

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning , 2008, and ending**

<b>B</b> Check if applicable	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	KINGSWAY COMMUNITY CARE CENTER 107 PARK PLACE BLVD AVON, IN 46123	83-0404310
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		317-272-0708
<input type="checkbox"/> Termination		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

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

**J Organization type** (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 361,409.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	346,396.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	15,013.
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	361,409.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members.	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	132,003.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	4,027.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	46,361.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ SEE STATEMENT 1)	<b>16</b>	182,749.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	365,140.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-3,731.
ASSETS	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	115,367.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	111,636.

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b> Cash, savings, and investments		97,883.	<b>22</b> style="text-align:right">52,926.
<b>23</b> Land and buildings			<b>23</b> style="text-align:right">330,848.
<b>24</b> Other assets (describe ▶ SEE STATEMENT 2)		19,003.	<b>24</b> style="text-align:right">27,670.
<b>25 Total assets</b>		116,886.	<b>25</b> style="text-align:right">411,444.
<b>26 Total liabilities</b> (describe ▶ SEE STATEMENT 3)		1,519.	<b>26</b> style="text-align:right">299,808.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		115,367.	<b>27</b> style="text-align:right">111,636.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	<u>PROVIDE MEDICAL AND DENTAL CARE TO THE UNINSURED AT MINIMAL TO NO COST.</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	11,024.
29	<u>DONATED SERVICES FOR MEDICAL AND DENTAL CARE (3816 HOURS).</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	153,213.
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>164,237.</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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
DR. DAVID CHEESMAN 6722 E US HWY 36 AVON, IN 46123	TREASURER 2.00	0.	0.	0.
DR. ROB MCDONOUGH 6722 E US HWY 36 AVON, IN 46123	PRESIDENT 2.00	0.	0.	0.
NAOMI MYNATT 6722 E US HWY 36 AVON, IN 46123	CLINICAL DIR. 2.00	0.	0.	0.
PATTY OWENS 6722 E US HWY 36 AVON, IN 46123	BOARD MEMBER 2.00	0.	0.	0.
DR. JOHN CALDWELL 6722 E US HWY 36 AVON, IN 46123	BOARD MEMBER 2.00	0.	0.	0.
STEVE STOMBAUGH 6722 E US HWY 36 AVON, IN 46123	BOARD MEMBER 2.00	0.	0.	0.
PAUL SMITH 6722 E US HWY 36 AVON, IN 46123	BOARD MEMBER 2.00	0.	0.	0.
JOHN MOLLAUN 6722 E US HWY 36 AVON, IN 46123	EXECUTIVE DIREC 40.00	59,520.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b>   0.</span>		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b>   N/A</span>		
<b>39</b>	501(c)(7) organizations. Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b>   N/A</span>		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b>   N/A</span>		
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>40b</b>	b 501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I		X
<b>40c</b>	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
<b>40d</b>	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
<b>40e</b>	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>IN</u>		

**42a** The books are in care of ▶ JOHN MOLLAUN Telephone no ▶ 317-272-0708  
 Located at ▶ 107 PARK PLACE BLVD AVON IN ZIP + 4 ▶ 46123

		Yes	No
<b>42b</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)? If 'Yes,' enter the name of the foreign country. ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶  N/A  
▶ **43** | N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 5**

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.

**Sign Here**  
 Signature of officer: *[Signature]* Date: *11-13-09*  
 Type or print name and title: **JOHN MOLLAN EXECUTIVE DIRECTOR**

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 11/02/09  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **MONOVAN PC**  
**5151 E US HWY 36**  
**AVON, IN 46123-6628**  
 Preparer's Identifying Number (See instructions): **P00115798**  
 EIN: **35-1356555**  
 Phone no: **(317) 745-6411**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
**BAA** Form 990-EZ (2008)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization <b>KINGSWAY COMMUNITY CARE CENTER</b>	Employer identification number <b>83-0404310</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

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

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**h** Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



CLIENT 5051

KINGSWAY COMMUNITY CARE CENTER

83-0404310

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

DEPRECIATION	\$	10,959.
FUNDRAISING EXPENSES		1,045.
INSURANCE		98.
MEDICAL & DENTAL SUPPLIES		11,024.
OFFICE EXPENSES		5,135.
TRAVEL		1,275.
VOLUNTEER EXPENSES		153,213.
<b>TOTAL</b>	<b>\$</b>	<b><u>182,749.</u></b>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 920.	\$ 3,233.
MACHINERY AND EQUIPMENT	18,083.	24,437.
<b>TOTAL</b>	<b><u>\$ 19,003.</u></b>	<b><u>\$ 27,670.</u></b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,519.	\$ 1,822.
SECURED MORTGAGES AND NOTES PAYABLE	0.	297,986.
<b>TOTAL</b>	<b><u>\$ 1,519.</u></b>	<b><u>\$ 299,808.</u></b>

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO WORSHIP GOD BY MEETING THE NEEDS OF THE UNDERSERVED IN OUR COMMUNITY IN ORDER  
 TO BUILD BRIDGES OF FAITH IN JESUS CHRIST.

**STATEMENT 5**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

CLIENT 5051

KINGSWAY COMMUNITY CARE CENTER

83-0404310

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.
FORM 990/990-PF																
<b>BUILDINGS</b>																
26	BUILDING	9/17/08		296,080							296,080		S/L MM	39	.00749	2,218
28	IMPROVEMENTS	12/01/08		12,000							12,000		S/L MM	39	00107	13
TOTAL BUILDINGS 308,080 0 0 0 0 0 308,080 0 2,231																
<b>FURNITURE AND FIXTURES</b>																
1	FILING CABINETS	7/01/07		650							650	130	200DB HY	5	.32000	208
3	CONFERENCE TABLE	7/01/07		500							500	100	200DB HY	5	.32000	160
11	5 DENTAL SIDE CABINETS	12/15/08		2,000							2,000		200DB MQ	7	03570	71
20	OFFICE FURNITURE	12/27/08		780							780		200DB MQ	7	.03570	28
TOTAL FURNITURE AND FIXTURE 3,930 0 0 0 0 0 3,930 230 467																
<b>LAND</b>																
27	LAND	9/17/08		25,000							25,000					0
TOTAL LAND 25,000 0 0 0 0 0 25,000 0 0																
<b>MACHINERY AND EQUIPMENT</b>																
2	AED	7/01/07		500							500	100	200DB HY	5	.32000	160
4	EKG	7/01/07		300							300	60	200DB HY	5	.32000	96
5	TREADMILL	7/01/07		750							750	150	200DB HY	5	.32000	240
6	MISC MEDICAL EQUIPMENT	7/01/07		615							615	123	200DB HY	5	.32000	197
7	PLANMECA PANORAMIC X-RAY	7/01/07		7,000							7,000	1,400	200DB HY	5	.32000	2,240

12/31/08

## 2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 5051

KINGSWAY COMMUNITY CARE CENTER

83-0404310

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.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.			
8	2004 DONATED EQUIPMENT	7/01/04		11,128							11,128	9,454	200DB HY	5	.11520	1,282			
9	2005 DONATED EQUIPMENT	7/01/05		11,428							11,428	8,137	200DB HY	5	.11520	1,317			
10	2006 DONATED EQUIPMENT	7/01/06		11,429							11,429	5,943	200DB HY	5	.19200	2,194			
12	COMPUTER SERVER RACK	12/10/08		365							365		200DB MQ	7	.03570	13			
13	3 SHELVING UNITS	10/15/08		300							300		200DB MQ	7	.03570	11			
14	PHONE SYSTEM	12/18/08		5,000							5,000		200DB MQ	7	.03570	179			
15	3 DENTAL CHAIRS	12/18/08		4,500							4,500		200DB MQ	7	.03570	161			
16	WALL MOUNT X-RAY	11/15/08		1,500							1,500		200DB MQ	7	.03570	54			
17	2 COUNTER TOPS	12/06/08		800							800		200DB MQ	7	.03570	29			
18	4 LOWER CABINETS	12/06/08		400							400		200DB MQ	7	.03570	14			
19	3 EXAM BEDS	12/27/08		1,200							1,200		200DB MQ	7	.03570	43			
21	AUTOCCLAVE STERILIZER	12/27/08		300							300		200DB MQ	7	.03570	11			
22	DENTAL EQUIPMENT	12/27/08		550							550		200DB MQ	7	.03570	20			
TOTAL MACHINERY AND EQUIPME											58,065	0	0	0	0	58,065	25,367		8,261
TOTAL DEPRECIATION											395,075	0	0	0	0	395,075	25,597		10,959
GRAND TOTAL DEPRECIATION											395,075	0	0	0	0	395,075	25,597		10,959

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

Type or print	Name of Exempt Organization	Employer identification number
	KINGSWAY COMMUNITY CARE CENTER	83-0404310
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P O box, see instructions	For IRS use only
	107 PARK PLACE BLVD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	AVON, IN 46123	

Check type of return to be filed (File a separate application for each return).

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

The books are in care of **JOHN MOLLAUN**

Telephone No. **317-272-0708**

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 is for.

4 I request an additional 3-month extension of time until 11/15, 2009

5 For calendar year 2008, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
8c Balance Due. Subtract line 8b from line 8a 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 instrs	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Christina King, CPA

Title Manager

Date 7/17/09

BAA

FIFZ0502L 04/16/08

Form 8868 (Rev 4-2008)

DONOVAN PC

5151 E US HWY 36

AVON, IN 46123-6628

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

► **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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>KINGSWAY COMMUNITY CARE CENTER</b>	Employer identification number <b>83-0404310</b>
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions <b>107 PARK PLACE BLVD</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>AVON, IN 46123</b>	

**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 (section 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 |

• The books are in the care of ► JAN ELLIS -----

Telephone No. ► 317-272-0708 ----- 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 8/15, 2009, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- calendar year 2008 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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	<b>3a</b>	\$	0.
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	<b>3b</b>	\$	0.
c <b>Balance Due.</b> 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	<b>3c</b>	\$	0.

**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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**