

**WOOD LANE ELDER HAUS II, INC.
545 PEARL STREET
BOWLING GREEN, OH 43402**

2009 TAX RETURNS

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

Electronic Notice (e-Postcard)
for Tax-Exempt Organizations not Required To File Form 990 or
990-EZ

OMB No. 1545-
2085

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning **1/1/2009**, and ending **12/31/2009**.

B Check if applicable
 Terminated, Out of
Business
 Gross receipts are
normally \$25,000 or less

C Name of organization: **WOOD LANE ELDER HAUS II INC**
d/b/a:

545 Pearl St
Bowling Green, OH, US, 43402

D Employer
Identification
Number
16-1675124

F Name of Principal Officer: **Preferred Properties**

E Website:

2001 Collingwood Ave
Toledo, OH, US, 43620

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

From: epostcard@urban.org
Sent: Thursday, July 29, 2010 4:14 PM
To: Heidi Ferguson
Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: WOOD LANE ELDER HAUS II INC

EIN: 16-1675124

Submission Type: Form 990-N

Year: 2009

Submission ID: 7800582010210bk72479

e-File Postmark: 7/29/2010 4:06:28 PM

Accepted Date: 7/29/2010

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support
Phone: 866-255-0654 (toll free)
email:ePostcard@urban.org

WOOD LANE ELDER HAUS II INC

545 Pearl St

Bowling Green, OH 43402

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization WOOD LANE ELDER HAUS II, INC.	Employer identification number 16-1675124
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 545 PEARL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOWLING GREEN, OH 43402	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

PREFERRED PROPERTIES

- The books are in the care of ▶ **2001 COLLINGWOOD AVE. - TOLEDO, OH 43620**
 Telephone No. ▶ **419-244-9609** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Name: WOOD LANE ELDER HAUS II
INC
FEIN: 16-1675124

IRS Center: OGDEN
Refund: \$0.00

e-Postmark: 5/13/2010 9:54:36 AM
Notification:

Return History

DCN	DATE	TYPE OF ACTIVITY	UPDATED BY
	05/13/2010	Upload Started	
	05/13/2010	Ready to Release by Customer	
	05/13/2010	Released for Transmission - Validation in Progress	sbargaheiser
	05/13/2010	Ready to transmit - Validation Complete	
	05/13/2010	Transmitted to FD	
	05/13/2010	Accepted by FD	

2009

Ohio Filing Instructions

Wood Lane Elder Haus II, Inc.

FORM TO FILE:

Verification of Filing with the Internal Revenue Service

SIGNATURE:

Signature is required on bottom of page.

PAYMENT:

Please prepare a check in the amount of \$100.00.

PAYABLE TO:

Please make your check payable to:
Treasurer, State of Ohio

WHEN TO FILE:

On or before August 16, 2010

WHERE TO FILE:

Ohio Attorney General
Charitable Law
150 E. Gay St., 23rd Floor
Columbus, OH 43215-3130

PLEASE REMOVE THIS INSTRUCTION SHEET BEFORE FILING.



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE

This form is to be completed by 501(c)(3) non-profit organizations, located in Ohio, that file one of the federal tax forms listed below. NOTE: This form should be filed in lieu of a copy of the federal tax return. Do not submit the federal return with this form.

I hereby certify that I am a trustee or officer of

_____ (Name of Organization as filed with the Attorney General's Office)

_____ Charity Street Address _____ City _____ Zip Code

_____ (Federal Employer Identification Number) _____ (State Charter Number if applicable)

and that the above named organization completed and/or will complete and file: (check one)

Form 990 Form 990-PF Form 990-EZ Form 990-N (e-Postcard)

required by the Internal Revenue Service for the: (check and complete one of the following)

calendar year 2 _ _ _

tax year beginning _____, 2 _ _ _ , and ending _____, 2 _ _ _

and that such filing occurred on/or will occur on _____ (Filing Date)

Did the organization request a federal extension of time to file this report? Y N

If yes, what was/is the extended due date? _____ (Federal Extended Due Date)

For fee purposes, please indicate the current total value of assets, or if filing this form prior to an extended federal due date, estimate the current total value of assets, at year end \$ _____

_____ Name of Trustee/Officer (Please Print)

_____ Telephone number

_____ Signature of Trustee/Officer

_____ Charitable Organization E-mail Address

_____ Trustee/Officer Title

OFFICE USE ONLY
FILING FEE PAID

_____ Date

Amount _____

VFIRS/Revised 6/09

Date _____

Check # _____