

Form **990-EZ**

**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)

OMB No 1545-1150

2009

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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning , 2009, and ending ,

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

• 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: ▶ WWW.KINGSWAYCARECENTER.ORG

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

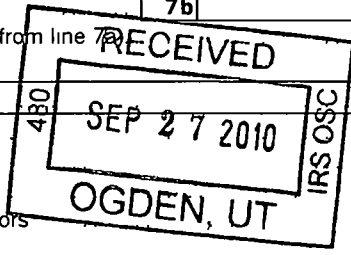
J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 378,268.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	366,602.
	2 Program service revenue including government fees and contracts	2	10,578.
	3 Membership dues and assessments	3	
	4 Investment income	4	800.
	5a Gross amount from sale of assets other than inventory	5a	288.
	b Less. cost or other basis and sales expenses	5b	288.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	SEE STATEMENT 1
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less. direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less. cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	377,980.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	143,477.
13 Professional fees and other payments to independent contractors		13	1,813.
14 Occupancy, rent, utilities, and maintenance		14	35,131.
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe ▶ SEE STATEMENT 2)		16	192,332.
17 Total expenses. Add lines 10 through 16		17	372,753.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,227.
	19 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)	19	111,636.
	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 through 20	21	116,863.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,926.	9,663.
23 Land and buildings	330,848.	367,926.
24 Other assets (describe ▶ SEE STATEMENT 3)	27,670.	32,481.
25 Total assets	411,444.	410,070.
26 Total liabilities (describe ▶ SEE STATEMENT 4)	299,808.	293,207.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,636.	116,863.

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

Form 990-EZ (2009)

9-9 15

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Part V Other Information (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 6**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	Section 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.		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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
41	List the states with which a copy of this return is filed ▶ IN		

42a The organization's 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
42b	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
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts 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
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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		

d Total number of other independent contractors each 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: *John Molcan* Date: *9/23/10*
 Type or print name and title: **JOHN MOLCAN EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: *Jeffrey A. Donovan* Date: 9/08/10
 Check if self employed: Preparer's Identifying Number (See instructions): P00115798
 Firm's name (or yours if self employed), address, and ZIP + 4: **DONOVAN PC**
5151 E US HWY 36
AVON, IN 46123-6628
 EIN: 35-1356555
 Phone no: (317) 745-6411

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total. Add lines 1 through 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. 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 ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. 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 stop here. The organization qualifies as a publicly supported organization ▶

b 33-1/3 support test – 2008. 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 stop here. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test – 2009 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test – 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total. Add lines 1 through 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. 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 – 2008. 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 ▶

**STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION:	TREADMILL		
DATE ACQUIRED:	7/01/2007		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	12/31/2009		
TO WHOM SOLD:			
GROSS SALES PRICE:		288.	
COST OR OTHER BASIS:		750.	
BASIS METHOD:	COST		
DEPRECIATION:		462.	
			GAIN (LOSS) 0.
			TOTAL GAIN (LOSS) OTHER ASSETS \$ 0.
			TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 0.

**STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

DEPRECIATION	\$	20,919.
FUNDRAISING EXPENSES		355.
INSURANCE		806.
MEDICAL & DENTAL SUPPLIES		7,100.
OFFICE EXPENSES		7,205.
TRAVEL		865.
VOLUNTEER EXPENSES		155,082.
TOTAL	\$	<u>192,332.</u>

**STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 3,233.	\$ 4,752.
MACHINERY AND EQUIPMENT	24,437.	27,729.
TOTAL	<u>\$ 27,670.</u>	<u>\$ 32,481.</u>

**STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,822.	\$ 5,867.
SECURED MORTGAGES AND NOTES PAYABLE	297,986.	287,340.
TOTAL	<u>\$ 299,808.</u>	<u>\$ 293,207.</u>

**STATEMENT 5
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 6
FORM 990-EZ, PART V
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 ALLOW.	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.			
																	FORM 990/990-PF		
BUILDINGS																			
26	BUILDING	9/17/08		296,080							296,080	2,218	S/L	MM	39	.02564	7,591		
28	IMPROVEMENTS (DONATED)	12/01/08		12,000							12,000	13	S/L	MM	39	02564	308		
29	IMPROVEMENTS	11/19/09		33,545							33,545		S/L	MM	39	00321	108		
30	CARPETING	3/02/09		6,030							6,030		200DB	MQ	7	25000	1,508		
31	SECURITY SYSTEM	3/10/09		1,438							1,438		200DB	MQ	7	25000	360		
32	SIGNAGE	3/17/09		1,223							1,223		200DB	MQ	7	25000	306		
33	HVAC	4/21/09		5,116							5,116		S/L	MM	39	01819	93		
TOTAL BUILDINGS												355,432	0	0	0	0	0	2,231	10,274
FURNITURE AND FIXTURES																			
1	FILING CABINETS	7/01/07		650							650	338	200DB	HY	5	19200	125		
3	CONFERENCE TABLE	7/01/07		500							500	260	200DB	HY	5	19200	96		
11	5 DENTAL SIDE CABINETS	12/15/08		2,000							2,000	71	200DB	MQ	7	27550	551		
20	OFFICE FURNITURE	12/27/08		780							780	28	200DB	MQ	7	27550	215		
34	TV MONITOR/DVD (DONATED)	12/31/09		499							499		200DB	MQ	7	03570	18		
35	CABINETS BREAKROOM(D)	12/31/09		2,100							2,100		200DB	MQ	7	03570	75		
TOTAL FURNITURE AND FIXTURE												6,529	0	0	0	0	0	697	1,080
LAND																			
27	LAND	9/17/08		25,000							25,000						0		
TOTAL LAND												25,000	0	0	0	0	0	0	0

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

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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.
MACHINERY AND EQUIPMENT																
2	AED	7/01/07		500							500	260	200DB HY	5	.19200	96
4	EKG	7/01/07		300							300	156	200DB HY	5	.19200	58
5	TREADMILL	7/01/07	12/31/09	750							750	390	200DB HY	5	.19200	72
6	MISC MEDICAL EQUIPMENT	7/01/07		615							615	320	200DB HY	5	.19200	118
7	PLANIMECA PANORAMIC X-RAY	7/01/07		7,000							7,000	3,640	200DB HY	5	.19200	1,344
8	2004 DONATED EQUIPMENT	7/01/04		11,128							11,128	10,736	200DB HY	5	.05760	392
9	2005 DONATED EQUIPMENT	7/01/05		11,428							11,428	9,454	200DB HY	5	.11520	1,317
10	2006 DONATED EQUIPMENT	7/01/06		11,429							11,429	8,137	200DB HY	5	.11520	1,317
12	COMPUTER SERVER RACK	12/10/08		365							365	13	200DB MQ	7	.27550	101
13	3 SHELVING UNITS	10/15/08		300							300	11	200DB MQ	7	.27550	83
14	PHONE SYSTEM	12/18/08		5,000							5,000	179	200DB MQ	7	.27550	1,378
15	3 DENTAL CHAIRS	12/18/08		4,500							4,500	161	200DB MQ	7	.27550	1,240
16	WALL MOUNT X-RAY	11/15/08		1,500							1,500	54	200DB MQ	7	.27550	413
17	2 COUNTER TOPS	12/06/08		800							800	29	200DB MQ	7	.27550	220
18	4 LOWER CABINETS	12/06/08		400							400	14	200DB MQ	7	.27550	110
19	3 EXAM BEDS	12/27/08		1,200							1,200	43	200DB MQ	7	.27550	331
21	AUTOCLAVE STERILIZER	12/27/08		300							300	11	200DB MQ	7	.27550	83
22	DENTAL EQUIPMENT	12/27/08		550							550	20	200DB MQ	7	.27550	152
23	3 DESKTOP PC TOWERS (D)	2/20/09		450							450		200DB MQ	7	.25000	113
24	DENTAL STOOL (DONATED)	2/20/09		250							250		200DB MQ	7	.25000	63
25	DENTAL ASST STOOL (D)	2/20/09		250							250		200DB MQ	7	.25000	63
36	3 ELECTRIC EXAM BEDS (D)	12/31/09		2,100							2,100		200DB MQ	7	.03570	75
37	DENTAL CHAIR (DONATED)	12/31/09		3,000							3,000		200DB MQ	7	.03570	107
38	SIDE CABINET (DONATED)	12/31/09		2,500							2,500		200DB MQ	7	.03570	89
39	BITEWING X-RAY UNIT (D)	12/31/09		2,500							2,500		200DB MQ	5	.05000	125

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.	PRIOR SALVAG /BASIS REDUCT.	DEPR BASIS	METHOD	LIFE	RATE	PRIOR DEPR.	CURRENT DEPR.
40	AED	12/31/09		2,095							2,095	200DB	MQ	5	.05000	105
	TOTAL MACHINERY AND EQUIPME			71,210		0	0	0	0	0	71,210				33,628	9,565
	TOTAL DEPRECIATION			458,171		0	0	0	0	0	458,171				36,556	20,919
	GRAND TOTAL DEPRECIATION			458,171		0	0	0	0	0	458,171				36,556	20,919
	DEPRECIATION ASSETS SOLD			750		0	0	0	0	0	750				390	72
	DEPR REMAINING ASSETS			457,421		0	0	0	0	0	457,421				36,166	20,847

AUG 12 2010

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. Only file the original (no copies needed).

Type or print	Name of Exempt Organization KINGSWAY COMMUNITY CARE CENTER	Employer identification number 83-0404310
	Number, street, and room or suite number If a P O box, see instructions DONOVAN PC 5151 E US HWY 36	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions AVON, IN 46123-6628	

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

- Form 990
- Form 990-PF
- Form 1041-A
- Form 990-BL
- Form 990-T (section 401(a) or 408(a) trust)
- Form 4720
- Form 6069
- Form 990-EZ
- Form 990-T (trust other than above)
- Form 5227
- Form 8870

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**, 20 **10**.
- 5 For calendar year **2009**, 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 . **ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN BY THE EXTENDED DUE DATE IS NOT YET AVAILABLE.**

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 \$
b 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 \$
c 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 **[Signature]** Title **CPA** Date **8/12/10**