

Dion Kampa  
W349 S9030 Nesting Ct.  
Eagle, WI 53119

Kara Kampa  
W349 S9030 Nesting Ct.  
Eagle, WI 53119

Swimcomp, Inc.  
9702 Airways Court  
Franklin, WI 53132

City of Franklin  
9229 W. Loomis Rd.  
Franklin, WI 53132

Investors Bank  
c/o Attorney Michael T. Schoendorf  
20800 Swenson Dr., Ste. 455  
Waukesha, WI 53186

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

U.S. Trustee  
517 E. Wisconsin Ave., Ste. 430  
Milwaukee, WI 53202

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WISCONSIN

In re: Kampa Enterprises, LLC  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 1 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 5/19/2011

Signed: s/ Dion Kampa  
Dion Kampa

Signed: s/Guy K. Fish  
Guy K. Fish

Attorney for Debtor(s)

Bar no.: 1005282

**Fish Law Offices**

**533 Vernal Ave.**

**Milton, WI 53563**

Telephone No.: (608) 868-3200

Fax No.: (608) 868-3208

E-mail address: [gfish@charterinternet.com](mailto:gfish@charterinternet.com)

**United States Bankruptcy Court  
Eastern District of Wisconsin**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Kampa Enterprises, LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): <b>26-4634183</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>9702 S. Airways Ct. Franklin, WI</b>	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>53132</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Milwaukee</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE	ZIP CODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**9702 S. Airways Ct., Franklin, WI** ZIP CODE **53132**

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <b>Limited Liability Company</b></p>	<p align="center"><b>Nature of Business</b> (Check one box)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input checked="" type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p align="center"><b>Nature of Debts</b> (Check one box)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). -----</p> <p><b>Check all applicable boxes</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<b>THIS SPACE IS FOR COURT USE ONLY</b>																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Kampa Enterprises, LLC</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X Not Applicable**

\_\_\_\_\_  
Signature of Attorney for Debtor(s)                      Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- Yes, and Exhibit C is attached and made a part of this petition.
- No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Kampa Enterprises, LLC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**Not Applicable**  
 \_\_\_\_\_  
 Signature of Debtor

**Not Applicable**  
 \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

\_\_\_\_\_  
 Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**Not Applicable**  
 \_\_\_\_\_  
 (Signature of Foreign Representative)

\_\_\_\_\_  
 (Printed Name of Foreign Representative)

\_\_\_\_\_  
 Date

**Signature of Attorney**

**s/Guy K. Fish**  
 \_\_\_\_\_  
 Signature of Attorney for Debtor(s)

**Guy K. Fish Bar No. 1005282**  
 \_\_\_\_\_  
 Printed Name of Attorney for Debtor(s) / Bar No.

**Fish Law Offices**  
 \_\_\_\_\_  
 Firm Name

**533 Vernal Ave. Milton, WI 53563**  
 \_\_\_\_\_  
 Address

**(608) 868-3200** **(608) 868-3208**  
 \_\_\_\_\_  
 Telephone Number

**5/19/2011**  
 \_\_\_\_\_  
 Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

**Not Applicable**  
 \_\_\_\_\_  
 Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
 Address

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**s/ Dion Kampa**  
 \_\_\_\_\_  
 Signature of Authorized Individual

**Dion Kampa**  
 \_\_\_\_\_  
 Printed Name of Authorized Individual

**Managing Member**  
 \_\_\_\_\_  
 Title of Authorized Individual

**5/19/2011**  
 \_\_\_\_\_  
 Date

**Not Applicable**  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**UNITED STATES BANKRUPTCY COURT  
Eastern District of Wisconsin**

In re: **Kampa Enterprises, LLC**  
Debtor

Case No.  
Chapter **11**

**Exhibit "A" to Voluntary Petition**

1. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is .

2. The following financial data is the latest available information and refers to debtor's condition on .

a.	Total assets	\$ <u>762,000.00</u>
b.	Total debts (including debts listed in 2.c., below)	\$ <u>575,369.94</u>

Approximate  
number of  
holders

c. Debt securities held by more than 500 holders.

	secured	unsecured	subordinated	_____	_____
d.	Number of shares of preferred stock			_____	_____
e.	Number of shares of common stock			_____	_____

Comments, if any:

3. Brief description of debtor's business:

**Single Asset Real Estate**

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Kampa Enterprises, LLC**, Case No. \_\_\_\_\_  
 Debtor Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
<b>City of Franklin 9229 W. Loomis Rd. Franklin, WI 53132</b>				<b>\$20,580.87</b>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, Dion Kampa, Managing Member of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: **5/19/2011**

Signature: **s/ Dion Kampa**

**Dion Kampa ,Managing Member**  
 \_\_\_\_\_  
 (Print Name and Title)

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.



Stearns CPA Solutions, Ltd.

May 18, 2011


Re: Kampa Enterprises, LLC

To Whom It May Concern:

This entity is a partnership that owns the building that Swimcomp, LLC operates. Swimcomp, LLC pays rent to Kampa Enterprises, LLC. Kampa Enterprises, LLC has no checking account, but has mortgages due to banks on the building. Activities are run through an intercompany account with Swimcomp, LLC paying any bills associated in their name.

This business performs no other activity or functions on its own.

Sincerely,

  
James R. Stearns, CPA

ON YOUR TEAM...WHERE YOU ARE NOT JUST ANOTHER NUMBER



**2010 TAX RETURN**

**PREPARER REVIEW COPY**

**Client:** KAMPA

**Prepared for:** KAMPA ENTERPRSESIS, LLC  
1479 S 88TH STREET  
WEST ALLIS, WI 53214

**Prepared by:** JAMES R. STEARNS  
STEARNS CPA SOLUTIONS, LTD  
15850 W BLUEMOUND RD, STE 311  
BROOKFIELD, WI 53005-6022  
(262) 821-3688

**Date:** FEBRUARY 3, 2011

**Comments:**

**Route to:** \_\_\_\_\_

CLIENT KAMPA

**STEARNS CPA SOLUTIONS, LTD  
15850 W BLUEMOUND RD, STE 311  
BROOKFIELD, WI 53005-6022  
(262) 821-3688**

February 3, 2011

KAMPA ENTERPRSES, LLC  
1479 S 88TH STREET  
WEST ALLIS, WI 53214

Dear Client:

Enclosed is your 2010 Federal Return of Partnership Income. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the Federal return on or before April 18, 2011 to:

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
CINCINNATI, OH 45999-0011

Enclosed is your 2010 Wisconsin Partnership and Recycling Surcharge Return. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail the Wisconsin return on or before April 18, 2011 to:

WISCONSIN DEPARTMENT OF REVENUE  
P.O. BOX 8965  
MADISON, WI 53708-8965

You must distribute a copy of the 2010 Schedule K-1 to each member, if applicable. Be sure to give each member a copy of the Partner's Instructions for Schedule K-1.

Please call if you have any questions.

Sincerely,

James R. Stearns

**STEARNS CPA SOLUTIONS, LTD**

15850 W BLUEMOUND RD, STE 311

BROOKFIELD, WI 53005-6022

(262) 821-3688

Client KAMPA

February 3, 2011

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**KAMPA ENTERPRSESIS, LLC**

1479 S 88TH STREET

WEST ALLIS, WI 53214

**FEDERAL FORMS**

Form 1065  
Schedule B-1  
Schedule K-1  
Form 8825

2010 U.S. Return of Partnership Income  
Information on Partners Owning 50% or More  
Partner's Share of Income, Deductions, Credits  
Rental Real Estate Income and Expenses  
Depreciation Schedules

**WISCONSIN FORMS**

Form 3  
Schedule 3K-1

2010 WI Partnership and Recycling Surcharge Return  
Share of Income, Deductions, Etc.

**FEE SUMMARY**

Preparation Fee

CLIENT KAMPA

KAMPA ENTERPRSES, LLC

26-4634183

2/03/11

1:50 PM

	2010	2009	DIFF
<b>TRADE OR BUSINESS INCOME</b>			
TOTAL INCOME (LOSS).....	0	0	0
<b>TRADE OR BUSINESS DEDUCTIONS</b>			
TOTAL DEDUCTIONS.....	0	0	0
<b>SCHEDULE K - INCOME</b>			
ORDINARY BUSINESS INCOME (LOSS).....	0	0	0
NET RENTAL REAL ESTATE INCOME (LOSS).....	-9,646	3,720	-13,366
<b>SCHEDULE L - BALANCE SHEET</b>			
BEGINNING ASSETS.....	954,700	0	954,700
BEGINNING LIABILITIES AND CAPITAL.....	954,700	0	954,700
ENDING ASSETS.....	938,034	954,700	-16,666
ENDING LIABILITIES AND CAPITAL.....	938,034	954,700	-16,666

CLIENT KAMPA

KAMPA ENTERPRSES, LLC

26-4634183

2/03/11

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**ENDING ASSETS**

ACCOUNTS RECEIVABLE.....	258,675	
LESS ALLOWANCE FOR BAD DEBTS.....	(0)	258,675
BUILDINGS AND OTHER ASSETS.....	650,000	
LESS ACCUMULATED DEPRECIATION.....	(105,641)	544,359
LAND.....		135,000
TOTAL ASSETS.....		938,034

**ENDING LIABILITIES & CAPITAL**

OTHER CURRENT LIABILITIES.....		773,982
PARTNERS' CAPITAL ACCOUNTS.....		164,052
TOTAL LIABILITIES AND CAPITAL.....		938,034

2010

WISCONSIN INCOME TAX SUMMARY

PAGE 1

CLIENT KAMPA

KAMPA ENTERPRSES, LLC

26-4634183

2/03/11

1:50 PM

	2010	2009	DIFF
<b>INCOME</b>			
ORDINARY INCOME (LOSS).....	0	0	0
NET INC. (LOSS) FROM RENTAL R.E.....	-9,646	3,720	-13,366
<b>OTHER</b>			
INCOME (LOSS).....	-9,646	3,720	-13,366
GROSS INCOME FROM ALL ACTIVITIES.....	7,020	44,172	-37,152

FEDERAL ANALYSIS OF PARTNERS' CAPITAL ACCOUNTS

Partner Number	Partner Name	Beginning Capital Account	Capital Contributed during the year	Partner's share of lines 3, 4, and 7 Fm 1065,Sch. M-2	Withdrawals and Distributions	Ending Capital Account
2	KARA S. KAMPA	79,349.	7,500.	-4,823.		82,026.
3	DION KAMPA	79,349.	7,500.	-4,823.		82,026.
	TOTALS	<u>158,698.</u>	<u>15,000.</u>	<u>-9,646.</u>		<u>164,052.</u>

12/31/10

2010 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

CLIENT KAMPA

KAMPA ENTERPRSES, LLC

26-4634183

2/03/11

01:50PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
RENTAL REAL ESTATE - COMMERCIAL PROPERTY																
BUILDINGS																
1	BLDG-9702 AIRWAYS CT	4/01/05		650,000							650,000	88,975	S/L MM	39	.02564	16,666
	TOTAL BUILDINGS			650,000		0	0	0	0	0	650,000	88,975				16,666
LAND																
2	LAND-9702 AIRWAYS CT	4/01/05		135,000							135,000					0
	TOTAL LAND			135,000		0	0	0	0	0	135,000	0				0
	TOTAL DEPRECIATION			<u>785,000</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>785,000</u>	<u>88,975</u>				<u>16,666</u>
	GRAND TOTAL DEPRECIATION			<u>785,000</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>785,000</u>	<u>88,975</u>				<u>16,666</u>



CLIENT KAMPA

KAMPA ENTERPRSES, LLC

26-4634183

2/03/11 01:50PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
RENTAL REAL ESTATE - COMMERCIAL PROPERTY															
BUILDINGS															
1	BLDG-9702 AIRWAYS CT	4/01/05		650,000	33,332	S/L MM	39	.02564	16,666	16,666					0
	TOTAL BUILDINGS			650,000	33,332				16,666	16,666		0	0	0	0
LAND															
2	LAND-9702 AIRWAYS CT	4/01/05		135,000					0	0					0
	TOTAL LAND			135,000	0				0	0		0	0	0	0
	TOTAL DEPRECIATION			<u>785,000</u>	<u>33,332</u>				<u>16,666</u>	<u>16,666</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	GRAND TOTAL DEPRECIATION			<u>785,000</u>	<u>33,332</u>				<u>16,666</u>	<u>16,666</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Form **1065**

Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**  
For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010,  
ending \_\_\_\_\_, 20 \_\_\_\_\_.  
▶ See separate instructions.

OMB No. 1545-0099

**2010**

<b>A</b> Principal business activity  <b>COMMERCIAL REAL</b>	<b>Print or type.</b>	KAMPA ENTERPRSESIS, LLC 1479 S 88TH STREET WEST ALLIS, WI 53214	<b>D</b> Employer identification number  26-4634183
<b>B</b> Principal product or service <b>SERVICE</b>			<b>E</b> Date business started 1/01/2008
<b>C</b> Business code number 531120			<b>F</b> Total assets (see instrs) \$ 938,034.

**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 . . . . . 2

**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.

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

**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.

▶ \_\_\_\_\_ ▶ Date

Signature of general partner or limited liability company member manager

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES R. STEARNS</b>	Preparer's signature <b>JAMES R. STEARNS</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00103115</b>
	Firm's name ▶ <b>STEARNS CPA SOLUTIONS, LTD</b>	Firm's EIN ▶ <b>39-1932813</b>			
	Firm's address ▶ <b>15850 W BLUEMOUND RD, STE 311 BROOKFIELD, WI 53005-6022</b>	Phone no. <b>(262) 821-3688</b>			

**BAA For Paperwork Reduction Act Notice, see separate instructions.** PTPA0105L 01/18/11 Form **1065** (2010)

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

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

- 9a 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)  Yes  No
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)  Yes  No
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership?  Yes  No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  Yes  No  
If 'Yes,' attach explanation.

**Schedule B Other Information**

- 1 What type of entity is filing this return? Check the applicable box:
- |  |   |     |    |
|--|---|-----|----|
| a <input type="checkbox"/> Domestic general partnership                  | b <input type="checkbox"/> Domestic limited partnership           | Yes | No |
| 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?  Yes  No
- 3 At the end of the tax year:
- a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If 'Yes,' attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.  Yes  No
- b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If 'Yes,' attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.  Yes  No
- 4 At the end of the tax year, did the partnership:
- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If 'Yes,' complete (i) through (iv) below.  Yes  No

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

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

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

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

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

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

Name of designated TMP	▶ DION KAMPA	Identifying number of TMP	▶ 397-60-6204
If the TMP is an entity, name of TMP representative	▶	Phone number of TMP	▶
Address of designated TMP	▶ W349 S9030 NESTING COURT EAGLE, WI 53119		

Schedule K Partners' Distributive Share Items		Total amount		
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1		
	2 Net rental real estate income (loss) (attach Form 8825)	2	-9,646.	
	3a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach stmt)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4 Guaranteed payments	4		
	5 Interest income	5		
	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		
9a 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		
	13a 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	14a Net earnings (loss) from self-employment	14a		
	b Gross farming or fishing income	14b		
	c Gross nonfarm income	14c		
Credits	15a Low-income housing credit (section 42(j)(5))	15a		
	b Low-income housing credit (other)	15b		
	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	16a Name of country or U.S. possession .. ▶			
	b Gross income from all sources	16b		
	c Gross income sourced at partner level	16c		
	Foreign gross income sourced at partnership level			
	d Passive category ▶ e General category ▶ f Other..... ▶	16f		
	Deductions allocated and apportioned at partner level			
	g Interest expense ▶ h Other..... ▶	16h		
	Deductions allocated and apportioned at partnership level to foreign source income			
i Passive category ▶ 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	17a 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 stmt)	17f		
Other Information	18a Tax-exempt interest income	18a		
	b Other tax-exempt income	18b		
	c Nondeductible expenses	18c		
	19a Distributions of cash and marketable securities	19a		
	b Distributions of other property	19b		
	20a Investment income	20a		
b Investment expenses	20b			
c Other items and amounts (attach stmt)				

**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	-9,646.
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		-9,646.					

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash				
2a	Trade notes and accounts receivable	258,675.		258,675.	
b	Less allowance for bad debts		258,675.		258,675.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach stmt)				
7	Mortgage and real estate loans				
8	Other investments (attach stmt)				
9a	Buildings and other depreciable assets	650,000.		650,000.	
b	Less accumulated depreciation	88,975.	561,025.	105,641.	544,359.
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		135,000.		135,000.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach stmt)				
14	Total assets		954,700.		938,034.
<b>Liabilities and Capital</b>					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year		15,000.		
17	Other current liabilities (attach stmt) . . . SEE . ST. 1.		781,002.		773,982.
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach stmt)				
21	Partners' capital accounts		158,698.		164,052.
22	Total liabilities and capital		954,700.		938,034.

**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	-9,646.	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 pmts (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation . . . . \$	
a	Depreciation . . . . \$		8	Add lines 6 and 7	
b	Travel and entertainment . . . . \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-9,646.
5	Add lines 1 through 4	-9,646.			

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

1	Balance at beginning of year	158,698.	6	Distributions: a Cash	
2	Capital contributed: a Cash	15,000.	b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	-9,646.	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	164,052.
5	Add lines 1 through 4	164,052.			

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

OMB No. 1545-1186

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

Name <b>KAMPA ENTERPRSES, LLC</b>	Employer identification number <b>26-4634183</b>
--------------------------------------	---

<b>1</b>	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
<b>A</b>	9702 AIRWAYS COURT	4	365	
<b>B</b>				
<b>C</b>				
<b>D</b>				

Rental Real Estate Income		Properties			
		A	B	C	D
<b>2</b>	Gross rents .....	<b>2</b>	7,020.		
<b>Rental Real Estate Expenses</b>					
<b>3</b>	Advertising .....	<b>3</b>			
<b>4</b>	Auto and travel .....	<b>4</b>			
<b>5</b>	Cleaning and maintenance .....	<b>5</b>			
<b>6</b>	Commissions .....	<b>6</b>			
<b>7</b>	Insurance .....	<b>7</b>			
<b>8</b>	Legal and other professional fees .....	<b>8</b>			
<b>9</b>	Interest .....	<b>9</b>			
<b>10</b>	Repairs .....	<b>10</b>			
<b>11</b>	Taxes .....	<b>11</b>			
<b>12</b>	Utilities .....	<b>12</b>			
<b>13</b>	Wages and salaries .....	<b>13</b>			
<b>14</b>	Depreciation (see instructions) .....	<b>14</b>	16,666.		
<b>15</b>	Other (list) ▶	<b>15</b>			
<b>16</b>	Total expenses for each property. Add lines 3 through 15 .....	<b>16</b>	16,666.		
<b>17</b>	Income or (Loss) from each property. Subtract line 16 from line 2 .....	<b>17</b>	-9,646.		
<b>18a</b>	Total gross rents. Add gross rents from line 2, columns A through H .....	<b>18a</b>		7,020.	
<b>18b</b>	Total expenses. Add total expenses from line 16, columns A through H .....	<b>18b</b>		-16,666.	
<b>19</b>	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities .....	<b>19</b>			
<b>20a</b>	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>20a</b>			
<b>b</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			
-----		-----			
-----		-----			
<b>21</b>	Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	<b>21</b>		-9,646.	

**1** Show the and address of each property. For each rental real estate property listed, report the number of days 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
<b>E</b> -----	-----	-----	-----
<b>F</b> -----	-----	-----	-----
<b>G</b> -----	-----	-----	-----
<b>H</b> -----	-----	-----	-----

Rental Real Estate Income		Properties			
		E	F	G	H
<b>2</b> Gross rents .....	<b>2</b>				
<b>Rental Real Estate Expenses</b>					
<b>3</b> Advertising .....	<b>3</b>				
<b>4</b> Auto and travel .....	<b>4</b>				
<b>5</b> Cleaning and maintenance .....	<b>5</b>				
<b>6</b> Commissions .....	<b>6</b>				
<b>7</b> Insurance .....	<b>7</b>				
<b>8</b> Legal and other professional fees .....	<b>8</b>				
<b>9</b> Interest .....	<b>9</b>				
<b>10</b> Repairs .....	<b>10</b>				
<b>11</b> Taxes .....	<b>11</b>				
<b>12</b> Utilities .....	<b>12</b>				
<b>13</b> Wages and salaries .....	<b>13</b>				
<b>14</b> Depreciation (see instructions) .....	<b>14</b>				
<b>15</b> Other (list) ▶ -----	<b>15</b>				
-----					
-----					
<b>16</b> Total expenses for each property. Add lines 3 through 15 .....	<b>16</b>				
<b>17</b> Income or (Loss) from each property. Subtract line 16 from line 2 .....	<b>17</b>				

**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 an attached statement)



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

OMB No. 1545-0099

▶ Attach to Form 1065. See instructions.

Name of partnership: **KAMPA ENTERPRSESIS, LLC**      Employer identification number (EIN): **26-4634183**

**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

**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
DION KAMPA		UNITED STATES	50.000
KARA S. KAMPA		UNITED STATES	50.000

Schedule K-1 (Form 1065)

2010

For calendar year 2010, or tax

year beginning \_\_\_\_\_, 2010 ending \_\_\_\_\_

Department of the Treasury Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership
Part II Information About the Partner
A Partnership's employer identification number 26-4634183
B Partnership's name, address, city, state, and ZIP code KAMPA ENTERPRSES, LLC 1479 S 88TH STREET WEST ALLIS, WI 53214
C IRS Center where partnership filed return CINCINNATI, OH
D Check if this is a publicly traded partnership (PTP)
E Partner's identifying number 394-74-9960
F Partner's name, address, city, state, and ZIP code KARA S. KAMPA 1479 S 88TH STREET WEST ALLIS, WI 53214
G General partner or LLC member-manager
H Domestic partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital
K Partner's share of liabilities at year end
L Partner's capital account analysis
M Did the partner contribute property with a built-in gain or loss?

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items
Table with 4 columns: Line number, Description, Column number, and Other items. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), and Distributions.

\*See attached statement for additional information.
FOR IRS USE ONLY

**BOX 2**  
**RENTAL REAL ESTATE ACTIVITIES**

<u>PROPERTY ADDRESS</u>	<u>GROSS INCOME</u>	<u>NET EXPENSES</u>	<u>NET INCOME</u>	<u>PASSIVE NONPASS</u>	<u>SEC. 1231 TOTAL</u>
9702 AIRWAYS COURT	3,510.	8,333.	\$ -4,823.	PASSIVE	
		TOTAL	<u>\$ -4,823.</u>		

**Schedule K-1**  
**(Form 1065)**

**2010**

For calendar year 2010, or tax

year beginning \_\_\_\_\_, 2010  
ending \_\_\_\_\_,

Department of the Treasury  
Internal Revenue Service

**Partner's Share of Income, Deductions, Credits, etc.**  
▶ See separate instructions.

<b>Part I Information About the Partnership</b>	
<b>A</b> Partnership's employer identification number 26-4634183	
<b>B</b> Partnership's name, address, city, state, and ZIP code  KAMPA ENTERPRSESSES, LLC 1479 S 88TH STREET WEST ALLIS, WI 53214	
<b>C</b> IRS Center where partnership filed return CINCINNATI, OH	
<b>D</b> <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
<b>Part II Information About the Partner</b>	
<b>E</b> Partner's identifying number 397-60-6204	
<b>F</b> Partner's name, address, city, state, and ZIP code  DION KAMPA W349 S9030 NESTING COURT EAGLE, WI 53119	
<b>G</b> <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member	
<b>H</b> <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
<b>I</b> What type of entity is this partner? <u>INDIVIDUAL</u>	
<b>J</b> Partner's share of profit, loss, and capital (see instructions):	
<b>Beginning</b>	<b>Ending</b>
Profit 50 %	50 %
Loss 50 %	50 %
Capital 50 %	50 %
<b>K</b> Partner's share of liabilities at year end:	
Nonrecourse..... \$	
Qualified nonrecourse financing..... \$	
Recourse..... \$	
<b>L</b> Partner's capital account analysis:	
Beginning capital account..... \$	79,349.
Capital contributed during the year.... \$	7,500.
Current year increase (decrease)..... \$	-4,823.
Withdrawals and distributions..... \$	
Ending capital account..... \$	82,026.
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book	
<input type="checkbox"/> Other (explain)	
<b>M</b> Did the partner contribute property with a built-in gain or loss?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 'Yes', attach statement (see instructions)	

<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>15</b>	Credits
<b>2</b>	Net rental real estate income (loss)		
*	-4,823.		
<b>3</b>	Other net rental income (loss)	<b>16</b>	Foreign transactions
<b>4</b>	Guaranteed payments		
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b>	Alternative minimum tax (AMT) items
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain		
<b>10</b>	Net section 1231 gain (loss)	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction		
<b>13</b>	Other deductions		
		<b>19</b>	Distributions
		<b>20</b>	Other information
<b>14</b>	Self-employment earnings (loss)		
*See attached statement for additional information.			
F O R  I R S  U S E  O N L Y			

**BOX 2**  
**RENTAL REAL ESTATE ACTIVITIES**

<u>PROPERTY ADDRESS</u>	<u>GROSS INCOME</u>	<u>NET EXPENSES</u>	<u>NET INCOME</u>	<u>PASSIVE NONPASS</u>	<u>SEC. 1231 TOTAL</u>
9702 AIRWAYS COURT	3,510.	8,333.	\$ -4,823.	PASSIVE	
		TOTAL	<u>\$ -4,823.</u>		

STATEMENT 1  
FORM 1065, SCHEDULE L, LINE 17  
OTHER CURRENT LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
LOANS .....	\$ 781,002.	\$ 773,982.
TOTAL	<u>\$ 781,002.</u>	<u>\$ 773,982.</u>

Form **3 Wisconsin Partnership and Recycling Surcharge Return**

**2010**

For 2010 or taxable year beginning                                              and ending                                             

**Complete form using BLACK INK.**

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

Name <b>KAMPA ENTERPRSES, LLC</b>			
Number and Street <b>1479 S 88TH STREET</b>			Suite Number
City <b>WEST ALLIS</b>	State <b>WI</b>	ZIP (+ 4 digit suffix if known) <b>53214</b>	<b>A</b> Federal Employer ID Number <b>264634183</b>
<b>D Check / type of entity that is filing this return:</b>			<b>B</b> Business Activity (NAICS) Code <b>531120</b>
1 <input type="checkbox"/> General partnership			<b>C</b> State of Formation and Year <b>WI</b> Enter abbreviation of state in box, or if a foreign country, enter below. <b>2008</b>
4 <input checked="" type="checkbox"/> Limited liability company			
6 <input type="checkbox"/> Other (explain below)			
2 <input type="checkbox"/> Limited liability partnership			C C Y Y
5 <input type="checkbox"/> Dairy cooperative filing Form 3 solely for purposes of computing and allocating dairy cooperatives credit			
3 <input type="checkbox"/> Limited partnership			

**Check / if applicable and see instructions:**

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



<b>M1</b> WI Property <u>  785000  </u> <b>.00</b>	<b>N1</b> WI Payroll <u>          </u> <b>.00</b>	<b>O</b> WI Sales <u>  7020  </u> <b>.00</b>
<b>M2</b> Total Co. Property <u>  785000  </u> <b>.00</b>	<b>N2</b> Total Co. Payroll <u>          </u> <b>.00</b>	

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS**

<b>Part I Computation of Surcharge – Fill Out ONLY if Partnership Has Gross Receipts of \$4 Million or More</b>		
<b>1</b> Enter the partnership gross receipts from trade or business activities (see instructions) .....	<b>1</b>	<u>          </u> <b>.00</b>
<b>2</b> Enter the net business income (do not include net farm profit or loss; see instructions) .....	<b>2</b>	<u>          </u> <b>.00</b>
<b>3</b> Wisconsin apportionment percentage (from Form 4A-1 or Form 4A-2). <b>This is a required field.</b> If apportionment does not apply, enter '100.0000%.' If percentage is from Form 4A-2, check (✓) the space after the arrow. .... ▶ <u>    </u>	<b>3</b>	<u>          </u> <b>%</b>
<b>4</b> Multiply line 2 by line 3. This is Wisconsin net business income. ....	<b>4</b>	<u>          </u> <b>.00</b>
<b>5</b> 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. ....	<b>5</b>	<u>          </u> <b>.00</b>

<b>Amount Due or Refund</b>		
<b>6</b> Estimated recycling surcharge payments and/or payments from Form WT-11. ....	<b>6</b>	<u>          </u> <b>.00</b>
<b>7</b> Withholding from Form W-2G. ....	<b>7</b>	<u>          </u> <b>.00</b>
<b>8</b> Add lines 6 and 7. ....	<b>8</b>	<u>          </u> <b>.00</b>
<b>9</b> Underpayment interest due (from Form 3U, line 18). If you annualized income on Form 3U, check (✓) the space after the arrow. .... ▶ <u>    </u>	<b>9</b>	<u>          </u> <b>.00</b>
<b>10</b> <b>Amount due.</b> If the total of lines 5 and 9 is larger than line 8, enter amount owed. ....	<b>10</b>	<u>          </u> <b>.00</b>
<b>11</b> <b>Overpayment.</b> If line 8 is larger than the total of lines 5 and 9, enter amount overpaid. ....	<b>11</b>	<u>          </u> <b>.00</b>
<b>12</b> Enter amount of line 11 you want credited on 2011 estimated surcharge. .... <b>12</b> <u>          </u> <b>.00</b>		
<b>13</b> Subtract line 12 from line 11. <b>This is your refund</b> .....	<b>13</b>	<u>          </u> <b>.00</b>

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

Part II Schedule 3K – Partners' Distributive Share Items

Table with 4 columns: (a) Distributive share items, (b) Federal amount, (c) Adjustment, (d) Amount under Wis. law. Rows include (1) Ordinary business income (loss), (2) Net rental real estate income (loss), (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), (10) Net section 1231 gain (loss), (11) Other income (loss).

Table with 4 columns: (a) Distributive share items, (b) Federal amount, (c) Adjustment, (d) Amount under Wis. law. Rows include (12) Section 179 deduction, 13 a Contributions, b Investment interest expense, c Sec 59(e)(2) expenditures, (d) Other deductions.

Table with 4 columns: (a) Distributive share items, (b) Federal amount, (c) Adjustment, (d) Amount under Wis. law. Rows include 14 Net earnings (loss) from self-employment, 15 a Manufacturing investment credit, b Dairy and livestock farm investment credit, c Health Insurance Risk-Sharing Plan assessments credit, d Ethanol and biodiesel fuel pump credit, e Development zones credit, f Development opportunity zone investment credit, g Development zone capital investment credit, h Economic development tax credit, i Technology zone credit, j Early stage seed investment credit, k Angel investment credit, l Supplement to federal historic rehabilitation tax credit, m 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) Amount under Wis. law
<b>C R E D I T S</b>	<b>s</b> Film production company investment credit .....			_____
	<b>t</b> Food processing plant and food warehouse investment credit .....			_____
	<b>u</b> Jobs tax credit .....			_____
	<b>v</b> Postsecondary education credit .....			_____
	<b>w</b> Woody biomass harvesting and processing credit .....			_____
	<b>x</b> Water consumption credit .....			_____
	<b>(yy)</b> Tax paid to other states (enter postal abbreviation of state) <b>(1)</b> _____ <b>(1)</b>			_____
		<b>(2)</b> _____ <b>(2)</b>	_____	
		<b>(3)</b> _____ <b>(3)</b>	_____	
	<b>(zz)</b> Wisconsin tax withheld .....			<b>(zz)</b> _____
<b>F O R E I G N</b> <b>T R A N S A C T I O N S</b>	<b>16 a</b> Name of country or U.S. possession .....			_____
	<b>b</b> Gross income from all sources .....	_____	_____	_____
	<b>c</b> Gross income sourced at partner level .....	_____	_____	_____
	<i>Foreign gross income sourced at partnership level:</i>			
	<b>d</b> Passive category .....	_____	_____	_____
	<b>e</b> General category .....	_____	_____	_____
	<b>f</b> Other ( <i>attach statement</i> ) .....	_____	_____	_____
	<i>Deductions allocated and apportioned at partner level:</i>			
	<b>g</b> Interest expense .....	_____	_____	_____
	<b>h</b> Other .....	_____	_____	_____
	<i>Deductions allocated and apportioned at partnership level to foreign source income:</i>			
	<b>i</b> Passive category .....	_____	_____	_____
	<b>j</b> General category .....	_____	_____	_____
	<b>k</b> Other ( <i>attach statement</i> ) .....	_____	_____	_____
<b>l</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued .....	_____	_____	_____	
<b>m</b> Reduction in taxes available for credit ( <i>attach statement</i> ) .....	_____	_____	_____	
<b>n</b> Other foreign tax information ( <i>attach statement</i> ) .....	_____	_____	_____	



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
AMT LIMIT ITEMS NUM AMT ITEMS VARS EX	<b>17 a</b> Post-1986 depreciation adjustment.....	_____	_____	_____
	<b>b</b> Adjusted gain or loss.....	_____	_____	_____
	<b>c</b> Depletion (other than oil and gas).....	_____	_____	_____
	<b>d</b> Oil, gas, and geothermal properties — gross income.....	_____	_____	_____
	<b>e</b> Oil, gas, and geothermal properties — deductions.....	_____	_____	_____
	<b>f</b> Other AMT items ( <i>attach schedule</i> ).....	_____	_____	_____
O T H E R	<b>18 (a)</b> Tax-exempt interest income.....	<b>18(a)</b>		<b>(a)</b>
	<b>(b)</b> Other tax-exempt income.....	<b>(b)</b>		<b>(b)</b>
	<b>(c)</b> Nondeductible expenses.....	<b>(c)</b>		<b>(c)</b>
	<b>19 (a)</b> Distributions of cash and marketable securities.....	<b>19(a)</b>		<b>(a)</b>
	<b>(b)</b> Distributions of other property.....	<b>(b)</b>		<b>(b)</b>
	<b>20 a</b> Investment income.....			
	<b>b</b> Investment expenses.....			
	<b>c</b> Other items and amounts ( <i>attach schedule</i> ).....			
	<b>21 (a)</b> Related entity expense addback.....			<b>(a)</b>
	<b>(b)</b> Related entity expense allowable.....			<b>(b)</b>
<b>(22) Income (loss) (see instructions) . SEE STATEMENT 1.....</b>		<b>-9646.</b>	<b>(22) -9646.</b>	
<b>(23) Gross income (before deducting expenses) from all activities.....</b>			<b>(23) 7020.</b>	

Person to contact concerning this return:	Phone #:	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
		JAMES R. STEARNS	

STEARNS CPA SOLUTIONS, LTD  
15850 W BLUEMOUND RD, STE 311  
BROOKFIELD, WI 53005-6022

**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  
264634183

**B** Partnership's name, address, city, state, and ZIP code  
  
KAMPA ENTERPRSESIS, LLC  
1479 S 88TH STREET  
WEST ALLIS, WI 53214

**C** IRS center where partnership filed return  
CINCINNATI, OH

**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? INDIVIDUAL  
(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:  
\_\_\_\_\_

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

	Beginning	Ending
Profit	50 %	50 %
Loss	50 %	50 %
Capital	50 %	50 %

**Part II Information About the Partner**

**E** Partner's identifying number  
394749960

**F** Partner's name, address, city, state, and ZIP code  
  
KARA S. KAMPA  
1479 S 88TH STREET  
WEST ALLIS, WI 53214

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

Nonrecourse..... \$ \_\_\_\_\_

Qualified nonrecourse financing..... \$ \_\_\_\_\_

Recourse..... \$ \_\_\_\_\_

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

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ 79349	\$ 7500	\$ -4823	\$ ( 0 )	\$ 82026

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). . . . . WI

**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 Wisconsin law	(e) Wisconsin source amount (see instructions)
1 Ordinary business income (loss) . . . . .				
2 Net rental real estate income (loss) . . . . .	-4823.		-4823.	
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 Wisconsin law	(e) Wisconsin source amount (see instructions)
<b>13</b> Other deductions (list):				
<b>14</b> Self-employment earnings (loss)				
<b>15 a</b> Manufacturing investment credit				
<b>b</b> Dairy and livestock farm investment credit				
<b>c</b> Health Insurance Risk-Sharing Plan assessments credit				
<b>d</b> Ethanol and biodiesel fuel pump credit				
<b>e</b> Development zones credit				
<b>f</b> Development opportunity zone investment credit				
<b>g</b> Development zone capital investment credit				
<b>h</b> Economic development tax credit				
<b>i</b> Technology zone credit				
<b>j</b> Early stage seed investment credit				
<b>k</b> Angel investment credit				
<b>l</b> Supplement to federal historic rehabilitation tax credit				
<b>m</b> Internet equipment credit				
<b>n</b> Dairy manufacturing facility investment credit				
<b>o</b> Dairy cooperatives credit				
<b>p</b> Meat processing facility investment credit				
<b>q</b> Enterprise zone jobs credit				
<b>r</b> Film production services credit				
<b>s</b> Film production company investment credit				
<b>t</b> Food processing plant and food warehouse investment credit				
<b>u</b> Jobs tax credit				
<b>v</b> Postsecondary education credit				
<b>w</b> Woody biomass harvesting and processing credit				
<b>x</b> Water consumption credit				
<b>yy</b> Tax paid to other states (1)				
(2)				
(3)				
<b>zz</b> Wisconsin tax withheld				
<b>16</b> Foreign transactions (list):				
<b>17</b> Alternative minimum tax (AMT) items (list):				
<b>18 a</b> Tax-exempt interest income				
<b>b</b> Other tax-exempt income				
<b>c</b> Nondeductible expenses (list):				
<b>19</b> Distributions (list):				
<b>20</b> Other information (list):				
<b>21 a</b> Related entity expense addback				
<b>b</b> Related entity expense allowable				
<b>22</b> Gross income (before deducting expenses) from all activities			3510.	

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

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

PARTNER 2: KARA S. KAMPA 394749960

**Part I Information About the Partnership**

**A** Partnership's federal employer ID number  
264634183

**B** Partnership's name, address, city, state, and ZIP code  
  
KAMPA ENTERPRISES, LLC  
1479 S 88TH STREET  
WEST ALLIS, WI 53214

**C** IRS center where partnership filed return  
CINCINNATI, OH

**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? INDIVIDUAL  
(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:  
\_\_\_\_\_

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

	Beginning	Ending
Profit	50 %	50 %
Loss	50 %	50 %
Capital	50 %	50 %

**Part II Information About the Partner**

**E** Partner's identifying number  
397606204

**F** Partner's name, address, city, state, and ZIP code  
  
DION KAMPA  
W349 S9030 NESTING COURT  
EAGLE, WI 53119

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

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

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

Beginning capital account	Capital contributed during the year	Current year increase (decrease)	Withdrawals and distributions	Ending capital account
\$ 79349	\$ 7500	\$ -4823	\$ ( 0 )	\$ 82026

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). . . . . WI

**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)	(b)	(c)	(d)	(e)
Distributive share items	Federal amount	Adjustment	Amount under Wisconsin law	Wisconsin source amount (see instructions)
1 Ordinary business income (loss) . . . . .				
2 Net rental real estate income (loss) . . . . .	-4823.		-4823.	
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 Wisconsin law	(e) Wisconsin source amount (see instructions)
<b>13</b> Other deductions (list):				
<b>14</b> Self-employment earnings (loss)				
<b>15a</b> Manufacturing investment credit				
<b>b</b> Dairy and livestock farm investment credit				
<b>c</b> Health Insurance Risk-Sharing Plan assessments credit				
<b>d</b> Ethanol and biodiesel fuel pump credit				
<b>e</b> Development zones credit				
<b>f</b> Development opportunity zone investment credit				
<b>g</b> Development zone capital investment credit				
<b>h</b> Economic development tax credit				
<b>i</b> Technology zone credit				
<b>j</b> Early stage seed investment credit				
<b>k</b> Angel investment credit				
<b>l</b> Supplement to federal historic rehabilitation tax credit				
<b>m</b> Internet equipment credit				
<b>n</b> Dairy manufacturing facility investment credit				
<b>o</b> Dairy cooperatives credit				
<b>p</b> Meat processing facility investment credit				
<b>q</b> Enterprise zone jobs credit				
<b>r</b> Film production services credit				
<b>s</b> Film production company investment credit				
<b>t</b> Food processing plant and food warehouse investment credit				
<b>u</b> Jobs tax credit				
<b>v</b> Postsecondary education credit				
<b>w</b> Woody biomass harvesting and processing credit				
<b>x</b> Water consumption credit				
<b>yy</b> Tax paid to other states (1)				
(2)				
(3)				
<b>zz</b> Wisconsin tax withheld				
<b>16</b> Foreign transactions (list):				
<b>17</b> Alternative minimum tax (AMT) items (list):				
<b>18a</b> Tax-exempt interest income				
<b>b</b> Other tax-exempt income				
<b>c</b> Nondeductible expenses (list):				
<b>19</b> Distributions (list):				
<b>20</b> Other information (list):				
<b>21a</b> Related entity expense addback				
<b>b</b> Related entity expense allowable				
<b>22</b> Gross income (before deducting expenses) from all activities			3510.	

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

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

PARTNER 3: DION KAMPA 397606204

CLIENT KAMPA

KAMPA ENTERPRSES, LLC

26-4634183

2/03/11

01:50PM

STATEMENT 1  
FORM 3, SCHEDULE 3K, LINE 22, COLUMN (D)  
INCOME (LOSS)

NET RENTAL REAL ESTATE INCOME (LOSS).....	\$	-9,646.
	TOTAL	<u>\$ -9,646.</u>

Form **1065**

Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**  
For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010,  
ending \_\_\_\_\_, 20 \_\_\_\_\_.  
▶ See separate instructions.

OMB No. 1545-0099

**2010**

**A** Principal business activity  
  
**COMMERCIAL REAL**  
**B** Principal product or service  
**SERVICE**  
**C** Business code number  
**531120**

**Print or type.**  
KAMPA ENTERPRSESIS, LLC  
1479 S 88TH STREET  
WEST ALLIS, WI 53214

**D** Employer identification number  
**26-4634183**  
**E** Date business started  
**1/01/2008**  
**F** Total assets (see instrs)  
**\$ 938,034.**

**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 . . . . . **2**  
**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.

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

**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.  
▶ \_\_\_\_\_ ▶ Date  
Signature of general partner or limited liability company member manager

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

**Paid Preparer Use Only**  
Print/Type preparer's name: **JAMES R. STEARNS** Preparer's signature: **JAMES R. STEARNS** Date: \_\_\_\_\_  
Check  if self-employed PTIN: **P00103115**  
Firm's name ▶ **STEARNS CPA SOLUTIONS, LTD** Firm's EIN ▶ **39-1932813**  
Firm's address ▶ **15850 W BLUEMOUND RD, STE 311**  
**BROOKFIELD, WI 53005-6022** Phone no. **(262) 821-3688**

**BAA For Paperwork Reduction Act Notice, see separate instructions.** PTPA0105L 01/18/11 Form **1065** (2010)





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

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

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

Name of designated TMP	▶ DION KAMPA	Identifying number of TMP	▶ 397-60-6204
If the TMP is an entity, name of TMP representative	▶	Phone number of TMP	▶
Address of designated TMP	▶ W349 S9030 NESTING COURT EAGLE, WI 53119		

Schedule K Partners' Distributive Share Items		Total amount		
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1		
	2 Net rental real estate income (loss) (attach Form 8825)	2	-9,646.	
	3a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach stmt)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4 Guaranteed payments	4		
	5 Interest income	5		
	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		
9a 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		
	13a 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	14a Net earnings (loss) from self-employment	14a		
	b Gross farming or fishing income	14b		
	c Gross nonfarm income	14c		
Credits	15a Low-income housing credit (section 42(j)(5))	15a		
	b Low-income housing credit (other)	15b		
	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	16a Name of country or U.S. possession .. ▶			
	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 Passive category ▶ e General category ▶ f Other..... ▶	16f		
	<i>Deductions allocated and apportioned at partner level</i>			
	g Interest expense ▶ h Other..... ▶	16h		
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>			
i Passive category ▶ 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	17a 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 stmt)	17f		
Other Information	18a Tax-exempt interest income	18a		
	b Other tax-exempt income	18b		
	c Nondeductible expenses	18c		
	19a Distributions of cash and marketable securities	19a		
	b Distributions of other property	19b		
	20a Investment income	20a		
b Investment expenses	20b			
c Other items and amounts (attach stmt)				

**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	-9,646.
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		-9,646.					

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash				
2a	Trade notes and accounts receivable	258,675.		258,675.	
b	Less allowance for bad debts		258,675.		258,675.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach stmt)				
7	Mortgage and real estate loans				
8	Other investments (attach stmt)				
9a	Buildings and other depreciable assets	650,000.		650,000.	
b	Less accumulated depreciation	88,975.	561,025.	105,641.	544,359.
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		135,000.		135,000.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach stmt)				
14	Total assets		954,700.		938,034.
<b>Liabilities and Capital</b>					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year		15,000.		
17	Other current liabilities (attach stmt) . . . SEE . ST. 1.		781,002.		773,982.
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach stmt)				
21	Partners' capital accounts		158,698.		164,052.
22	Total liabilities and capital		954,700.		938,034.

**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	-9,646.	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 pmts (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation . . . . \$	
a	Depreciation . . . . \$		8	Add lines 6 and 7	
b	Travel and entertainment . . . . \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-9,646.
5	Add lines 1 through 4	-9,646.			

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

1	Balance at beginning of year	158,698.	6	Distributions: a Cash	
2	Capital contributed: a Cash	15,000.	b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	-9,646.	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	164,052.
5	Add lines 1 through 4	164,052.			

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

OMB No. 1545-1186

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

Name <b>KAMPA ENTERPRSES, LLC</b>	Employer identification number <b>26-4634183</b>
--------------------------------------	---

<b>1</b>	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
<b>A</b>	9702 AIRWAYS COURT	4	365	
<b>B</b>				
<b>C</b>				
<b>D</b>				

Rental Real Estate Income		Properties			
		A	B	C	D
<b>2</b>	Gross rents .....	7,020.			
<b>Rental Real Estate Expenses</b>					
<b>3</b>	Advertising .....				
<b>4</b>	Auto and travel .....				
<b>5</b>	Cleaning and maintenance .....				
<b>6</b>	Commissions .....				
<b>7</b>	Insurance .....				
<b>8</b>	Legal and other professional fees .....				
<b>9</b>	Interest .....				
<b>10</b>	Repairs .....				
<b>11</b>	Taxes .....				
<b>12</b>	Utilities .....				
<b>13</b>	Wages and salaries .....				
<b>14</b>	Depreciation (see instructions) .....	16,666.			
<b>15</b>	Other (list) ▶				
<b>16</b>	Total expenses for each property. Add lines 3 through 15 .....	16,666.			
<b>17</b>	Income or (Loss) from each property. Subtract line 16 from line 2 .....	-9,646.			
<b>18a</b>	Total gross rents. Add gross rents from line 2, columns A through H .....			7,020.	<b>18a</b>
<b>18b</b>	Total expenses. Add total expenses from line 16, columns A through H .....			-16,666.	<b>18b</b>
<b>19</b>	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities .....				<b>19</b>
<b>20a</b>	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>20a</b>
<b>b</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:					
<b>(1)</b> Name		<b>(2)</b> Employer identification number			
-----		-----			
-----		-----			
<b>21</b>	Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • <b>Form 1065 or 1120S:</b> Schedule K, line 2, or • <b>Form 1065-B:</b> Part I, line 4			-9,646.	<b>21</b>

**1** Show the and address of each property. For each rental real estate property listed, report the number of days 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
<b>E</b> -----	-----	-----	-----
<b>F</b> -----	-----	-----	-----
<b>G</b> -----	-----	-----	-----
<b>H</b> -----	-----	-----	-----

Rental Real Estate Income		Properties			
		E	F	G	H
<b>2</b> Gross rents .....	<b>2</b>				
<b>Rental Real Estate Expenses</b>					
<b>3</b> Advertising .....	<b>3</b>				
<b>4</b> Auto and travel .....	<b>4</b>				
<b>5</b> Cleaning and maintenance .....	<b>5</b>				
<b>6</b> Commissions .....	<b>6</b>				
<b>7</b> Insurance .....	<b>7</b>				
<b>8</b> Legal and other professional fees .....	<b>8</b>				
<b>9</b> Interest .....	<b>9</b>				
<b>10</b> Repairs .....	<b>10</b>				
<b>11</b> Taxes .....	<b>11</b>				
<b>12</b> Utilities .....	<b>12</b>				
<b>13</b> Wages and salaries .....	<b>13</b>				
<b>14</b> Depreciation (see instructions) .....	<b>14</b>				
<b>15</b> Other (list) ▶ -----	<b>15</b>				
-----					
-----					
<b>16</b> Total expenses for each property. Add lines 3 through 15 .....	<b>16</b>				
<b>17</b> Income or (Loss) from each property. Subtract line 16 from line 2 .....	<b>17</b>				

**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 an attached statement)

