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Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

LOI	calenda	ir year 2009, or tax yea	r beginning		, and ending		
G	Check al	ll that apply:	Initial return		rmer public charity	Final return	
		No man affirm data a	Amended return	Address chan	ge	Name change	
	the IR	Name of foundation				A Employer identification	number
	label	EOV CITTES	. DEMIDEMENT	VILLAGE INC		 39-1335177	
	print	· — — —	O box number if mail is not di			B Telephone number	·
	r type.	1	EN BAY ROAD	•		920-725-05	71
	Specif	City or town, state, ar				C If exemption application is p	
Inst	ruction	s. NEENAH, WI				D 1. Foreign organizations	
H (Check ty		X Section 501(c)(3) ex	cempt private foundation		Foreign organizations me check here and attach co	
	Secti	on 4947(a)(1) nonexem	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ition	E If private foundation sta	
I Fa	ır mark	et value of all assets at e	end of year J Account	ng method: X Cash	Accrual	under section 507(b)(1)	
(fi	rom Pa	rt II, col. (c), line 16)		ther (specify)		F If the foundation is in a	60-month termination
_	<u> </u>			mn (d) must be on cash l	basis)	under section 507(b)(1)	(B), check here
Pa	art I	Analysis of Revenue an The total of amounts in colur necessarily equal the amount	d Expenses mns (b), (c), and (d) may not ts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 C	ontributions, gifts, grant	s, etc., received				
		heck X if the foundation					
	3 "	nterest on savings and tempo ash investments	orary	10,211.	10,211.	10,211.	STATEMENT 1
	ł	ividends and interest fro	m securities				
	1 .	ross rents					
	۱ ـ	et rental income or (loss)		200	· -		CM3 MT1/CT1/M 0
e	ban	et gain or (loss) from sale of a iross sales price for all	assets not on line 10	300.	· · · · · · · · · · · · · · · · · · ·		STATEMENT 2
Revenue	b a	ssets on line 6a			0.		
æ	8 N	et short-term capital gail	• •		<u> </u>	0.	
	1	ncome modifications	''				
	ایم و	iross sales less returns and allowances					
	Ι.	ess Cost of goods sold				-	
	c G	iross profit or (loss)					
	11 0	ther income		114,704.	0.		STATEMENT 3
	12 T	otal Add lines 1 throug	<u>h 11</u>	125,215.	10,211.	124,915.	
	1	compensation of officers, dire		5,120.	0.	5,120.	0.
	1	ther employee salaries a	•	_			
တ္	1	ension plans, employee	benefits				
enses	1	egal fees	SТМТ 4	1,207.	0.	1,207.	0.
Expe	D A	ccounting fees other professional fees	STMT 4	1,207.		1,20/.	0.
ē FI	17 lr	nterest		-			
aţį	18 T	axes	STMT 5	307.	307.	0.	0.
Deerating and Administrative	19 D	epreciation and depletio		19,184.	0.	19,184.	
Ę	20 0	ccupancy	•	43,312.	0.	43,312.	0.
Ad	21 T	ravel, conferences, and i	meetings				
and	22 P	rinting and publications			,		
ng	23 0	ther expenses	STMT 6	42,747.	0.	42,747.	0.
rati	24 T	otal operating and adm					
g	е	xpenses. Add lines 13 ti	hrough 23	111,877.	307.	111,570.	0.
	الے 25	ontributions, gitts, grant	spaid		 		
	26.LI	otaliexpenses and disb	utsements.	111 077	205	111 570	
4		dd lines 24 and 25 ubtractllne23610m line		111,877.	307.	111,570.	0.
884		xcess of revenue over expen		13,338.			
L	h Ñ	et investment income 7	negative, enter -0-1	13,330.	9,904.		
	OG	et investment income (i djusteo net income (if ne	egative, enter -0-)		2,204.	13,345.	
9235 02-0	01	LHA For Privacy Act a	nd Paperwork Reduction	Act Notice, see the instruc	tions.		Form 990-PF (2009)

Form 990-PF (2009)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

0.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	990-PF (2009) FOX CITIES RETIREMENT VILLA	GE IN	<u>C.</u>	400	_	4040	-		39-	133	<u>5177</u>		Pag
	rt VI Excise Tax Based on Investment Income (Section					494L	<u>(e),</u>	or 4	948	- see	instru	ictio	ns
1a	Exempt operating foundations described in section 4940(d)(2), check here												
	Date of ruling or determination letter: (attach copy of letter						l		:			1	19
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check he	ie	االه ل	u em	ei i	/0	ľ		1	 			L 7
_	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations en	tor 1% of Da	ort I	lına 1	12 c	al /h)				1			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of					JI. (U)	,		2	1			
	Add lines 1 and 2	my. Omers c	SIIIGI	-0-)					3			1	19
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only Others	entei	r -0-)					4	1			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -C			,					5	1		1	19
6	Credits/Payments:									1			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a								1			
	Exempt foreign organizations - tax withheld at source	6b							1	1			
	Tax paid with application for extension of time to file (Form 8868)	6c	_			_	_	-	1				
	Backup withholding erroneously withheld	6d	$\overline{}$						1				
	Total credits and payments. Add lines 6a through 6d						-		7				i
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached							8	1			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed								9			1	19
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp	aid							10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax					Ref	unde	1 🗪	11				
Pa	rt VII-A Statements Regarding Activities												_
1a	During the tax year, did the foundation attempt to influence any national, state, or local	al legislation	or d	ıd ıt p	artı	ipate	or inte	rvene	ın			Yes	-
	any political campaign?										1a		
b	$\operatorname{Did}\nolimits$ it spend more than \$100 during the year (either directly or indirectly) for political	purposes (s	ee ın	struc	tion	s for d	efinitio	on)?			1b	ļ	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	es and cop	ies d	of an	y m	atena	s pul	olishe	ed or				1
	distributed by the foundation in connection with the activities.											.	-
	Did the foundation file Form 1120-POL for this year?										1c	1	:
	·											 	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur												
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur (1) On the foundation. \$ 0. (2) On foundation ma	nagers. 🕨 🤄	\$					0.	_				
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur (1) On the foundation. \$ 0. (2) On foundation ma Enter the reimbursement (if any) paid by the foundation during the year for political e	nagers. 🕨 🤄	\$				dation		-				
е	Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur (1) On the foundation. \blacktriangleright \$ (2) On foundation ma Enter the reimbursement (if any) paid by the foundation during the year for political e managers. \blacktriangleright \$ 0 .	nagers. > 3 xpenditure ta	\$				dation		-			_	
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Form 990-PF (2009) FOX CITIES RETIREMENT VI	LLAGE INC.	Required (control	39-13351	77_	Page 6
Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes: (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870.	a 4945(e))? In to carry on, directly or indirectly or educational purposes, or der the exceptions described ctions)? Here is a second or indirectly or indi	ectly, ectly, Ye for In Regulations Ye	No No No No No No No No	5b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If yes, did the foundation receive any proceeds or have any net income attribute		Ye	s X No N/A	7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) E accou allo	xpense int, other wances
SEE STATEMENT 7		5,120.	0.		0.
O Companyation of first high and a side and large / About About About in	hadad an line 4). If same	A TATE HAIGHT II			
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense int, other wances
NONE					
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·				0

	(2009)	

FOX CITIES RETIREMENT VILLAGE INC.

39-1335177

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		333211
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 OPERATE APARTMENTS FOR THE ELDERLY	duced, etc.	·
		111 570
2		111,570.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on 1 N/A		Amount
I N/A		
2		
All other program-related investments. See instructions.		. —
3		
Total. Add lines 1 through 3		0 • Form 990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	303,537.
b	Average of monthly cash balances	1b	30,606.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	334,143.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	334,143.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,012.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	329,131.
6	Minimum investment return Enter 5% of line 5	6	16,457.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2009 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only 0	0.
2 Undistributed income, if any, as of the end of 2009	,
b Total for prior years:	
3 Excess distributions carryover, if any, to 2009:	
a From 2004	
b From 2005	
c From 2006	
d From 2007	
e From 2008	,
f Total of lines 3a through e	
4 Qualifying distributions for 2009 from	
Part XII, line 4: ►\$ N/A	
a Applied to 2008, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	1
(Election required - see instructions)	
d Applied to 2009 distributable amount	0.
e Remaining amount distributed out of corpus	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.
must be shown in column (a)) 6 Enter the net total of each column as	
indicated below:	4
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed 0	r
d Subtract line 6c from line 6b. Taxable	,
amount - see instructions	
e Undistributed income for 2008. Subtract line	
4a from line 2a. Taxable amount - see instr.	i
f Undistributed income for 2009. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2010	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3)	
8 Excess distributions carryover from 2004	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2010.	
Subtract lines 7 and 8 from line 6a 0.	
10 Analysis of line 9:	
a Excess from 2005	
b Excess from 2006	
c Excess from 2007	
d Excess from 2008	
e Excess from 2009	

b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: Form **990-PF** (2009)

c Any submission deadlines:

3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contibution	
a Paid during the year				
NONE				
Total			▶ 3a	0.
b Approved for future payment				
NONE				
Total			<u>▶</u> 2h	0

Enter gross amounts unless otherwise	e indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
-	·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:		code		code	Amount	Tunction income
a MAINTENANCE						
b FEE-APARTMENTS						<u>59,380.</u>
c LAUNDRY FEES						1,978.
d RENTAL AMORTIZ	ATION					
e INCOME						53,346.
f						
g Fees and contracts from govern	nment agencies					
2 Membership dues and assessmen	ts					
3 Interest on savings and temporary	cash					
investments				14	10,211.	
4 Dividends and interest from securi	ties					
5 Net rental income or (loss) from re	al estate:					- •
a Debt-financed property						
b Not debt-financed property	-					
6 Net rental income or (loss) from pr	ersonal					
property						
7 Other investment income						
8 Gain or (loss) from sales of assets	other					
than inventory	VIIIO					300.
9 Net income or (loss) from special (avante			+ +		300.
10 Gross profit or (loss) from sales of						
11 Other revenue:	inventory					
<u>a</u>						
b		 				
c						
d		-				
e	14)			+	10 211	115 004
12 Subtotal. Add columns (b), (d), an	• •			<u> </u>	10,211.	115,004.
13 Total. Add line 12, columns (b), (c					13	125,215.
(See worksheet in line 13 instructions	to verify calculations.)					
Part XVI-B Relations!	nip of Activities 1	to the Acco	mplishment of	Exempt	Purposes	
						
					ted importantly to the accom	plishment of
	pt purposes (other than					<u></u>
			TILITIES A	AND MA	INTAINING THE	<u> GROUNDS AND</u>
MAINTENANCE	ON THE APA	RTMENTS				
1B MONEY COLLEC	CTED FROM T	HE WASHE	RS AND DRY	<u> (ERS P</u>	ROVIDED IN TH	HE BUILDING _
	FOR THE Y	EAR OF I	HE APARTME	ENT EA	CH PERSON OCC	CUPIES
				-		

9) FOX CITIES RETIREMENT VILLAGE INC. 39-1335177 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 11(1) Cash 12(1) Cash 12(1) Cher assets 14(1) X 12(2) X X	1	Did th	e organization directly or indir	ectly engage in any of the following	ig with any other organization	described in section 501(c) of		Yes	No
(2) Other sasets b Other transactions: (1) Sakes of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of Societies, equipment, or other assets (4) Rental became at ranapement as suggestion (5) Loans or Gain quarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) It is a suggestion of the sake of the goods, other assets, or services green by the reporting foundation. If the foundation received (less than fair market value in any transaction or sharing arraigement, show in or services green by the reporting foundation. If the foundation received (less than fair market value in any transaction or sharing arraigement, show in or services green by the reporting foundation. If the foundation received (less than fair market value in any transaction or sharing arraigement, show in or services green by the reporting foundation. If the foundation received (less than fair market value in any transaction or sharing arraigement, show in or services green by the reporting foundation. If the foundation received (less than fair market value in any transaction or sharing arraigement, show in section 50 (cc) of the Code (other than section 50 (cc) of the Code (other than section 50 (cc))			- ·						
(2) Purchases of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rental of facilities, equipment, or other assets (5) Loans or loan guisantees (6) Performance of services or membership or fundrasing solicitations (6) Rental of tacilities, equipment, mainly lasts, other assets, or paid employees (6) It like answer to any of the above is "Fest, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the goods, other assets, or continued of the value of the good of the good of the good of the value of the good of	а	Trans	fers from the reporting founda	ition to a noncharitable exempt or	ganization of:		1		
Differ transactions:	(1) Cash _								X
(1) Sales of assets to a nonchartable evempt organization (2) Purchases of assets from a nonchartable evempt organization (3) Rental of facilities, equipment, or other assets (4) Rental of facilities, equipment, analysis, other assets (5) Loans or for and quarantees (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (7) Ferformance of services or membership or fundrasing solicitations (8) Hitle IX (9) If the analysis of the above of "Ves," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services owned by the reporting fundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in cultum (9) the value of the goods, other assets, or services received. (a) Line in (9) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and always grampements (a) Line in (9) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and always grampements (a) Line in (9) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and always grampements (a) Line in (9) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and always grampements (a) Line in (1) Line Code (other than section 501(x)(3)) or in section 527? [Ves [X] No b) If Yes, complete the following schedule. (a) Sharing of Load Exemption (c) Operation (c) Description of relationship [Ves [X] No b) If Yes, complete the following schedule. (b) Amount involved (c) Pagnization (c) Description of transfers, and transactions, and always grampements (c) Description of transfers, transactions, and always grampements (e) Description of transfers, and always grampements (e) Description of tran		(2)	ther assets	_			1a(2)		X
(2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimborsement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Example of facilities, equipment, making lists, other assets, or paid employees (8) Performance of services or services given by the reporting foundation. If the foundation received less than fair market value in any transaction in services, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received. (9) Name of formatization in the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received. (9) Name of formatization in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (4) Description of transfers, transactions, and sharing arrangements. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (4) Description of transfers, transactions, and sharing arrangements. 3 Indicate the following packed like. (a) Name of organization (b) Type of organization (c) Description of relationship 3 Indicate the following packed like. (a) Name of organization (b) Type of organization (c) Description of relationship 3 Indicate the following packed like. (a) Name of organization (b) Type of organization (c) Description of relationship 3 Indicate the following packed like. 3 Indicate the following packed like. 4 Indicate the following packed like. 5 Indicate the fo	b	Other	transactions:						
Rental of facilities, equipment, or other assets 15/3 X 15/4 X 15/4 X 15/4 X 15/4 X 15/4 X X X X X X X X X		(1) S	ales of assets to a noncharitat	ble exempt organization			1b(1)		<u>X</u>
(4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Loans or 1 life answer or say of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Seven by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (b) Amount involved (c) International exemptions of the services of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and sharing arrangements. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and sharing arrangements. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization. (b) Type of organizations described in section 501(c)(3)) or in section 527? (a) If "Yes," complete the following specially. (a) Name of organization (b) Type of organization (c) Description of relationship. N/A (b) Type of organizations described in the transaction of the propers and the following accompanying schedules and altituments, and to the best of my knowledge and belief, it is tous, correct, and comple		(2) F	urchases of assets from a nor	ncharitable exempt organization			1b(2)	_	
(5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations (7) Enter assets to any of the above is Yes, Complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received. (3) Line no (6) Amount involved (c) Name of noncharitable exempt organization (d) Description of variables, transactions, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, Complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of pepary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is flux, correct, and complete Description of prepare (other than tappyer or flucushy) is based on all information of which prepare has any knowledge. Under penalties of pepary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is flux, correct, and complete Description of prepare (other than tappyer or flucushy) is based on all information of which prepare has any knowledge. Peparer's MARK W. OTTO, CPA Date Da		(3) F	ental of facilities, equipment, o	or other assets			1b(3)		_X_
(6) Performance of services or membership or fundrasing solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of payary, I declare that I have examined this return, including accompanying schedules and statements, and to the beat of my knowledge and belief, it is found conflicts of the conflicts		(4) F	leimbursement arrangements				1b(4)		
s Sharing of facilities, equipment, making lists, other assets, or paid employees It is answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of renderes, transactions, and sharing errangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perport, I declars that I have examined this return, including accompanying schedules and statements, and to this best of my knowledge and bester, it is true, correct, and complete Declaration of prepare (other than supplyer or fluciony) is based on all reformation of which prepare has any knowledge and bester, it is true, correct, and complete Declaration of prepare (other than supplyer or fluciony) is based on all reformation of which prepare has any knowledge and bester, it is true, correct, and complete Declaration of prepare (other than supplyer or fluciony) is based on all reformation of which prepare has any knowledge and bester, it is true, correct, and complete Declaration of prepare (other than supplyer or fluciony) is based on all reformation of which prepare has any knowledge and bester, it is true, correct, and complete Declaration of prepare (other than supplyer or fluciony) is based on all reformation of which prepare has any knowledge and bester, it is true, correct, and complete Declaration of prepare (other than supplyer or fluci		(5) L	oans or loan guarantees				1b(5)		
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or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of persyn, I declare that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trus, correct, and complete Declaration of program (other than lappeyer or fiduciary) is based on all information of which prepare has any knowledge and belief, it is trus, correct, and complete Declaration of programs (other than lappeyer or fiduciary) is based on all information of which prepare has any knowledge Under penalties of persyn, I declare that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trus, correct, and complete Declaration of programs (other than lappeyer or fiduciary) is based on all information of which prepare has any knowledge Under penalties of persyn, I declare that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trus, correct, and complete Declaration of programs (other than lappeyer or fiduciary) is based on all information of which prepare has any knowledge Under penalties of persyn, I declare that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trus, correct, and constitution of programs (other than lappeyer or fiduciar	C	: Sharii	ng of facilities, equipment, mai	iling lists, other assets, or paid em	ployees		1c		_X_
column (d) the value of the goods, other assets, or serveeds (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shuring errangements N/A	C		_		• •			ets,	
(a) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? 3 is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? 4 if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 4 Under penalties of person, 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 taxpayer or fiduciary) is based on all information of which preparers has any knowledge 4 Jack Signature of officer pulpusible 5 Jack Signature or officer pulpusible Date Check if Preparer's identifying number Signature MARK W. OTTO, CPA 6 Signature or officer pulpusible 10 5/10/10 cmployed Preparer's identifying number Signature or officer pulpusible Sig						in any transaction or sharing arrangement,	show in		
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjuny, 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpayer has any knowledge and belief, it is true, correct, and control than taxpay									
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? Yes	(a)	Line no	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	e exempt organization	(d) Description of transfers, transactions, and	sharing arr	angeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes				N/A					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes									
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	_				<u> </u>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes									-
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	2:	ls the	foundation directly or indirect	thy affiliated with or related to one	or more tax-exempt organiza	ations described			
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge Date Date Check if Preparer's identifying number Signature MARK W. OTTO, CPA 05/10/10 employed Preparer's identifying number Signature Date D			· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·		[Yes	X	□ Nα
(a) Name of organization N/A Under penalties of perjuny, 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer outgustee Date Title	ŀ					_			
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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer patrustee Date Check if Self-employed		<u>, , </u>		•	(b) Type of organization	(c) Description of relations	ship		
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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or prustee Date			N/A						
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or figure Signature Signature Signature Date Date Check if Signature Signature MARK W. OTTO, CPA O5/10/10 employed MILLON, ENDRIES, OTTO & CALMES, LLC EIN					1				
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or figure Signature Signature Signature Date Date Check if Signature Signature MARK W. OTTO, CPA O5/10/10 employed MILLON, ENDRIES, OTTO & CALMES, LLC EIN									
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or figure Signature Signature Signature Date Date Check if Signature Signature MARK W. OTTO, CPA O5/10/10 employed MILLON, ENDRIES, OTTO & CALMES, LLC EIN									
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or figure Signature Signature Signature Date Date Check if Signature Signature MARK W. OTTO, CPA O5/10/10 employed MILLON, ENDRIES, OTTO & CALMES, LLC EIN	_								
Signature of officer ordicustee Date Check if Self-self-signature Signature Sig							true, corre	ct,	
Firm's name (or yours the self-employed), address, and ZIP code NEENAH, WI 54957-2106 DILLON, ENDRIES, OTTO & CALMES, LLC EIN Phone no. (920)725-6075		and cor	npiete Declaration of preparer (office	f than taxpayer or ilductary) is based on	ran morniation of which preparer	as any knowledge			
Firm's name (or yours the self-employed), address, and ZIP code NEENAH, WI 54957-2106 DILLON, ENDRIES, OTTO & CALMES, LLC EIN Phone no. (920)725-6075	_		Tancy Br	icci)	<u> </u>	secretary man	lager		
Firm's name (or yours the self-employed), address, and ZIP code NEENAH, WI 54957-2106 DILLON, ENDRIES, OTTO & CALMES, LLC EIN Phone no. (920)725-6075	ere	S	gnature of officer or trustee		Date		0	<u> </u>	
Firm's name (or yours the self-employed), address, and ZIP code NEENAH, WI 54957-2106 DILLON, ENDRIES, OTTO & CALMES, LLC EIN Phone no. (920)725-6075	ī	"	Preparer's			self	er's identif	Aiud unu	nber
Firm's name (or yours the self-employed), address, and ZIP code NEENAH, WI 54957-2106 DILLON, ENDRIES, OTTO & CALMES, LLC EIN Phone no. (920)725-6075	Sig	. e d	signature MARK			5/10/10 employed ▶ 🔲			
address, and ZIP code NEENAH, WI 54957-2106 Phone no. (920)725-6075		Pai par e O	Firm's name (or yours DILL						
address, and ZIP code NEENAH, WI 54957-2106 Phone no. (920)725-6075		l_ as Us	if self-employed), 1080						
Form 990-PF (2009)	_	L	address, and ZIP code NEEN	AH, WI 54957-21	106				
						F	orm 990	-PF	(2009)

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	S STATEMENT 1
SOURCE	AMOUNT
INVESTMENT INTEREST INCOME	10,211.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	10,211.

FORM 990-PF GAIN OR	(LOSS) E	ROM SAI	LE OF	ASSETS	S	TATEMENT	2
(A) DESCRIPTION OF PROPERTY				MANNER ACQUIRED	DATE ACQUIR	ED DATE SO)LD
TRUCK			•	PURCHASED	11/25/	94 11/25/	09
GROSS COS	C) T OR BASIS	(D) EXPENS SAI	SE OF	(E) DEPREC	·	(F)	•
300.	2,000.		0.		00.		00.
NET GAIN OR LOSS FROM SALE OF	ASSETS					3(00.
CAPITAL GAINS DIVIDENDS FROM	PART IV						0.
TOTAL TO FORM 990-PF, PART I,	LINE 6A					3(00.
FORM 990-PF	ОТНЕ	RINCOMI	3		S	TATEMENT	3
DESCRIPTION		REV	A) ENUE BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTEI NET INCOM	
MAINTENANCE FEE-APARTMENTS LAUNDRY FEES RENTAL AMORTIZATION INCOME		59,380. 1,978. 53,346.			0. 59,380. 0. 1,978. 0. 53,346.		
TOTAL TO FORM 990-PF, PART I,	LINE 11	-	114,70	4.	0.	114,70)4.
FORM 990-PF	ACCOU	TING F	EES		S	TATEMENT	<u> </u>
DESCRIPTION	(A) EXPENSES PER BOOM		(B) INVES I INCO	T- ADJ	C) USTED INCOME	(D) CHARITAI PURPOSI	
DESCRIPTION -	EXPENSES	KS MEN	INVES	T- ADJ	USTED	CHARITAI PURPOSI	

FORM 990-PF	TAX	ES	STATEMENT 5				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0.			
TAXES ON INVESTMENT INCOME	307.	307.	0.				
TO FORM 990-PF, PG 1, LN 18	307.	307.	0.	0.			
	(A)	(B)	(C)	(D)			
	(A)	(B)	(C)	(D)			
				(D)			
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST-	ADJUSTED NET INCOME				
INSURANCE	7,570.	MENT INCOME 0.	ADJUSTED NET INCOME 7,570.	CHARITABLE PURPOSES 0.			
INSURANCE IN LIEU OF PROPERTY TAXES	7,570. 6,500.	MENT INCOME 0. 0.	ADJUSTED NET INCOME 7,570. 6,500.	CHARITABLE PURPOSES 0. 0.			
INSURANCE	7,570.	MENT INCOME 0.	ADJUSTED NET INCOME 7,570.	CHARITABLE PURPOSES 0.			
INSURANCE IN LIEU OF PROPERTY TAXES EVENTS	7,570. 6,500. 572.	MENT INCOME 0. 0. 0.	ADJUSTED NET INCOME 7,570. 6,500. 572.	CHARITABLE PURPOSES 0. 0. 0.			

FORM 990-PF		I - LIST EES AND	STATI	EMENT 7		
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EMIL LEPPIAHO 833 OTTO ST. NEENAH, WI 54956			TITLE AND AVRG HRS/WK PRESIDENT 1.00		0.	
RAYMOND LOKKEN 160 S. GREEN BAY NEENAH, WI 54956			VICE PRESIDENT 1.00	1,405.	0.	0.
JOYCE CHASE 160 S. GREEN BAY NEENAH, WI 54956	RD., APT.	109	SECRETARY 1.00	0.	0.	0.
NANCY BRICCO 160 S. GREEN BAY NEENAH, WI 54956	RD., APT.	208	VICE PRESIDENT 1.00	/GENERAL MAI 1,200.		0.
DUANE BORK 160 S. GREEN BAY NEENAH, WI 54956	RD., APT.		DIRECTOR 1.00	1,255.	0.	0.
FELICIA HEISER 160 S. GREEN BAY NEENAH, WI 54956	RD., APT.	204	DIRECTOR 1.00	0.	0.	0.
JUDIE HILLIKER 160 S. GREEN BAY NEENAH, WI 54956	RD., APT.	110	FINANCIAL SECR	ETARY 1,200.	0.	0.
BENNETT HILLIKER 160 S. GREEN BAY NEENAH, WI 54956	RD., APT.	110	DIRECTOR 1.00	60.	0.	0.
TOTALS INCLUDED	ON 990-PF,	PAGE 6,	PART VIII	5,120.	0.	0.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990PF

(Including Information on Listed Property) ► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Sequence No 67

Business or activity to which this form relates identifying number Name(s) shown on return FOX CITIES RETIREMENT VILLAGE INC. FORM 990-PF PAGE 1 39-1335177 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (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 Я 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 2,002. the tax year 14 15 Property subject to section 168(f)(1) election 15 8,146. 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions) Section A 8,750. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period year placed in service (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 4,003. 200DB 286 7-year property 7 YR HY C 10-year property d 15-year property e f 20-year property 25-year property 25 yrs S/L q 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L ММ S/L 1 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12-year 12 yrs S/L b 40-<u>year</u> MM S/L 40 yrs. 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 19,184. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

	m 4562 (2009) art V Listed Propert	y (Include a									ers, and		1335 used fo		Page 2 inment
	necreation, or a Note: For any of through (c) of S	ehicle for wi	hich you are ι					dedu	cting lease	expens	e, comp	lete only	24a, 24	b, colum	ns (a)
_			on and Othe					nstruc	tions for li	mits for	passeng	er auton	nobiles)		
24a	Do you have evidence to s	support the bu	siness/investm	ent use cla	aimed?	Ye	es	No	24b If "Y	es,* is th	ne evidei	nce writt	en?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmen use percenta	/ t ot	(d) Cost or her basis		(e) s for depre iness/inves use only)	tment	(f) Recovery period	Me	(9) thod/ rention	Depre	h) ciation iction		n 179
	Special depreciation alloused more than 50% in		•	property	placed i	n servic	e during	the ta	ax year an	d	25				
	Property used more that			ness use	<u> </u>					_	1	·			_
20	Troporty asca more tha	1 00/0 11/4 0	i	%				-							
	·· ···			%		_			-	<u> </u>					
				%		-									
27	Property used 50% or le	ee in a quali	1	· · · · · · · · · · · · · · · · · · ·					l	l		·			
21	Property used 50% of it	Ta quan	illed business	%						S/L -		Ι			
		 		%		_				S/L -	_				
	· · · · · · · · · · · · · · · · · · ·		t	%					-	S/L·					
	Add amazinta in adjum	/h) lunca 0E			o and an	lino 21	page 1		1	J 3/L -	28				
	Add amounts in column	, ,	_			mezi,	page i				_ 20	1	29	•	
29	Add amounts in column	(I), IIIIe 26 E					on Hoo	of Val	nioloo						
_				Section I						oloto	d 50r00r				
lf y	mplete this section for ve ou provided vehicles to y se vehicles	our employe	by a sole pro ees, first ansv	prietor, payer the qu	artner, or Jestions i	n Section	more that on C to s	ee if y	you meet a	an excep	otion to	ı completi	ng this s	ection fo	or
			(4	(a) (b)			(c) (d)		d)	(e)		(f)			
30	Total business/investment miles driven during the year (do not include commuting miles)		1	nicle	Veh	ncle	V	/ehicle	Vel	hicle	Veh	Vehicle		Vehicle	
-															
31	Total commuting miles		the vear												
	Total other personal (no	_	-												
-	driven		, ,											}	
23	Total miles driven during	n the vear													
~	Add lines 30 through 32														
24	Was the vehicle availab		nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
-	during off-duty hours?	ic for person	iai 000	105	110				,,,,,	1.00	1	1.55			
25	Was the vehicle used p	rimarily by a	more		_								_		
30	than 5% owner or relate		111010						,						
26	Is another vehicle availa	•	onal	<u> </u>			-				_				
30	use?	apic for perso	51141									l			
Δne	swer these questions to		- Questions	•	-								re not m	ore than	5%
	ners or related persons		,			- J				•					
_	Do you maintain a writte employees?	en policy sta	tement that p	prohibits a	ali persor	al use o	of vehicle	es, inc	cluding cor	nmuting	, by you	ır		Yes	No
35	Do you maintain a writte	en policy eta	tement that r	orohibite r	personal	use of w	ehicles	excer	ot commid	ing. by	vour				1
30	employees? See the ins										,				
30	Do you treat all use of v					, u	00.010,	J. 17						1	†
	Do you provide more th	•		•		nformat	ion from	VOLE	employee	s about					1
40	•					···oiiilal		your	Simpleyee	- 40001					
	the use of the vehicles,					monotro	tion use	2						-	+
41	Do you meet the require								covered ···	hicles					+
n	Note: If your answer to	37, 38, 39, 4	O, OF 4 F IS "Y	es, ao n	ut compl	FIE SEC	uun B 10	i ine i	COVERED VE	HICIES.	_				
ש	art VI Amortization (a)			(b)		(c)	-	Т	(d)		(e)	1		(f)	
	Description of	of costs	Oa	te amortization		Amortizat			Code		Amortiza	ation		mortization or this year	
	A		umna visi = 00	begins	<u> </u>	amount	·	!	section		penod or pe	пспиде		A UNO YEAR	
<u>42</u>	Amortization of costs th	iat begins di	uning your 20	ue tax ye	ar.			\neg							
_					 	_		\dashv							

44

43 Amortization of costs that began before your 2009 tax year

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