

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2005 calendar year, or tax year beginning

, 2005, and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

## C Name of organization

MAPLE CITY HEALTH CARE CENTER, INC.

Number and street (or P O box if mail is not delivered to street addr) Room/suite

213 MIDDLEBURY STREET

City, town or country

GOSHEN

State ZIP code + 4

IN 46528-2956

## D Employer Identification Number

35-1749398

## E Telephone number

(574) 534-3300

## F Accounting method:

☒ Cash ☐ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☒ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

## G Web site: ▶ N/A

J Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than  
\$25,000. The organization need not file a return with the IRS; but if the organization  
chooses to file a return, be sure to file a complete return. Some states require a  
complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 1,044,575.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

## 1 Contributions, gifts, grants, and similar amounts received:

a Direct public support 1 a 100,314.

b Indirect public support 1 b

c Government contributions (grants) 1 c 241,226.

d Total (add lines 1a through 1c) (cash \$ 341,540. noncash \$ 0.) 1 d 341,540.

2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 682,255.

3 Membership dues and assessments 3

4 Interest on savings and temporary cash investments 4 428.

5 Dividends and interest from securities 5 5,468.

6a Gross rents 6 a 0.

b Less: rental expenses 6 b

c Net rental income or (loss) (subtract line 6b from line 6a) 6 c 0.

7 Other investment income (describe) ▶ Net unrealized gains on investments 7 14,884.

8a Gross amount from sales of assets other than inventory (A) Securities (B) Other 8 a

b Less: cost or other basis and sales expenses. 8 b

c Gain or (loss) (attach schedule) 8 c

d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8 d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a) 9 a

b Less: direct expenses other than fundraising expenses. 9 b

c Net income or (loss) from special events (subtract line 9b from line 9a) 9 c

10a Gross sales of inventory, less returns and allowances 10 a

b Less: cost of goods sold 10 b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10 c

11 Other revenue (from Part VII, line 103) 11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 1,044,575.

13 Program services (from line 44, column (B)) 13 848,334.

14 Management and general (from line 44, column (C)) 14 89,551.

15 Fundraising (from line 44, column (D)) 15 6,146.

16 Payments to affiliates (attach schedule) 16

17 Total expenses (add lines 16 and 44, column (A)) 17 944,031.

18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 100,544.

19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 783,513.

20 Other changes in net assets or fund balances (attach explanation) 20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 884,057.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (att sch) (cash \$ 0. non-cash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0.	0.		
<b>23</b>	Specific assistance to individuals (att sch)	0.	0.		
<b>24</b>	Benefits paid to or for members (att sch)	0.	0.		
<b>25</b>	Compensation of officers, directors, etc	145,116.	130,680.	12,270.	2,166.
<b>26</b>	Other salaries and wages	378,021.	339,221.	35,663.	3,137.
<b>27</b>	Pension plan contributions	20,091.	19,647.	333.	111.
<b>28</b>	Other employee benefits	71,264.	66,640.	4,252.	372.
<b>29</b>	Payroll taxes	36,553.	32,864.	3,346.	343.
<b>30</b>	Professional fundraising fees	0.	0.	0.	0.
<b>31</b>	Accounting fees	4,812.	0.	4,812.	0.
<b>32</b>	Legal fees	4,585.	0.	4,585.	0.
<b>33</b>	Supplies	46,600.	46,600.	0.	0.
<b>34</b>	Telephone	5,273.	5,273.	0.	0.
<b>35</b>	Postage and shipping	4,231.	4,231.	0.	0.
<b>36</b>	Occupancy	24,572.	19,055.	5,517.	0.
<b>37</b>	Equipment rental and maintenance	0.	0.	0.	0.
<b>38</b>	Printing and publications	5,284.	3,841.	1,443.	0.
<b>39</b>	Travel	120.	103.	0.	17.
<b>40</b>	Conferences, conventions, and meetings	181.	0.	181.	0.
<b>41</b>	Interest	0.	0.	0.	0.
<b>42</b>	Depreciation, depletion, etc (attach schedule)	27,133.	24,420.	2,713.	0.
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	Malpractice	60,493.	60,493.	0.	0.
<b>b</b>	Professional services	20,530.	19,373.	1,157.	0.
<b>c</b>	Office expenses	33,438.	20,159.	13,279.	0.
<b>d</b>	Professional dues	1,150.	1,150.	0.	0.
<b>e</b>	Lab fees	54,584.	54,584.	0.	0.
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	944,031.	848,334.	89,551.	6,146.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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Form 990 (2005)

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>health care services</u>		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> <u>Visits by 2,575 patients out of 7,315 with medical, counseling, educational, and social services through the health care center, improving their practical lives. Provided 371 volunteer hours.</u></p> <p>(Grants and allocations \$ <u>0.</u> ) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/></p>		848,334.
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/></p>		
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/></p>		
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/></p>		
<p><b>e</b> Other program services. . . . .</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/></p>		
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶		848,334.

BAA

Form 990 (2005)

**Part IV Balance Sheets** (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing . . . . .	125.	<b>45</b>	125.
	<b>46</b> Savings and temporary cash investments . . . . .	11,864.	<b>46</b>	81,179.
	<b>47 a</b> Accounts receivable . . . . .	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47 b</b>	<b>47 c</b>	
	<b>48 a</b> Pledges receivable . . . . .	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48 b</b>	<b>48 c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch) <i>STMT 3</i> . . . . .	<b>51 a</b> 25,759.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51 b</b>	<b>51 c</b>	25,759.
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54</b> Investments — securities (attach schedule) <i>STMT 1</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .	481,759.	<b>54</b>	499,744.
	<b>55 a</b> Investments — land, buildings, & equipment: basis . . . . .	<b>55 a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55 b</b>	<b>55 c</b>		
<b>56</b> Investments — other (attach schedule) . . . . .		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57 a</b> 552,382.			
<b>b</b> Less: accumulated depreciation (attach schedule) <i>L-5.7. Stmt 2</i> . . . . .	<b>57 b</b> 268,314.	301,315.	<b>57 c</b>	284,068.
<b>58</b> Other assets (describe <input type="checkbox"/> ) . . . . .		<b>58</b>		
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	795,063.	<b>59</b>	890,875.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	11,550.	<b>60</b>	6,818.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64 b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> ) . . . . .		<b>65</b>	
	<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	11,550.	<b>66</b>	6,818.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .		<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	318,918.	<b>70</b>	401,254.
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	464,595.	<b>72</b>	482,803.
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	783,513.	<b>73</b>	884,057.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	795,063.	<b>74</b>	890,875.

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)**

				N/A	
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .			<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:				
	1 Net unrealized gains on investments . . . . .	<b>b1</b>			
	2 Donated services and use of facilities . . . . .	<b>b2</b>			
	3 Recoveries of prior year grants . . . . .	<b>b3</b>			
	4 Other (specify): _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .			<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line a:				
	1 Investment expenses not included on Part I, line 6b. . . . .	<b>d1</b>			
	2 Other (specify): _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .			<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .			<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

				N/A	
<b>a</b>	Total expenses and losses per audited financial statements. . . . .			<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17:				
	1 Donated services and use of facilities . . . . .	<b>b1</b>			
	2 Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>			
	3 Losses reported on Part I, line 20 . . . . .	<b>b3</b>			
	4 Other (specify): _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .			<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line a:				
	1 Investment expenses not included on Part I, line 6b. . . . .	<b>d1</b>			
	2 Other (specify): _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .			<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .			<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
James Nelson Gingerich 218 S 8TH ST Goshen IN 46528	Medical Director 60	60,570.	9,375.	2,991.
Margaret E Elmore 414 Westwood Dr Goshen IN 46526	Assoc Director 40	59,125.	11,947.	1,108.
Max Mertz 1511 S 8th St Goshen IN 46526	President 1	0.	0.	0.
Rich Meyer 13416 CR 44 Millersburg IN 46543	Vice President 1	0.	0.	0.
Evelyn Kreider 1549 Dogwood Ct Goshen IN 46526	Director 1	0.	0.	0.
See List of Officers, Etc. Statement 4				



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	X	
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <b>82 b</b> 0.		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? . . . . .	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85 c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85 d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . . <b>85 e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e). . . . . <b>85 f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	N/A	
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 . . . . . <b>86 a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86 b</b> N/A		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders. . . . . <b>87 a</b> N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87 b</b> N/A		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX . . . . .		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. . . . .		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0.		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ 0.		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>Indiana</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) . . . . . <b>90 b</b> 19		
<b>91 a</b>	The books are in care of ▶ <u>James Nelson Gingerich</u> Telephone number ▶ <u>(574) 534-3300</u> Located at ▶ <u>213 Middlebury Street, Goshen IN</u> ZIP + 4 ▶ <u>46528-2956</u>		
<b>b</b>	At any time during the calendar year, did the organization 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)? . . . . .		X
If 'Yes,' enter the name of the foreign country. ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .		X
If 'Yes,' enter the name of the foreign country. ▶ _____			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a patient fees					379,419.
b community education					170.
c					
d					
e					
f Medicare/Medicaid payments . . . . .					302,666.
g Fees & contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings & temporary cash invmnts . . . . .			14	428.	
96 Dividends & interest from securities . . . . .			14	5,468.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop . . . . .					
99 Other investment income . . . . .			18	14,884.	
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	0.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				20,780.	682,255.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					703,035.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	The corporation operates exclusively for charitable, educational and scientific purposes to provide health care, counseling, educational, social, and housing services. See Relationship of Activities to the Accomplishment of Exempt Purposes Statement 5

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please 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 officer) is based on all information of which preparer has any knowledge.

☒ Signature of officer: Max Mertz Date: 5/4/2006

☒ Type or print name and title: Max Mertz, President of Board

**Paid Preparer's Use Only**

Preparer's signature: Robert W. Guth Date: 04/30/06 Check if self-employed: ☒ Preparer's SSN or PTIN (See General Instruction W):

Firm's name (or yours if self-employed), address, and ZIP + 4: GUTH TAX SERVICE  
406 S 7TH ST  
GOSHEN IN 46526-3410 EIN:  Phone no: (574) 534-2718



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under**  
**Section 501(c)(3)****(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or 4947(a)(1) Nonexempt Charitable Trust****Supplementary Information — (See separate instructions.)****▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

**2005**

Name of the organization

MAPLE CITY HEALTH CARE CENTER, INC.

Employer identification number

35-1749398

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . . . . . ▶	None			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms) If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	None	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	None	

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ \$ \_\_\_\_\_  
(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions )

a Sale, exchange, or leasing of property? . . . . . 2 a X

b Lending of money or other extension of credit? . . . . . 2 b X

c Furnishing of goods, services, or facilities? . . . . . 2 c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . 2 d X

e Transfer of any part of its income or assets? . . . . . See Line 2 Stmt. 6 2 e X

3 a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments ) . . . . . 3 a X

b Do you have a section 403(b) annuity plan for your employees? . . . . . 3 b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . . 3 c X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . . 4 a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . 4 b X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

N/A

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . . ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. . . . .					
<b>23</b> Total of lines 15 through 22. . . . .					
<b>24</b> Line 23 minus line 17. . . . .					
<b>25</b> Enter 1% of line 23. . . . .					
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶ <b>26 a</b>					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. . . . . ▶ <b>26 b</b>					
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ <b>26 c</b>					
d Add: Amounts from column (e) for lines. 18 _____ 19 _____ 22 _____ 26 b _____ . . . ▶ <b>26 d</b>					
e Public support (line 26c minus line 26d total) . . . . . ▶ <b>26 e</b>					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). . . . . ▶ <b>26 f</b> %					
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . ▶ <b>27 c</b>					
d Add: Line 27a total . . . and line 27b total . . . . . ▶ <b>27 d</b>					
e Public support (line 27c total minus line 27d total). . . . . ▶ <b>27 e</b>					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ <b>27 f</b>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ <b>27 g</b> %					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶ <b>27 h</b> %					

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32 a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32 b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32 c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32 d</b>		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----			
<b>33</b> Does the organization discriminate by race in any way with respect to.			
<b>a</b> Students' rights or privileges? . . . . .	<b>33 a</b>		
<b>b</b> Admissions policies? . . . . .	<b>33 b</b>		
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33 c</b>		
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33 d</b>		
<b>e</b> Educational policies? . . . . .	<b>33 e</b>		
<b>f</b> Use of facilities? . . . . .	<b>33 f</b>		
<b>g</b> Athletic programs? . . . . .	<b>33 g</b>		
<b>h</b> Other extracurricular activities? . . . . .	<b>33 h</b>		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34 a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered 'Yes' to either 34 a or b, please explain using an attached statement.	<b>34 b</b>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. . . . .	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39). . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .	
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .	<b>41</b>
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .	
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41). . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.		

**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots non-taxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (add lines c through h.) . . . . .			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Exempt Organizations** (See instructions)

**a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash . . . . .	<b>51 a (i)</b>	<b>X</b>
(ii) Other assets . . . . .	<b>a (ii)</b>	<b>X</b>
Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .	<b>b (i)</b>	<b>X</b>
(ii) Purchases of assets from a noncharitable exempt organization . . . . .	<b>b (ii)</b>	<b>X</b>
(iii) Rental of facilities, equipment, or other assets . . . . .	<b>b (iii)</b>	<b>X</b>
(iv) Reimbursement arrangements . . . . .	<b>b (iv)</b>	<b>X</b>
(v) Loans or loan guarantees . . . . .	<b>b (v)</b>	<b>X</b>
(vi) Performance of services or membership or fundraising solicitations . . . . .	<b>b (vi)</b>	<b>X</b>
Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	<b>c</b>	<b>X</b>

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.**

C		X
---	--	---

[illegible]

► ☐ Yes ☒ No

**b If 'Yes,' complete the following schedule:**

[illegible]

Form **4562**

(Rev January 2006)

Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
**(Including Information on Listed Property)**

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

OMB No 1545-0172

**2005**Attachment  
Sequence No **67**

Name(s) shown on return

MAPLE CITY HEALTH CARE CENTER, INC.

Identifying number

35-1749398

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$105,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$420,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 . . . . . ▶	13	

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

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

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	16,714.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2005. . . . .	17	9,430.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property . . . . .						
b 5-year property . . . . .		9,886.	5.0 yrs	HY	SL	989.
c 7-year property . . . . .						
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	

**Section C — Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary** (see instructions)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . .	22	27,133.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? . . . . .					Yes	No	24b If 'Yes,' is the evidence written? . . . . .		Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .								25		
26 Property used more than 50% in a qualified business use.										
27 Property used 50% or less in a qualified business use:										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .								28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29		

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

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles). . . . .						
31 Total commuting miles driven during the year . . . . .						
32 Total other personal (noncommuting) miles driven . . . . .						
33 Total miles driven during the year. Add lines 30 through 32 . . . . .						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours? . . . . .						
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
36 Is another vehicle available for personal use? . . . . .						

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

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

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

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year . . . . .					43
44 Total. Add amounts in column (f). See instructions for where to report . . . . .					44



Form 990, Page 5, Part V-A

**List of Officers, Etc. Statement** 4

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Daniel Liechty 1301 1/2 Wilson Ave Goshen IN 46526	Sec/Treas 1	0.	0.	0.
Diana Efsits 1146 Woodward Ave Elkhart IN 46514	Director 1	0.	0.	0.
Miguel Millan 604 Brandywine Dr Goshen IN 46526	Director 1	0.	0.	0.
San Juana Trillo 1717 Windsor Ln Goshen IN 46528	Director 1	0.	0.	0.

Form 990, Page 8, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement** 5

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93b	Same as 93a
93f	Medicare and Medicaid payments cover patient fees for 93a

Form 990, Page 4, Part IV, Line 54

**Investments - Securities Statement** 1

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Mennonite Foundation Investment Management Acct	464,595.	482,803.
Edward D Jones Brokerage Account - stocks	17,164.	16,941.
Total	481,759.	499,744.

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement** 2

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
01 Leasehold improvements on	0.	0.	0.
02 Nonresidential real property at	0.	0.	0.
03 213 Middlebury St, Goshen, IN	0.	0.	0.

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

Continued

Land, Buildings and Equipment Statement *2, continued*

		(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
04	05/1989	36,364.	33,142.	3,222.
05	06/1990	1,713.	1,532.	181.
06	01/1991	9,187.	8,230.	957.
07	02/1997	57,011.	48,870.	8,141.
08	07/1997	70,191.	59,662.	10,529.
09	11/1999	1,020.	833.	187.
10	12/2000	12,637.	4,272.	8,365.
15	Bldg 215 Middlebury 07/2002	92,178.	7,653.	84,525.
16	Bldg imprvmts 215 Middlebury 12/2002	16,011.	1,250.	14,761.
17	Landscaping 215 Middlebury 12/2002	2,015.	469.	1,546.
18	Parking lot 503 N 6th	49,266.	0.	49,266.
19	Land 209 Middlebury	67,350.	0.	67,350.
20	Paved Parking 209 Middlebury 11/03	15,572.	2,522.	13,050.
22	Telephones 3 03/1996	302.	302.	0.
23	Desks 02/1997	600.	600.	0.
24	Files, bookcases 03/1997	536.	536.	0.
25	Phone system 04/1997	3,928.	3,928.	0.
26	Cabinets 04/1997	5,041.	5,041.	0.
27	Washer & dryer 04/1997	853.	853.	0.
28	Desks, bookcases, chairs 06/1997	1,819.	1,819.	0.
29	Shredder 12/1997	499.	499.	0.
30	Files and 4 chairs 03/1998	670.	670.	0.
31	Telephone 10/1999	101.	93.	8.
32	Television 08/1999	229.	213.	16.
33	Copier 05/2000	1,695.	1,331.	364.
34	Telephones 02/2001	802.	516.	286.
35	Stackable Chairs 03/2001	621.	400.	221.
36	Office chairs, VCR, table 09/2002	5,625.	2,813.	2,812.
37	Copier/Printer 01/2002	7,340.	3,670.	3,670.
64	Refrigerator and freezer 02/1997	685.	685.	0.
65	Medical equipment 05/1997	9,496.	9,496.	0.
66	Medical equipment 02/1998	468.	468.	0.
67	Computer wiring 01/1999	1,589.	1,589.	0.
68	Computers and wiring 09/2000	1,847.	1,847.	0.
69	Computers 03/2002	9,245.	6,472.	2,773.
70	Computers 10/2002	3,236.	2,265.	971.
71	Computer and Laptop 12/2004	2,814.	844.	1,970.
72	Five computers 03/2005	5,075.	508.	4,567.
73	Dell computer 09/2005	1,521.	152.	1,369.
74	Medical equipmt Versalab 05/2005	3,290.	329.	2,961.
91	HealthPro software 02/1999	47,889.	47,889.	0.
92	Computer Software 03/2002	3,786.	3,786.	0.
93	Computer Software 10/2002	265.	265.	0.
Total		552,382.	268,314.	284,068.

Supporting Statement of: **STMT 3**

Form 990 p 4/Line 51a

Description	Amount
Employee education loan advance	25,759.
(\$2,500 per year cancelled if employee	
stays to work at MCHCC)	
Total	<u>25,759.</u>

Explanation Statement

6Form/Line Schedule A, Page 2, Part IIILine 2Explanation of: Directly or Indirectly Engage in Certain Activitiesc. Health care and community health services are provided using a sliding fee scale based on income. Medicaid patients are welcome.Employees receive health care as part of the Employee Medical Plan.d. See Part V, Form 990.