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION

DEAR MEMBER:

ATTACHED IS YOUR COPY OF THE 2010 PARTNERSHIP FORM 1065 SCHEDULE K-1. THIS SCHEDULE SUMMARIZES YOUR INFORMATION FROM THE PARTNERSHIP. THIS INFORMATION HAS BEEN PROVIDED TO THE INTERNAL REVENUE SERVICE WITH THE U.S. PARTNERSHIP RETURN OF INCOME, FORM 1065.

THE INFORMATION PROVIDED ON THIS SCHEDULE SHOULD BE ENTERED ON YOUR TAX RETURN, IN ACCORDANCE WITH THE INSTRUCTIONS IN SCHEDULE K-1, PAGE 2. IF YOUR RETURN WILL BE PREPARED BY YOUR ACCOUNTANT OR ATTORNEY, YOU SHOULD PROVIDE A COPY OF THIS SCHEDULE TO THE PREPARER WITH YOUR OTHER TAX INFORMATION.

SCHEDULE K-1 INSTRUCTIONS ARE ACCESSIBLE AT WWW.IRS.GOV. BECAUSE TAX REPORTING AND FILING REQUIREMENTS VARY FROM STATE TO STATE, WE SUGGEST YOU CONSULT THE APPROPRIATE STATE DEPARTMENT OF REVENUE OR YOUR TAX ADVISOR IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION AND THE IMPACT ON YOUR TAX SITUATION.

WE THANK YOU FOR THE OPPORTUNITY TO SERVE YOU.

SINCERELY,

SCOTT HAUMERSEN, CPA

Schedule K-1 (Form 1065)

2010

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

Department of the Treasury Internal Revenue Service

For calendar year 2010, 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 (0), Credits (13), Net rental real estate income (-5), Foreign transactions, Other net rental income, Guaranteed payments, Interest income (1), Ordinary/Qualified dividends, Royalties, Net short-term/long-term capital gain, Collectibles gain, Unrecaptured sec 1250 gain, Net section 1231 gain (1), Other income, Section 179 deduction, Other deductions, Self-employment earnings.

*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

Form fields for Part I: A Partnership's employer identification number (39-1959312), B Partnership's name, address, city, state, and ZIP code (DELAVAN MATURE ADULT HOUSING, LLC, 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

Form fields for Part II: E Partner's identifying number (91-1955903), F Partner's name, address, city, state, and ZIP code (NATIONAL CORPORATE TAX CREDIT, INC, 4582 SOUTH ULSTER ST # 1100, DENVER, CO 80237), G General partner or LLC member-manager (Limited partner or other LLC member checked), H Domestic partner (checked) or Foreign partner, I What type of entity is this partner? (CORPORATION), J Partner's share of profit, loss, and capital (table with Beginning and Ending percentages for Profit, Loss, and Capital), K Partner's share of liabilities at year end (table with Nonrecourse, Qualified nonrecourse financing, and Recourse).

Form fields for Part III: L Partner's capital account analysis (table with Beginning and Ending capital account, Capital contributed, Current year increase, Withdrawals & distributions), M Did the partner contribute property with a built-in gain or loss? (No checked), If "Yes", attach statement (see instructions).

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE Y

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIH CREDIT - OTHER - PRE - 2008 - ESBC PORTION	SEE IRS SCH. K-1 INSTRUCTIONS	13.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	-5.	
INTEREST INCOME	1.	
SCHEDULE K-1 INCOME SUBTOTAL		-4.
DEPRECIATION ON RETURN AND NOT ON BOOKS	7.	
DEPRECIATION ON BOOKS AND NOT ON RETURN	-6.	
OTHER INCREASES OR DECREASES SUBTOTAL		1.
TOTAL TO SCHEDULE K-1, ITEM L		-3.

Partner Basis Worksheet

Partner Number: 2	Partner ID Number: 91-1955903
Partner Name: NATIONAL CORPORATE TAX CREDIT, INC	Ownership Percentage: .0100%
Partnership Name: DELANAN MATURE ADULT HOUSING, LLC & COMMUNITY ACTION	Partnership ID Number: 39-1959312
	Year Ended: DECEMBER 31, 2010

Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	81.
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.	97.
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	100.
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.	1.
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.	1.
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)		-2.

Decreases:

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.	5.
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 10(a) through 10(k) and line 11)	11.	5.
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	74.

Gain on Distributions:

13. a. Cash distributions	a.	
b. Less: basis before distributions and allocable loss	b.	
c. Gain on distribution	c.	

Carryover:

14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	5.
c. Less: Applied this year	c.	79.
d. End of year (not less than 0)	d.	0.

011081
10-22-10

Allocation of Losses and Deductions

Partner Number: 2	Year Ended: DECEMBER 31, 2010
Partner Name: NATIONAL CORPORATE TAX CREDIT, INC	Partner ID Number: 91-1955903

	(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.	



NATIONAL CORPORATE TAX CREDIT, FUND X
55 BEATTIE PLACE
GREENVILLE, SC 29601

RE: DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION

DEAR MEMBER:

ATTACHED IS YOUR COPY OF THE 2010 PARTNERSHIP FORM 1065 SCHEDULE K-1. THIS SCHEDULE SUMMARIZES YOUR INFORMATION FROM THE PARTNERSHIP. THIS INFORMATION HAS BEEN PROVIDED TO THE INTERNAL REVENUE SERVICE WITH THE U.S. PARTNERSHIP RETURN OF INCOME, FORM 1065.

THE INFORMATION PROVIDED ON THIS SCHEDULE SHOULD BE ENTERED ON YOUR TAX RETURN, IN ACCORDANCE WITH THE INSTRUCTIONS IN SCHEDULE K-1, PAGE 2. IF YOUR RETURN WILL BE PREPARED BY YOUR ACCOUNTANT OR ATTORNEY, YOU SHOULD PROVIDE A COPY OF THIS SCHEDULE TO THE PREPARER WITH YOUR OTHER TAX INFORMATION.

SCHEDULE K-1 INSTRUCTIONS ARE ACCESSIBLE AT WWW.IRS.GOV. BECAUSE TAX REPORTING AND FILING REQUIREMENTS VARY FROM STATE TO STATE, WE SUGGEST YOU CONSULT THE APPROPRIATE STATE DEPARTMENT OF REVENUE OR YOUR TAX ADVISOR IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION AND THE IMPACT ON YOUR TAX SITUATION.

WE THANK YOU FOR THE OPPORTUNITY TO SERVE YOU.

SINCERELY,

SCOTT HAUMERSEN, CPA

Schedule K-1 (Form 1065)

2010

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

Department of the Treasury Internal Revenue Service For calendar year 2010, 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, Interest income, Dividends, Royalties, Capital gains, Distributions, and Other information.

Part I Information About the Partnership

Form section for Part I containing fields A (Employer ID), B (Name and address), C (IRS Center), and D (Publicly traded partnership checkbox).

Part II Information About the Partner

Form section for Part II containing fields E (Identifying number), F (Name and address), G (Partner type), H (Domestic/Foreign), I (Entity type), J (Share of profit/loss/capital), and K (Share of liabilities).

Form section for Part L (Capital account analysis) and M (Built-in gain/loss), including checkboxes for GAAP/Section 704(b) and Yes/No.

For IRS Use Only. *See attached statement for additional information.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE Y

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIH CREDIT - OTHER - PRE - 2008 - ESBC PORTION	SEE IRS SCH. K-1 INSTRUCTIONS	134,917.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	-45,971.	
INTEREST INCOME	549.	
SCHEDULE K-1 INCOME SUBTOTAL		-45,422.
DEPRECIATION ON RETURN AND NOT ON BOOKS	72,379.	
DEPRECIATION ON BOOKS AND NOT ON RETURN	-56,963.	
RENTAL INCOME	2,127.	
INTEREST EXPENSE	-888.	
OTHER INCREASES OR DECREASES SUBTOTAL		16,655.
TOTAL TO SCHEDULE K-1, ITEM L		-28,767.

Partner Basis Worksheet

Partner Number: 3	Partner ID Number: 91-1955905
Partner Name: NATIONAL CORPORATE TAX CREDIT, FUND X	Ownership Percentage: 99.9000%
Partnership Name: DELANAN MATURE ADULT HOUSING, LLC & COMMUNITY ACTION	Partnership ID Number: 39-1959312
	Year Ended: DECEMBER 31, 2010

Increases:		
1. Adjusted basis at the end of the prior year (not less than zero)	1.	1,680,514.
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.	966,689.
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	1,004,647.
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.	549.
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.	549.
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)		-37,409.
Decreases:		
7. Withdrawals and distributions during the year	7.	3,600.
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.	45,971.
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 10(a) through 10(k) and line 11)	11.	45,971.
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	1,593,534.
Gain on Distributions:		
13. a. Cash distributions	a.	3,600.
b. Less: basis before distributions and allocable loss	b.	1,643,105.
c. Gain on distribution	c.	0.
Carryover:		
14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	45,971.
c. Less: Applied this year	c.	1,639,505.
d. End of year (not less than 0)	d.	0.

011081
10-22-10

Allocation of Losses and Deductions

Partner Number: 3	Year Ended: DECEMBER 31, 2010
Partner Name: NATIONAL CORPORATE TAX CREDIT, FUND X	Partner ID Number: 91-1955905

	(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)	45,971.	100.000000	45,971.	
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	45,971.	100.000000	45,971.	
Nondeductible expenses				
Oil and gas depletion				
Total nondeductible expenses and oil and gas depletion				
Totals	45,971.		45,971.	

Form 3 Wisconsin Partnership and Recycling Surcharge Return

2010

For 2010 or taxable year beginning MM DD CCYY and ending MM DD CCYY

Complete form using **BLACK INK**.

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

DO NOT STAPLE OR BIND

Name DELANAN MATURE ADULT HOUSING, LLC & COMMUNITY ACTION									
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 1959312						
D Check <input checked="" type="checkbox"/> type of entity that is filing this return: 1 <input type="checkbox"/> General partnership 4 <input checked="" type="checkbox"/> Limited liability company 6 <input type="checkbox"/> Other (explain below) 2 <input type="checkbox"/> Limited liability partnership 5 <input type="checkbox"/> Dairy cooperative filing Form 3 solely for purposes of computing 3 <input type="checkbox"/> Limited partnership and allocating dairy cooperatives credit			B Business Activity (NAICS) Code 531110 C State of Formation and Year <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15px; text-align:center;">WI</td> <td style="font-size:8px;">Enter abbreviation of state in box, or if a foreign country, enter below.</td> <td style="width:15px; text-align:center;">1999</td> </tr> <tr> <td></td> <td></td> <td style="font-size:8px; text-align:center;">C C Y Y</td> </tr> </table>	WI	Enter abbreviation of state in box, or if a foreign country, enter below.	1999			C C Y Y
WI	Enter abbreviation of state in box, or if a foreign country, enter below.	1999							
		C C Y Y							

Check if applicable and see instructions:

- E If you have an extension of time to file, enter the extended due date MM DD CCYY
- 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 Number of partners **▶** 3 K Number of nonresident partners **▶** 2



M1 WI Property _____ .	N1 WI Payroll _____ .	O WI Sales _____ .
M2 Total Co. Property _____ .	N2 Total Co. Payroll _____ .	

ENTER NEGATIVE NUMBERS LIKE THIS \rightarrow -1000 NOT LIKE THIS \rightarrow (1000) NO COMMAS; NO CENTS

Part I Computation of Surcharge - Fill Out ONLY If Partnership Has Gross Receipts of \$4 Million or More

<u>1</u> Enter the partnership gross receipts from trade or business activities	1	
<u>2</u> Enter the net business income (do not include net farm profit or loss)	2	
<u>3</u> Wisconsin apportionment percentage (from Form 4A-1 or Form 4A-2). This is a required field. If apportionment does not apply, enter "100.0000%." If percentage is from Form 4A-2, check (<input checked="" type="checkbox"/>) the space after the arrow	3	. %
<u>4</u> Multiply line 2 by line 3. This is Wisconsin net business income	4	
<u>5</u> Enter the greater of \$25 or 0.2% (0.002) of the amount on line 4, but not more than \$9,800. This is your recycling surcharge	5	

Amount Due or Refund

<u>6</u> Estimated recycling surcharge payments and/or payments from Form WT-11	6	
<u>7</u> Withholding from Form W-2G	7	
<u>8</u> Add lines 6 and 7	8	
<u>9</u> Underpayment interest due (from Form 3U, line 18). If you annualized income on Form 3U, check (<input checked="" type="checkbox"/>) the space after the arrow	9	
<u>10</u> Amount due. If the total of lines 5 and 9 is larger than line 8, enter amount owed	10	
<u>11</u> Overpayment. If line 8 is larger than the total of lines 5 and 9, enter amount overpaid	11	
<u>12</u> Enter amount of line 11 you want credited on 2011 estimated surcharge	12	
<u>13</u> Subtract line 12 from line 11. This is your refund	13	

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)

NO COMMAS; NO CENTS

Part II		Schedule 3K - Partners' Distributive Share Items			
	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amt. under Wis. law	
Income (Loss)	① Ordinary business income (loss)	①		①	
	② Net rental real estate income (loss) (attach Form 8825)	②	-46017	② -46017	
	③ Other net rental income (loss) (attach schedule)	③		③	
	④ Guaranteed payments	④		④	
	⑤ Interest income	⑤	550	⑤ 550	
	⑥ Ordinary dividends	⑥		⑥	
	⑦ Royalties	⑦		⑦	
	⑧ Net short-term capital gain (loss)	⑧		⑧	
	⑨ Net long-term capital gain (loss)	⑨		⑨	
	⑩ Net section 1231 gain (loss) (attach Form 4797)	⑩		⑩	
	⑪ Other income (loss) (attach schedule)	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			
	⑬ Other deductions (attach schedule)	⑬		⑬
	14 Net earnings (loss) from self employment			
Credits	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 Internet equipment credit			
	n Dairy manufacturing facility investment credit			
	o Dairy cooperatives credit			
	p Meat processing facility investment credit			
	q Enterprise zone jobs credit			
	r Film production services credit			



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amt. under Wis. law
Credits Con't	s Film production company investment credit	_____	_____	_____
	t Food processing plant and food warehouse investment credit	_____	_____	_____
	u Jobs tax credit	_____	_____	_____
	v Postsecondary education credit	_____	_____	_____
	w Woody biomass harvesting and processing credit	_____	_____	_____
	x Water consumption credit	_____	_____	_____
	vy Tax paid to other states (enter postal abbreviation of state) (1) _____	_____	_____	(1) _____
	(2) _____	_____	_____	(2) _____
	(3) _____	_____	_____	(3) _____
	zz Wisconsin tax withheld	_____	_____	zz _____
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)	_____	_____	_____
	<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): _____ Paid _____ Accrued	_____	_____	_____	
m Reduction in taxes available for credit (attach statement)	_____	_____	_____	
n Other foreign tax information (attach statement)	_____	_____	_____	



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amt. under Wis. law
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 (<i>attach schedule</i>)	_____	_____	_____
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)	_____	5500	(a) _____
	(b) Distributions of other property (b)	_____	_____	(b) _____
	20 a Investment income	_____	550	_____
	b Investment expenses	_____	_____	_____
	c Other items and amounts (<i>attach schedule</i>)	_____	_____	_____
	21 (a) Related entity expense addback	_____	_____	(a) _____
	(b) Related entity expense allowable	_____	_____	(b) _____
(22) Income (loss) (<i>see instructions</i>)	_____	-45467	(22) _____	
(23) Gross income (before deducting expenses) from all activities	_____	_____	(23) _____	

Person to contact concerning this return: DAVID ROHR	Phone #: 6082582080	Fax #:
--	-------------------------------	--------

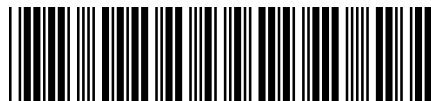
Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

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
 If partnership completed Part I PO Box 8908, Madison, WI 53708-8908
 If partnership only completed Part II PO Box 8965, Madison, WI 53708-8965



Part I Information About the Partnership

A Partnership's federal employer ID number
39-1959312

B Partnership's name, address, city, state, and ZIP code
**DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION
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 ORGANIZATION**
(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 COUNTIES
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	\$	665.
Qualified nonrecourse financing	\$	183.
Recourse	\$	23.

L Partner's capital account analysis:

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ -551.	\$	\$ -26.	\$ (1,900.)	\$ -2,477.

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)	-41.		-41.	
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)
13 Other deductions <i>(list)</i> :				
14 Self-employment earnings (loss)				
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 Internet equipment credit				
n Dairy manufacturing facility investment credit				
o Dairy cooperatives credit				
p Meat processing facility investment credit				
q Enterprise zone jobs credit				
r Film production services credit				
s Film production company investment credit				
t Food processing plant and food warehouse investment credit				
u Jobs tax credit				
v Postsecondary education credit				
w Woody biomass harvesting and processing credit				
x Water consumption credit				
yy Tax paid (1) _____ to other (2) _____ states (3) _____				
zz Wisconsin tax withheld				
16 Foreign transactions <i>(list)</i> :				
17 Alternative minimum tax (AMT) items <i>(list)</i> :				
18 a Tax-exempt interest income				
b Other tax-exempt income				
c Nondeductible expenses <i>(list)</i> :				
19 Distributions <i>(list)</i> :				
CASH/MARKETABLE SEC.	1,900.		1,900.	
20 Other information <i>(list)</i> :				
21 a Related entity expense addback				
b Related entity expense allowable				
22 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
23 First factor:		
24 Second factor:		
25 Third factor:		

Part I Information About the Partnership

A Partnership's federal employer ID number
39-1959312

B Partnership's name, address, city, state, and ZIP code
DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION
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
91-1955903

F Partner's name, address, city, state, and ZIP code
NATIONAL CORPORATE TAX CREDIT, INC
4582 SOUTH ULSTER ST # 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	\$	74.
Qualified nonrecourse financing	\$	20.
Recourse	\$	3.

L Partner's capital account analysis:

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ -34.	\$	\$ -3.	\$ ()	\$ -37.
<input type="checkbox"/> Tax basis	<input checked="" type="checkbox"/> GAAP	<input type="checkbox"/> Section 704(b) book	<input type="checkbox"/> 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	1.		1.	
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)
13 Other deductions <i>(list)</i> :				
14 Self-employment earnings (loss)				
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 Internet equipment credit				
n Dairy manufacturing facility investment credit				
o Dairy cooperatives credit				
p Meat processing facility investment credit				
q Enterprise zone jobs credit				
r Film production services credit				
s Film production company investment credit				
t Food processing plant and food warehouse investment credit				
u Jobs tax credit				
v Postsecondary education credit				
w Woody biomass harvesting and processing credit				
x Water consumption credit				
yy Tax paid (1) _____ to other (2) _____ states (3) _____				
zz Wisconsin tax withheld				
16 Foreign transactions <i>(list)</i> :				
17 Alternative minimum tax (AMT) items <i>(list)</i> :				
18 a Tax-exempt interest income				
b Other tax-exempt income				
c Nondeductible expenses <i>(list)</i> :				
19 Distributions <i>(list)</i> :				
20 Other information <i>(list)</i> : INVESTMENT INCOME	1.		1.	
21 a Related entity expense addback				
b Related entity expense allowable				
22 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
23 First factor:		
24 Second factor:		
25 Third factor:		

Part I Information About the Partnership

A Partnership's federal employer ID number
39-1959312

B Partnership's name, address, city, state, and ZIP code
**DELAVAN MATURE ADULT HOUSING, LLC
% COMMUNITY ACTION
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
91-1955905

F Partner's name, address, city, state, and ZIP code
**NATIONAL CORPORATE TAX CREDIT, FUND
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	\$	737,952.
Qualified nonrecourse financing	\$	203,223.
Recourse	\$	25,514.

L Partner's capital account analysis:

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ 880,054.	\$ _____	\$ -28,767.	\$ (3,600.)	\$ 847,687.
<input type="checkbox"/> Tax basis	<input checked="" type="checkbox"/> GAAP	<input type="checkbox"/> Section 704(b) book	<input type="checkbox"/> 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)	-45,971.		-45,971.	
3 Other net rental income (loss)				
4 Guaranteed payments				
5 Interest income	549.		549.	
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)
13 Other deductions <i>(list)</i> :				
14 Self-employment earnings (loss)				
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 Internet equipment credit				
n Dairy manufacturing facility investment credit				
o Dairy cooperatives credit				
p Meat processing facility investment credit				
q Enterprise zone jobs credit				
r Film production services credit				
s Film production company investment credit				
t Food processing plant and food warehouse investment credit				
u Jobs tax credit				
v Postsecondary education credit				
w Woody biomass harvesting and processing credit				
x Water consumption credit				
yy Tax paid (1) _____ to other (2) _____ states (3) _____				
zz Wisconsin tax withheld				
16 Foreign transactions <i>(list)</i> :				
17 Alternative minimum tax (AMT) items <i>(list)</i> :				
18 a Tax-exempt interest income				
b Other tax-exempt income				
c Nondeductible expenses <i>(list)</i> :				
19 Distributions <i>(list)</i> :				
CASH/MARKETABLE SEC.	3,600.		3,600.	
20 Other information <i>(list)</i> :				
INVESTMENT INCOME	549.		549.	
21 a Related entity expense addback				
b Related entity expense allowable				
22 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		
23 First factor:				
24 Second factor:				
25 Third factor:				