

**2006 TAX RETURN**

Client Copy

**Client:** KINON

**Prepared for:** KIN ON HEALTH CARE CENTER  
4416 S BRANDON ST.  
SEATTLE, WA 98118-2341  
206-721-3630

**Prepared by:** Don W. Busch  
Branch, Richards & Co., P.S.  
155 NE 100th St., Suite 410  
Seattle, WA 98125-8010  
(206) 729-0114

**Date:** November 1, 2007

**Comments:**

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

**2006 Exempt Org. Return**  
prepared for:

**KIN ON HEALTH CARE CENTER**  
4416 S BRANDON ST.  
SEATTLE, WA 98118-2341

**Branch, Richards & Co., P.S.**  
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November 1, 2007

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**KIN ON HEALTH CARE CENTER**  
**4416 S BRANDON ST.**  
**SEATTLE, WA 98118-2341**  
**206-721-3630**

**FEDERAL FORMS**

Form 990	2006 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Form 990-T	2006 Exempt Organization Bus. Income Tax Return
Form 8913	Credit for Federal Telephone Excise Tax Paid

**FEE SUMMARY**

Preparation Fee	\$ 1,500.00
Amount Due	<b>\$ 1,500.00</b>

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## KIN ON HEALTH CARE CENTER

91-1620786

	2006	2005	Diff
<b>REVENUE</b>			
Contributions, gifts, and grants .....	142,262	154,604	-12,342
Program service revenue .....	6,570,106	6,494,118	75,988
Interest on savings/temp cash invest .....	60,320	35,303	25,017
Dividends & interest from securities .....	244,605	174,796	69,809
Net gain (loss) - noninv. assets/disp .....	630,147	193,992	436,155
Other revenue .....	53,795	65,788	-11,993
 Total revenue .....	 7,701,235	 7,118,601	 582,634
<b>EXPENSES</b>			
Program services .....	5,666,286	5,900,421	-234,135
Management and general .....	1,236,071	649,420	586,651
 Total expenses .....	 6,902,357	 6,549,841	 352,516
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year .....	798,878	568,760	230,118
Net assets/fund bal. at beg. of year .....	7,763,078	7,042,267	720,811
Other changes in net assets/fund bal .....	-378,727	152,051	-530,778
Net assets/fund bal. at end of year .....	8,183,229	7,763,078	420,151

KIN ON HEALTH CARE CENTER

91-1620786

	2006	2005	Diff
<b>REVENUE</b>			
Total revenue.....	0	0	0
<b>DEDUCTIONS</b>			
Interest.....	568,331	0	568,331
Total deductions.....	568,331	0	568,331
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
Unrelated bus taxable inc (line 30).....	-568,331	0	-568,331
Unrelated bus taxable inc (line 32).....	-568,331	0	-568,331
Unrelated business taxable income.....	-568,331	0	-568,331
<b>TAX COMPUTATION</b>			
Income tax.....	0	0	0
Net tax.....	0	0	0
<b>PAYMENTS AND CREDITS</b>			
Total payments and credits.....	96	0	96
<b>REFUND OR AMOUNT DUE</b>			
Tax due.....	0	0	0
Overpayment.....	96	0	96
Refund.....	96	0	96

**Forms needed for this return**

Federal: 990, Sch A, Sch B, 990-T, 8913

**Tax Rates**

<u>Unrelated Business</u>	<u>Marginal</u>	<u>Effective</u>
Federal	0. %	0. %

**Carryovers to 2007**

None

## KIN ON HEALTH CARE CENTER

91-1620786

## Interest on Telephone Excise Tax Credit Amounts, by Period

## Form 8913, Column (e), Line 1

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.95	08/01/03 - 09/30/03	61	4%	0.006706957	\$ 0.04
5.99	10/01/03 - 12/31/03	92	3%	0.007589992	0.05
6.04	01/01/04 - 03/31/04	91	3%	0.007486596	0.05
6.09	04/01/04 - 06/30/04	91	4%	0.009994426	0.06
6.15	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.20	10/01/04 - 12/31/04	92	4%	0.010104808	0.06
6.26	01/01/05 - 03/31/05	90	4%	0.009911268	0.06
6.32	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.40	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.48	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.58	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.68	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.78	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
6.90	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
7.02	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
7.14	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					<u>\$ 1.31</u>

## Form 8913, Column (e), Line 2

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.24	11/01/03 - 12/31/03	61	3%	0.005026081	\$ 0.03
5.27	01/01/04 - 03/31/04	91	3%	0.007486596	0.04
5.31	04/01/04 - 06/30/04	91	4%	0.009994426	0.05
5.36	07/01/04 - 09/30/04	92	3%	0.007569177	0.04
5.40	10/01/04 - 12/31/04	92	4%	0.010104808	0.05
5.45	01/01/05 - 03/31/05	90	4%	0.009911268	0.05
5.50	04/01/05 - 06/30/05	91	5%	0.012542910	0.07
5.57	07/01/05 - 09/30/05	92	5%	0.012681615	0.07
5.64	10/01/05 - 12/31/05	92	6%	0.015236961	0.09
5.73	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
5.82	04/01/06 - 06/30/06	91	6%	0.015070101	0.09
5.91	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.02	10/01/06 - 12/31/06	92	7%	0.017798686	0.11
6.13	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.24	04/01/07 - 06/29/07	90	7%	0.017408410	0.11
					<u>\$ 1.11</u>

## Form 8913, Column (e), Line 3

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.95	02/01/04 - 03/31/04	60	3%	0.004929944	\$ 0.03
5.98	04/01/04 - 06/30/04	91	4%	0.009994426	0.06
6.04	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.09	10/01/04 - 12/31/04	92	4%	0.010104808	0.06
6.15	01/01/05 - 03/31/05	90	4%	0.009911268	0.06
6.21	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.29	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.37	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.47	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.57	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.67	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
6.79	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.91	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
7.03	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					<u>\$ 1.20</u>

## KIN ON HEALTH CARE CENTER

91-1620786

## Interest on Telephone Excise Tax Credit Amounts, by Period (continued)

## Form 8913, Column (e), Line 4

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.61	05/01/04 - 06/30/04	61	4%	0.006688572	\$ 0.04
6.65	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.70	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
6.77	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
6.84	04/01/05 - 06/30/05	91	5%	0.012542910	0.09
6.93	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
7.02	10/01/05 - 12/31/05	92	6%	0.015236961	0.11
7.13	01/01/06 - 03/31/06	90	6%	0.014903267	0.11
7.24	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.35	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.48	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.61	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.74	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.26</u>

## Form 8913, Column (e), Line 5

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.85	08/01/04 - 09/30/04	61	3%	0.005012315	\$ 0.03
5.88	10/01/04 - 12/31/04	92	4%	0.010104808	0.06
5.94	01/01/05 - 03/31/05	90	4%	0.009911268	0.06
6.00	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.08	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.16	10/01/05 - 12/31/05	92	6%	0.015236961	0.09
6.25	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
6.34	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.44	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.55	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.67	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
6.79	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					<u>\$ 1.06</u>

## Form 8913, Column (e), Line 6

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.32	11/01/04 - 12/31/04	61	4%	0.006688572	\$ 0.04
6.36	01/01/05 - 03/31/05	90	4%	0.009911268	0.06
6.42	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.50	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.58	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.68	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.78	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.88	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
7.00	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
7.12	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
7.24	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.05</u>

## KIN ON HEALTH CARE CENTER

91-1620786

## Interest on Telephone Excise Tax Credit Amounts, by Period (continued)

## Form 8913, Column (e), Line 7

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.95	02/01/05 - 03/31/05	59	4%	0.006486345	\$ 0.04
5.99	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.07	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.15	10/01/05 - 12/31/05	92	6%	0.015236961	0.09
6.24	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
6.33	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.43	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.54	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.66	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
6.78	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					<u>\$ 0.95</u>

## Form 8913, Column (e), Line 8

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.22	05/01/05 - 06/30/05	61	5%	0.008390597	\$ 0.04
5.26	07/01/05 - 09/30/05	92	5%	0.012681615	0.07
5.33	10/01/05 - 12/31/05	92	6%	0.015236961	0.08
5.41	01/01/06 - 03/31/06	90	6%	0.014903267	0.08
5.49	04/01/06 - 06/30/06	91	6%	0.015070101	0.08
5.57	07/01/06 - 09/30/06	92	7%	0.017798686	0.10
5.67	10/01/06 - 12/31/06	92	7%	0.017798686	0.10
5.77	01/01/07 - 03/31/07	90	7%	0.017408410	0.10
5.87	04/01/07 - 06/29/07	90	7%	0.017408410	0.10
					<u>\$ 0.75</u>

## Form 8913, Column (e), Line 9

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.95	08/01/05 - 09/30/05	61	5%	0.008390597	\$ 0.05
6.00	10/01/05 - 12/31/05	92	6%	0.015236961	0.09
6.09	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
6.18	04/01/06 - 06/30/06	91	6%	0.015070101	0.09
6.27	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.38	10/01/06 - 12/31/06	92	7%	0.017798686	0.11
6.49	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.60	04/01/07 - 06/29/07	90	7%	0.017408410	0.11
					<u>\$ 0.76</u>

## Form 8913, Column (e), Line 10

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.16	11/01/05 - 12/31/05	61	6%	0.010077008	\$ 0.06
6.22	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
6.31	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.41	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.52	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.64	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
6.76	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					<u>\$ 0.72</u>

KIN ON HEALTH CARE CENTER

91-1620786

Interest on Telephone Excise Tax Credit Amounts, by Period (continued)

Form 8913, Column (e), Line 11

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.94	02/01/06 - 03/31/06	59	6%	0.009745009	\$ 0.06
6.00	04/01/06 - 06/30/06	91	6%	0.015070101	0.09
6.09	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.20	10/01/06 - 12/31/06	92	7%	0.017798686	0.11
6.31	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.42	04/01/07 - 06/29/07	90	7%	0.017408410	0.11
					<u>\$ 0.59</u>

Form 8913, Column (e), Line 12

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.66	05/01/06 - 06/30/06	61	6%	0.010077008	\$ 0.07
6.73	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
6.85	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.97	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
7.09	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					<u>\$ 0.55</u>

Form 8913, Column (e), Line 13

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.95	08/01/06 - 09/30/06	61	7%	0.011766192	\$ 0.07
6.02	10/01/06 - 12/31/06	92	7%	0.017798686	0.11
6.13	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.24	04/01/07 - 06/29/07	90	7%	0.017408410	0.11
					<u>\$ 0.40</u>

Form 8913, Column (e), Line 14

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.22	11/01/06 - 12/31/06	61	7%	0.011766192	\$ 0.07
6.29	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.40	04/01/07 - 06/29/07	90	7%	0.017408410	0.11
					<u>\$ 0.29</u>

Computation of 2006 Net Operating Loss

1. Total income.....	0.
2. Total deductions.....	568,331.
3. Unrelated business taxable income (Line 1 Less Line 2).....	-568,331.
2006 Net Operating Loss.....	<u>568,331.</u>

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C KIN ON HEALTH CARE CENTER 4416 S BRANDON ST. SEATTLE, WA 98118-2341

D Employer Identification Number 91-1620786 E Telephone number 206-721-3630 F Accounting method: Cash, Accrual

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? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12, 109, 911.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule).....	23				
<b>24</b> Benefits paid to or for members (attach schedule).....	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch).....	25a	88,895.	71,116.	17,779.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c.....	26	3,165,022.	2,850,202.	314,820.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c.....	27	87,526.	70,021.	17,505.	
<b>28</b> Employee benefits not included on lines 25a - 27.....	28	725,299.	652,866.	72,433.	
<b>29</b> Payroll taxes.....	29	338,127.	309,604.	28,523.	
<b>30</b> Professional fundraising fees.....	30				
<b>31</b> Accounting fees.....	31				
<b>32</b> Legal fees.....	32				
<b>33</b> Supplies.....	33	232,968.	224,346.	8,622.	
<b>34</b> Telephone.....	34	7,670.		7,670.	
<b>35</b> Postage and shipping.....	35				
<b>36</b> Occupancy.....	36	533,497.	500,902.	32,595.	
<b>37</b> Equipment rental and maintenance.....	37	11,015.	7,222.	3,793.	
<b>38</b> Printing and publications.....	38				
<b>39</b> Travel.....	39				
<b>40</b> Conferences, conventions, and meetings.....	40				
<b>41</b> Interest.....	41	465,528.	417,858.	47,670.	
<b>42</b> Depreciation, depletion, etc (attach schedule).....	42	269,522.	241,922.	27,600.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> See Statement 2	43a	977,288.	320,227.	657,061.	
<b>b</b> -----	43b				
<b>c</b> -----	43c				
<b>d</b> -----	43d				
<b>e</b> -----	43e				
<b>f</b> -----	43f				
<b>g</b> -----	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	6,902,357.	5,666,286.	1,236,071.	0.

**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 \$ \_\_\_\_\_.



**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing .....		<b>45</b>
	<b>46</b> Savings and temporary cash investments.....	399,609.	<b>46</b> 678,159.
	<b>47a</b> Accounts receivable.....	<b>47a</b> 546,273.	
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	<b>47c</b> 546,273.
	<b>48a</b> Pledges receivable.....	<b>48a</b>	
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>	<b>48c</b>
	<b>49</b> Grants receivable.....		<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>	
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use .....	61,432.	<b>52</b> 64,287.
	<b>53</b> Prepaid expenses and deferred charges .....	206,092.	<b>53</b> 210,240.
	<b>54a</b> Investments — publicly-traded securities.....	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	<b>54a</b>
	<b>b</b> Investments — other securities (attach sch).....	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	<b>54b</b> 3,907,732.
	<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>	<b>55c</b>
	<b>56</b> Investments — other (attach schedule) .....		<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis.....	<b>57a</b> 9,965,019.	
<b>b</b> Less: accumulated depreciation (attach schedule).....	<b>57b</b> 2,983,916.	<b>57c</b> 6,981,103.	
<b>58</b> Other assets, including program-related investments (describe ► <u>See Statement 5</u> .....	2,167,694.	<b>58</b> 247,083.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	17,097,559.	<b>59</b> 12,634,877.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	492,805.	<b>60</b> 473,336.
	<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>64a</b> Tax-exempt bond liabilities (attach schedule).....		<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule).....	8,801,549.	<b>64b</b> 3,942,680.
	<b>65</b> Other liabilities (describe ► <u>See Statement 6</u> .....	40,127.	<b>65</b> 35,632.
<b>66 Total liabilities.</b> Add lines 60 through 65.....	9,334,481.	<b>66</b> 4,451,648.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	<b>67</b> Unrestricted .....	7,763,078.	<b>67</b> 8,183,229.
	<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</b> <input type="checkbox"/> and complete lines 70 through 74.		
	<b>70</b> Capital stock, trust principal, or current funds.....		<b>70</b>
	<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 .....		<b>72</b>
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	7,763,078.	<b>73</b> 8,183,229.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	17,097,559.	<b>74</b> 12,634,877.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	7,375,554.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	-378,727.
	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>	-378,727.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	7,754,281.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	-53,046.
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	-53,046.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	7,701,235.

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

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	6,955,403.
<b>b</b>	Amounts included on line <b>a</b> 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>	6,955,403.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	-53,046.
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	-53,046.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,902,357.

**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
See Statement 7		88,895.	8,744.	0.



<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</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>82b</b>	N/A
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	<b>83b</b>	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....	<b>84a</b>	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>84b</b>	N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?.....	<b>85a</b>	N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....	<b>85b</b>	N/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> 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>85c</b>	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures.....	<b>85d</b>	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	<b>85e</b>	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	<b>85f</b>	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	<b>85g</b>	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?.....	<b>85h</b>	N/A
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12.....	<b>86a</b>	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities.....	<b>86b</b>	N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders.....	<b>87a</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>87b</b>	N/A
<b>88a</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.....	<b>88a</b>	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....	<b>88b</b>	X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
<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.....	<b>89b</b>	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..... ▶ <u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ <u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....	<b>89e</b>	X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....	<b>89f</b>	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....	<b>89g</b>	X
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>None</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.).....	<b>90b</b>	129
<b>91a</b>	The books are in care of ▶ <u>KIN ON HEALTH CARE CENTER</u> Telephone number ▶ <u>206-721-3630</u> Located at ▶ <u>4416 S. BRANDON ST., SEATTLE WA,</u> ZIP + 4 ▶ <u>98118-2341</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)?..... If 'Yes,' enter the name of the foreign country ▶ _____	<b>91b</b>	X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No

If 'Yes,' enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.  N/A    
 and enter the amount of tax-exempt interest received or accrued during the tax year.  92  N/A

**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					6,570,106.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	60,320.	
96 Dividends & interest from securities			14	244,605.	
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					
100 Gain or (loss) from sales of assets other than inventory			1	630,147.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b INSURANCE REFUND					53,795.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				935,072.	6,623,901.
105 Total (add line 104, columns (B), (D), and (E))					7,558,973.

**Note:** Line 105 plus line 1e, 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 PATIENT FEES ARE PAYMENTS FOR THE USE OF THE FACILITY AND ITS RELATED SERVICES.
103	SUPPORTS THE COSTS AND OVERALL MISSION OF THE ORGANIZATION.

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

(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
N/A	%			
	%			
	%			
	%			

**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).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	<b>Yes</b>	<b>No</b>
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

	<b>Yes</b>	<b>No</b>
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

	<b>Yes</b>	<b>No</b>
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Please Sign Here</b>	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	_____ Date
	▶ _____ Type or print name and title.	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>Don W. Busch</u>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>Branch, Richards &amp; Co., P.S.</u>			
	<u>155 NE 100th St., Suite 410</u> <u>Seattle, WA 98125-8010</u>	EIN ▶ <u>N/A</u>	Phone no. ▶ <u>(206) 729-0114</u>	

**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

**2006**

Name of the organization: **KIN ON HEALTH CARE CENTER** Employer identification number: **91-1620786**

**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
See Statement 8		305,366.	35,693.	0.
Total number of other employees paid over \$50,000	2			

**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	0	

**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
TRI-MEDICAL INC 17555 65th Ave Lake Oswego, OR 97035	Whol Medical/Hospita	60,221.
Total number of other contractors receiving over \$50,000 for other services	0	

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

	Yes	No
<b>1</b> 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. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶		0.

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

I certify that 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.)
- 11a  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.)
- 11b  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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					<b>0.</b>

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.**

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	154,604.	464,370.	166,258.	169,953.	955,185.
<b>16</b> Membership fees received . . . . .					0.
<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 . . . . .	6,494,118.	6,355,678.	6,142,546.	6,017,281.	25,009,623.
<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 . . . . .	210,099.	139,141.	146,633.	135,120.	630,993.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0.
<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 . . . . .					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					0.
<b>23</b> Total of lines 15 through 22 . . . . .	6,858,821.	6,959,189.	6,455,437.	6,322,354.	26,595,801.
<b>24</b> Line 23 minus line 17 . . . . .	364,703.	603,511.	312,891.	305,073.	1,586,178.
<b>25</b> Enter 1% of line 23 . . . . .	68,588.	69,592.	64,554.	63,224.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . N/A . . . ▶					<b>26a</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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b>
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶</b>					<b>26f</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: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
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: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
c Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> 25,009,623. <b>20</b> _____ <b>21</b> _____					<b>27c</b> 25,964,808.
d Add: Line 27a total . . . . . 0. and line 27b total . . . . . 0.					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 25,964,808.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					<b>27f</b> 26,595,801.
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶</b>					<b>27g</b> 97.63 %
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶</b>					<b>27h</b> 2.37 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

		Yes	No
29	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? .....		
30	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? .....		
31	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.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	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. ....		

**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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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 —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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.)

N/A

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 .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2006**

Name of organization

KIN ON HEALTH CARE CENTER

Employer identification number

91-1620786

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

KIN ON HEALTH CARE CENTER

91-1620786

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEVEN LANG ----- 13715 S E 43RD ST ----- BELLEVUE, WA 98006 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JEAN LEE ----- 4744 89TH AVE SE ----- MERCER ISLAND, WA 98040 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

KIN ON HEALTH CARE CENTER

Employer identification number

91-1620786

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- -----		
	----- ----- -----		
	----- ----- -----		
	----- ----- -----		
	----- ----- -----		
	----- ----- -----		

BAA

Name of organization

KIN ON HEALTH CARE CENTER

Employer identification number

91-1620786

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

## KIN ON HEALTH CARE CENTER

91-1620786

**Statement 1**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Unrealized Loss on Investments.....	\$	-378,727.
Total	\$	<u>-378,727.</u>

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADMIN CONTINUING ED	21,349.	15,143.	6,206.	
DUES AND MEMBER FEES	7,600.		7,600.	
MISC. TAXES, LICENSES, PERMITS	198,596.	150,998.	47,598.	
MISCELLANEOUS EXPENSE	45,418.	25,621.	19,797.	
MORT. PREPAYMENT PENALTY	419,705.		419,705.	
PAT. CARE ENTENRAL THERAPY	88,875.	88,875.		
PROFESSIONAL SERVICES	49,110.	39,590.	9,520.	
PURCHASED SERVICES	10,077.		10,077.	
WRITE-OFF OF FINANCING COSTS	136,558.		136,558.	
Total	<u>\$ 977,288.</u>	<u>\$ 320,227.</u>	<u>\$ 657,061.</u>	<u>\$ 0.</u>

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

PROVIDE NURSING CARE FOR ELDERLY CHINESE-AMERICANS.

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 53,367.	\$ 53,367.	\$ 0.
Machinery and Equipment	1,031,040.	839,195.	191,845.
Buildings	8,104,406.	2,079,594.	6,024,812.
Improvements	11,760.	11,760.	0.
Land	764,446.		764,446.
Total	<u>\$ 9,965,019.</u>	<u>\$ 2,983,916.</u>	<u>\$ 6,981,103.</u>

## KIN ON HEALTH CARE CENTER

91-1620786

**Statement 5**  
**Form 990, Part IV, Line 58**  
**Other Assets**

DUE FROM RELATED PARTY.....	\$	22,360.
ORGANIZATION COST, NET OF AMORTIZATION.....		189,091.
TENANT/PATIENT DEPOSITS.....		35,632.
Total	\$	<u>247,083.</u>

**Statement 6**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

PATIENT TRUST FUND.....	\$	35,632.
Total	\$	<u>35,632.</u>

**Statement 7**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CLARA CHEUNG 4416 S BRANDON STREET SEATTLE, WA 98118	Director 1	\$ 0.	\$ 0.	\$ 0.
LIANG CHEN 4416 S BRANDON ST SEATTLE, WA 98118	Secretary 1	0.	0.	0.
MARTIN K CHAN 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
DARRYL E. HUE 4416 S BRANDON ST SEATTLE, WA 98118	1st VP 1	0.	0.	0.
ARK CHIN 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
HENRY CHIN DDS 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
MAE CHIN 4416 S BRANDON ST. SEATTLE, WA 98118	Director 1	0.	0.	0.

## KIN ON HEALTH CARE CENTER

91-1620786

Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
JAMES CHINN 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	\$ 0. \$	0. \$	0.
HING CHINN 4416 S. BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
LILYAN LEONG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
WANG YUNG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
TED CHOI 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
KATTY CHOW 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
NIGEL LO 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
BENTON ONG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
HELEN KAY 4416 S BRANDON ST SEATTLE, WA 98118	2nd VP 1	0.	0.	0.
DENNIS LAM 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
ALICE DING MD 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
FAYE HONG 4416 S. BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.

## KIN ON HEALTH CARE CENTER

91-1620786

Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
JINGO ENG 4416 S BRANDON ST SEATTLE, WA 98116	Director 1	\$ 0. \$	0. \$	0.
VINCENT ENG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
HELEN LUM 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
DONALD MAR 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
JENI MAR 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
JENI K FUNG 4416 S. BRANDON ST SEATTLE, WA 8118	Director 1	0.	0.	0.
DENNIS SU 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
LO YU SUN 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
ROSE SOO HOO 4416 S. BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
HERB TSUCHIYA 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
LARRY LUKE 4416 S. BRANDON ST SEATTLE, WA 98118	President 1	0.	0.	0.
DAVID LEE 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.

## KIN ON HEALTH CARE CENTER

91-1620786

Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
MAY WAN 4416 S BRANDON ST SEATTLE, WA 98118	Treasurer 1	\$ 0.	\$ 0.	\$ 0.
ANNE WING 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
EDWIN WONG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
HANNAH WONG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
EVELYN WONG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
TERENCE K WONG 4416 BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
LAWRENCE T YUAN 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
JOHN LEE 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
SYLVIA LIANG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
VICTOR LO 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
JENNY LUI 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
FRANCES LOCKE 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.

## KIN ON HEALTH CARE CENTER

91-1620786

**Statement 7 (continued)**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
RYAN CHIN 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	\$ 0.	\$ 0.	0.
CHUN M NG 4416 S BRANDON ST SEATTLE, WA 98118	Director 1	0.	0.	0.
SAM WAN 4416 S BRANDON ST SEATTLE, WA 98118	Executive Direc 32	88,895.	8,744.	0.
	Total	<u>\$ 88,895.</u>	<u>\$ 8,744.</u>	<u>\$ 0.</u>

**Statement 8**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP &amp; DC</u>	<u>Expense Account</u>
NONA CASTILLO 4416 S. BRANDON ST SEATTLE, WA 98118-2341	REG. NURSE 45	59,082.	7,309.	0.
TINA Y WONG 4416 S. BRANDON ST SEATTLE, WA 98118-2341	REG. NURSE 52	66,564.	7,824.	0.
ROSE M WONG 4416 S. BRANDON ST SEATTLE, WA 98118-2341	LPN 55	60,338.	5,501.	0.
MEI I YAU 4416 S. BRANDON ST SEATTLE, WA 98118-2341	REG. NURSE 46	60,908.	7,364.	0.
LEOVIGILDA D VIVERO 4416 S. BRANDON ST SEATTLE, 98118-2341 98118-2341	REG. NURSE 49	58,474.	7,695.	0.
	Total	<u>\$ 305,366.</u>	<u>\$ 35,693.</u>	<u>\$ 0.</u>

Form **990-T**

Request for TETR Credit  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No. 1545-0687

**2006**

Department of the Treasury  
 Internal Revenue Service

For calendar year 2006 or other tax year beginning \_\_\_\_\_, 2006,  
 and ending \_\_\_\_\_, \_\_\_\_\_

▶ See separate instructions.

Open to Public Inspection for  
 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)	<b>Print or Type</b>	( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>KIN ON HEALTH CARE CENTER</b> 4416 S BRANDON ST. SEATTLE, WA 98118-2341	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) 91-1620786  <b>E</b> Unrelated business activity codes (See instructions for Block E.)
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<b>C</b> Book value of all assets at end of year 12,634,877	<b>F</b> Group exemption number (See instructions for Block F.) ▶ <b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Describe the organization's primary unrelated business activity.  
 ▶

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . ▶  Yes  No  
 If 'Yes,' enter the name and identifying number of the parent corporation. . . . ▶

**J** The books are in care of ▶ **KIN ON HEALTH CARE CENTER** Telephone number ▶ **206-721-3630**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . . . .			
<b>b</b> Less returns and allowances . . . . . <b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>		
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.) . . . . .	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	0.	0.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>	
<b>15</b> Salaries and wages . . . . .	<b>15</b>	
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>	
<b>17</b> Bad debts . . . . .	<b>17</b>	
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b>	
<b>19</b> Taxes and licenses . . . . .	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . .	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>	<b>22 b</b>
<b>23</b> Depletion . . . . .	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b>	
<b>25</b> Employee benefit programs . . . . .	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b>	
<b>28</b> Other deductions (attach schedule) . . . . .	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>	568,331.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>	-568,331.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>	-568,331.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>	
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>	-568,331.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶ <b>35c</b> 0.	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶ <b>36</b>	
<b>37 Proxy tax.</b> See instructions ..... ▶ <b>37</b>	
<b>38 Alternative minimum tax.</b> ..... ▶ <b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies ..... ▶ <b>39</b> 0.	

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>40a</b>		
<b>b</b> Other credits (see instructions) ..... <b>40b</b>		
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ <b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d ..... <b>40e</b> 0.		
<b>41</b> Subtract line 40e from line 39 ..... <b>41</b> 0.		
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611... <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... <b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 ..... <b>43</b> 0.		
<b>44a</b> Payments: A 2005 overpayment credited to 2006 ..... <b>44a</b>		
<b>b</b> 2006 estimated tax payments ..... <b>44b</b>		
<b>c</b> Tax deposited with Form 8868 ..... <b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>44d</b>		
<b>e</b> Backup withholding (see instructions) ..... <b>44e</b>		
<b>f</b> Credit for federal telephone excise tax paid (attach Form 8913) ..... <b>44f</b> 96.		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total... ▶ <b>44g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g ..... <b>45</b> 96.		
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. .... ▶ <input type="checkbox"/> <b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed ..... ▶ <b>47</b>		
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... ▶ <b>48</b> 96.		
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2007 estimated tax</b> ▶ <b>Refunded</b> ▶ <b>49</b> 96.		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

<b>1</b> At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here... ▶ _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year ..... <b>1</b>		<b>6</b> Inventory at end of year ..... <b>6</b>	
<b>2</b> Purchases ..... <b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... <b>7</b>	
<b>3</b> Cost of labor ..... <b>3</b>			
<b>4a</b> Additional section 263A costs (attach schedule) ..... <b>4a</b>			
<b>b</b> Other costs (attach sch) ..... <b>4b</b>			
<b>5 Total.</b> Add lines 1 through 4b ..... <b>5</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... <b>Yes</b> <b>No</b>	

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer's Use Only**

Preparer's signature ▶ **Don W. Busch** Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN **P00040478**

Firm's name (or yours if self-employed), address, and ZIP code ▶ **Branch, Richards & Co., P.S.** EIN **91-0889988**  
**155 NE 100th St., Suite 410**  
**Seattle, WA 98125-8010** Phone no. **(206) 729-0114**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)...

**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> ..... ▶		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8..... ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> ..... ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b> .....						
<b>Totals</b> , Part II (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			

Form **8913**Department of the Treasury  
Internal Revenue Service**Credit for Federal Telephone  
Excise Tax Paid**▶ **Attach to your income tax return.**

OMB No. 1545-XXXX

**2006**Attachment  
Sequence No. **63**

Name(s) shown on your income tax return

KIN ON HEALTH CARE CENTER

Identifying number

91-1620786

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

**Caution.** See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.**Amount of federal excise tax on long distance or  
bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May of 2003 . . . . .	\$	\$ 5.95	\$ 5.95	\$ 1.31
2 June, July, and August of 2003 . . . . .		5.24	5.24	1.11
3 September, October, and November of 2003 . . . . .		5.95	5.95	1.20
4 December of 2003; January and February of 2004 . . . . .		6.61	6.61	1.26
5 March, April, and May of 2004 . . . . .		5.85	5.85	1.06
6 June, July, and August of 2004 . . . . .		6.32	6.32	1.05
7 September, October, and November of 2004 . . . . .		5.95	5.95	0.95
8 December of 2004; January and February of 2005 . . . . .		5.22	5.22	0.75
9 March, April, and May of 2005 . . . . .		5.95	5.95	0.76
10 June, July, and August of 2005 . . . . .		6.16	6.16	0.72
11 September, October, and November of 2005 . . . . .		5.94	5.94	0.59
12 December of 2005; January and February of 2006 . . . . .		6.66	6.66	0.55
13 March, April, and May of 2006 . . . . .		5.95	5.95	0.40
14 June and July of 2006 . . . . .		6.22	6.22	0.29
15 Add lines 1 - 14 in columns (d) and (e) . . . . .			\$ 83.97	\$ 12.00
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns . . . . . ▶				\$ 96.

**BAA For Paperwork Reduction Act Notice, see the instructions.**Form **8913** (2006)