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DLN: 93493132034030

Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

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

								Inspection
			endar yea	r, or tax year beginning (C Name of organization	07-01-2008 and ending 06-3	0-2009	D Employer ide	ntification number
_	eck if ap dress cha		Please use IRS	Epworth Village Inc			59-058999	
_	me chan	I	abel or orint or	Doing Business As			E Telephone nu	
_	tial retur	t	ype. See Specific				(305) 556-3	3500
_	minatioi]	instruc-	Number and street (or P O 5300 West 16th Avenue	box if mail is not delivered to street	t address) Room/suite	G Gross receipt	s \$ 163,150
– _{Am}	ended r	return		City or town, state or coun	try, and ZIP + 4		1	
— _{Арр}	plication	pending		Hıaleah, FL 33012				
		-	F Nam	ı ne and address of Princip	pal Officer	H(a) Is the	s a group return	for
			Madely	n Lozano		affilia		⊤Yes ▼ No
				Vest 16th Avenue 1,FL 33012		H/h) Ann all	l affiliates include	d?
r Ta	x-exem	pt status	▽ 501(c)	(3) ◄ (insert no)	₹7(a)(1) or	, ,		See instructions)
ı w	eb site	e:► N/A					p Exemption Nui	· ·
К Тур	e of org	anization F	Corporat	ion trust association	other ►	L Year of Fo	rmation 1978 M	State of legal domicile FL
Рa	rt I	Summ Briefly de	•	o organization's mission	or most significant activities			
w					senior care and continuing reti	rement community	. including indep	endent living.
Governance		assisted	living, and	d nursing facilities and s	ervices in a Christ-centered, :	·		- :
Ě				als delivering service at a			F.0/ - 6 - 1 1 -	
Š			,		ntinued its operations or dispo			
೨ ಶ					p body (Part VI, line 1a) .		_	
ν. V				nployees (Part V, line 2a	the governing body (Part VI, I v	ine 10)		14
Ė				lunteers (estimate if nec			5 _ 6	0
Activities				ted business revenue fro	C)		0	
•		-		ness taxable income from	,	75	0	
					Pric	or Year	Current Year	
	8	Contribu	utions and	l grants (Part VIII, line :	lh)		21,469	4,809
₫	9			-	· 2g)		,	0
Revenu	10), lines 3, 4, and 7d)		523,192	-896,808
άŤ	11	O ther re	venue (P	art VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)	22,709	645
	12		venue—a	dd lines 8 through 11 (m	ust equal Part VIII, column (A	A), line	567,370	-891,354
	13	12) Grants a	and simila	ır amounts paıd (Part IX,	column (Δ.) lines 1 – 3.)		93,205	93,402
	14			r for members (Part IX,			93,203	93,402
	15				enefits (Part IX, column (A), l	ines 5-		
\$	15	10)	, other co	impensation, employee b	enents (rate 1x, column (x), r			0
Expenses	16a	Professi	onal fund	raising fees (Part IX, col	umn (A), line 11e)		0	
ਡੌ	ь	(Total fun	draising exp	oenses, Part IX, column (D), li	ne 25 <u>0</u>)			
	17	Othere	xpenses (Part IX, column (A), line	s 11a-11d, 11f-24f)		25,102	34,238
	18	Total ex	penses—	add lines 13–17 (must e	qual Part IX, line 25, column	(A))	118,307	127,640
. 02	19	Revenue	e less exp	enses Subtract line 18	from line 12		449,063	-1,018,994
Net Assets or Fund Balances						Beginni	ng of Year	End of Year
SSe.	20	Total as	sets (Par	t X, line 16)			7,093,511	6,222,891
A PE	21	Total lıa	bilities (P	art X, line 26)			7,774	10,500
	22	Netass	ets or fun	d balances Subtract line	21 from line 20		7,085,737	6,212,391
Pai	rt II	_	ture Blo					
					amined this return, including accomp tion of preparer (other than officer)			
Please Sign		****** Signati	* ure of office	r	-05-12			
Here	e		/n Lozano P or print nam					
		F ''			Date	Check If	Preparer's PTIN (See Gen Inst \
Paid		Preparer's signature			Duce	self-	Treparer 3 Film (oos oon moc,
	arer's	Firm's nam	ne (or yours	Moore Stephens Lovelace	. ΡΔ	empolyed 🕨		
Use (ıf self-emp	oloyed),	P			EIN Þ	
	1	address, a	nd ZIP + 4	14400 NW 77th Court Su	ite 306		Phone no ► (30	05) 819-9555
		Ī		Miami Lakes, FL 33016			1	-,

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

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

1	Briefly describe the organizatio	n'e mission				
•	· ·		nd continuing retir	ement community, including	independent living, assisted living,	and nursing facilities and
					s delivering service at a reasonable	
2	Did the organization und the prior Form 990 or 99		nt program ser 	vices during the year w	hich were not listed on	Yes 🗸 No
	If "Yes," describe these		nedule O		, , , , , , , ,	,
3	Did the organization cea			changes in how it condi	ucts any program	
	services?					Yes 🗸 No
	If "Yes," describe these	changes on Schedul	le O			
4					rgest program services by ex	
	Section 501(c)(3) and (a others, the total expense				oort the amount of grants and	allocations to
	others, the total expens	es, and revende, in a	ily, for each pr	ogram service reported		
4a	(Code) (Expenses \$	93,402	ıncludıng grants of \$) (Revenue \$)
		kes all the fund raising a	ctivities to benefit	Susanna Wesley Health Cer	nter, Inc and Epworth Village West,	Inc (Section 501 (c)(3)
	entities)					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4 '	0.44	- /D !	J.,J., O.)			
4d	Other program service: (Expenses \$	•	dule O) ding grants of	dr.) (Revenue \$	\
_	· · ·			·)
4e	Total program service	expenses \$	93,402	Must equal Part IX, Li	ine 25, column (B).	

Part IV Checklist of Required Schedu	ıles
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	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	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)^{9}$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	1				
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
	gaming (gambling) winnings to prize winners?	; .		1c		N o
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this		0			
h	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ing the	year covered by this	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Financial Accounts</i> .	Report c	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Enti	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty fo	which it was required to	_		
	file Form 8282?	 		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per		enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization			_		
	required?			7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them)	-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body	and Management	

			165	140			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 14						
b	Enter the number of voting members that are independent 1b 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N _O			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
b	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		N N			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νo			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 5300 West 16th Avenue Hileah, FL 33012 (305) 556-3500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

F Check this box if the organization did not compensate any officer, director, trustee or key employee

		Posit tl	(C non (c	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Madelyn Lozano , President	10 00	Х		Х				0	0	0
Judy Pruitt , Vice President	5 00	Х		Х				0	0	0
Mary Kay Blanks , Secretary	5 00	Х		Х				0	0	0
Emily Romano , Treasurer	5 00	X		Χ				0	0	0
Elizebeth Carter , Director	5 00	Х						0	0	0
Lindsey Conner , Director	5 00	Х						0	0	0
Jonah Pruitt , Director	5 00	Х						0	0	0
Patricia Reams , Director	5 00	Х						0	0	0
Opal Winebrenner , Director	5 00	Х						0	0	0
Aggie Reid , Director	5 00	X						0	0	0
Jake Roudenbush , Director	5 00	Х						0	0	0
Rev Rene Ramırez , Director	5 00							0	0	0
Rev Emilio Chaviano , Director	5 00	Х						0	0	0
Debbie McLeod , Director	5 00	Х						0	0	0
- <u>-</u>										

Part VIII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustees or Director		ppl	y) (香	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total			-				>		0	0

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N. a
		4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation			
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
20 20	1a	Federated camp	paigns 1a	4,809				314
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
	c	Fundraising eve	ents 1c					
£ a	d	Related organiz	ations 1d					
% ⊞.	e	Government grants	s (contributions) 1e					
<u>5</u> .8	f f		ons, gifts, grants, and 1f					i
돌	_	similar amounts no	ot included above butions included in					
H O	g							
Ş.Ē	h		s 1a-1f)	►	4,809			
				Business Code				
Ę	2a							
34 34	ь							
e.	c							
Š h	d							
Ø ⊆	e							
Program Service Revenue	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f	\$				
	3		ome (ıncludıng dıvıden	· '				
			mounts)	į.	157,696			157,696
	4		tment of tax-exempt bond	_				
	5	Royalties	(ı) Real					
	6a	Gross Rents	(I) Real	(II) Personal				
	Ь	Less rental						
	_c	expenses Rental income						
	١.	or (loss)						
	d	Net rental incor	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) O thei				
	-	from sales of assets other						
	١.	than inventory Less cost or	1,054,504					
	b	other basis and sales expenses	1,034,304					
	c	Gain or (loss)	-1,054,504					
	d	Net gaın or (los	s)		-1,054,504			-1,054,504
	8a	Gross income for events (not inc	-					
Other Revenue		See Part IV , lın <i>Attach Schedule</i>	reported on line 1c) se 18 G if total exceeds a					
<u>.</u>	Ь		penses b					
¥	c		loss) from fundraising	events 🟲 I				
J	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	b		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo	ınventory, less					
	ь	Less cost of go	oods sold b					
	С		(loss) from sales of inv	entory 🛏				
		Miscellaneous	Revenue	Business Code				
	11a	Miscellaneous :	Income	900,099	645			645
	Ь							
	c							
	d	All other revenu	ue]
	e	Total. Add lines	s 11a-11d	'				
	12		Add lines 1h, 2g, 3, 4,		-891,354	0	0	-896,163

Part IX Statement of Functional Expenses

_	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
			piete columns (B)	(B), (C), and (C)). (D)						
Do I	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$, line 21 $$										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	93,402	93,402								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16		·								
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)										
а	Management										
b	Legal										
c	Accounting	20,100		20,100							
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees										
g	Other										
12	Advertising and promotion										
L3	Office expenses										
L4	Information technology										
15	Royalties										
L6	Occupancy										
L7	Travel										
18	Payments of travel or entertainment expenses for any Federal, state or local public officials										
19	Conferences, conventions and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	Investment Fees	8,813		8,813							
b	Insurance	4,603		4,603							
c	Licenses & Fees	480		480							
d	Misc Expense	198		198							
e	Bank Service Charges	44		44							
f	A II other expenses										
25	Total functional expenses. Add lines 1 through 24f	127,640	93,402	34,238							
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation	<u> </u>									

Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	68.157	1	91,384
	2	Savings and temporary cash investments		2	2,601
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or		-	
		other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	500,000	7	443,864
	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges	4,167	9	872
Assets	10a	Land, buildings, and equipment cost basis			
-	b	Less accumulated depreciation Complete Part VI of	-		
		Schedule D		10c	
	11	Investments—publicly traded securities	4,473,427	11	3,927,059
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	183,097	12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	1,864,663		1,757,111
			7 000 544	15	0.000.004
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,093,511	16	6,222,891
	17	Accounts payable and accrued expenses .	7,774	17	10,500
	18	Grants payable		18	
	19	Deferred revenue		19	
Ø.	20	Tax-exempt bond liabilities		20	
ige	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		,	
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,774	26	10,500
Š		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	4,971,099	27	4,190,777
<u> 55</u>	28	Temporarily restricted net assets	2,095,163	28	2,001,761
=	29	Permanently restricted net assets	19,475	29	19,853
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and complete			
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32			32	
		Retained earnings, endowment, accumulated income, or other funds	7,085,737	33	6,212,391
Š	33 34	Total liabilities and not assets /fund balances	7,085,737		6,212,391
	34	Total liabilities and net assets/fund balances	7,093,311	34	0,222,691
Pa	rt XI	Financial Statements and Reporting			

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		Νo
Ь	If "Yes," did the organization undergo the required audit or audits?	3b	·	

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Open to Public Inspection

	e of th rth Villag	ie organizat i ie Inc	on					Em	ployer ide	nt if icat io	n numbe	r
.p.,,	itii viiiag	je me						59	-0589990)		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
-he	organız	zation is not	a private found	ation because it is (Please	check on	y one org	anızatıon))				
1	Γ	A church, c	onvention of ch	iurches, or association of ch	urches de	scribed in	Section 1	70(b)(1)	(A)(i).			
2	Γ	A school d	escribed in Sect	i on 170(b)(1)(A)(ii). (Attac	h Schedu	le E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	oed in Sec	tion 170(l)(1)(A)(i ii). (Attac	h Schedul	e H)	
4	Γ		research organi name, city, and	zation operated in conjunctions	on with a	nospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the	
5	г	•		or the benefit of a college or	universit	v owned o	r onerated	hy a dov	rnmental	unit desci	rihed in	
_	'			(Complete Part II)	4111701510	, omica o	Горегисси	b, a got		anne deser	1500 111	
6	г			overnment or governmental	ıınıt desci	ihed in Se	ction 170	′b)(1)(Δ)	(v).			
7	<u>'</u>	•		ally receives a substantial p						n the gene	ral nubli	c
•	'	-		o)(1)(A)(vi) (Complete Par		опроте по	om a gove	illicitar (1111C OT 11 OT	ii tiic gene	Tar pabir	•
8	г		-	ed in Section 170(b)(1)(A)	•	nlete Par	+					
9	Ė.		•	ally receives (1) more than		•	•	ntributioi	ns membe	rshin fees	and are	155
-	'	-		ated to its exempt functions					•			
		•		estment income and unrelate	-		•		•			.
			-	on after June 30, 1975 See			•			.,		
10	Г		-	and operated exclusively to			•		•	e instruci	tions)	
11	<u>,</u>	-	_	·			•				•	ses of
	'	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check										
				type of supporting organiza					h	_		
	_	а Г⊤	* •				nally Integ		d	, ,,	III - Ot	
е	▽	other than	foundation man	rtify that the organization is agers and other than one or			•			•	•	
f		section 50		d a written determination fro	m the IRS	that it is	a Type I.	Type II o	r Type III	supportin	a oraani	zation.
		check this					, , ,	. , , ,	, , ,		9 - 9	<u></u>
g		_		as the organization accepted	d any gıft	or contrib	utıon from	any of the	:			
		following pe		r indirectly controls, oither s	olono orta	anthor w	th naraana	daaariba	d .m /\			T
				r indirectly controls, either a ng body of the the supported			th persons	describe	a iii (ii)	11g(Yes	No No
					-	LIUII				11g(No
				erson described in (i) above ty of a person described in (20403				11g(11g(_	No
L		` '		, ,			cupporto			119(,	INO
h		Provide the	e lollowing inform	nation about the organizatio	ns the org	janization	supports					
	(i) N a	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Ar	nount of
								_	ation in	supp	port?	
	o rgan	ıızatıon		above or IRC section (See Instructions)		listed in verning	In col (I) of your	col (1) o	rganized IIS?		
				(occ matractions))		nent?	3401		"" ""	5 5		
					Yes	No	Yes	No	Yes	No	1	

For Paperwork Reduction Act No	lotice, see the Instructions for Form 990	90

591837338

591920293

12

12

Susanna Wesley Health Center Inc

Epworth Village West Inc

Total

Νo

Νo

Νo

Yes

0

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any 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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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2008

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization worth Village Inc		Employer identif	ication number
гρν	voith vinage the		59-0589990	
Pa	rt I Organizations Maintaining Donor		Funds or Accour	its. Complete if the
	organization answered "Yes" to Form		T	
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		onor advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the t impermissible private benefit?		•	┌ Yes ┌ No
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes"	to Form 990, Part	: IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat	ation or pleasure) Preservation of a	an historically import ertified historic stru	•
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a quon the last day of the tax year	ualified conservation contribution in the for	m of a conservation o	easement
			Held	at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	i historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terminal	ted by the organizati	on during
	the taxable year 🕨			
4	Number of states where property subject to conse	rvation easement is located ►		
5	Does the organization have a written policy regard enforcement of the conservation easements it hol		olations, and	┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during th	ne year ►	
7	A mount of expenses incurred in monitoring, inspe	cting, and enforcing easements during the	year ► \$	
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of se	ection	┌ Yes ┌ No

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

- \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

- \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	-	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VII Investments—Other Securities. S	ee Form 990, Part X, line	12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.	See Form 990, Part X, lın	e 13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
		Cost or end-or-	year market value
		+	_
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X	, line 15. cription		(b) Book value
	СПРСІОП		(b) Book value 840
Deposits Due From Affiliates			
Due From Affiliates			1,756,271
Tabel (Column (b) about a such Four 2002 Post V a 1/22/1	no 15)		4 757 244
Total. (Column (b) should equal Form 990, Part X, col.(B) II. Part X Other Liabilities. See Form 990, Pa			1,757,111
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(2) mount		
Teachar Income Taxes			
		-	
		1	
		┪	
		\dashv	
		-	
		\dashv	
Tabel (Column (b) chould arrive Form 200, Cort V and (C) (1, C)		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ I	į.	

	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-891,354
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	127,640
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,018,994
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	145,648
9	Total adjustments (net) Add lines 4 - 8	9	145,648
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-873,346
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	-652,301
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	239,053
3	Subtract line 2e from line 1	3	-891,354
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-891,354
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	127,643
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		_
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	127,640
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	4-	
С	Add lines 4a and 4b	4c	127,640
5	- Lorar expenses And lines 5 and 46. Lines should endal Form 990 Marri I line 18 1	5	127.040

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		Net Unrealized Gain on Long-Term Investments and Marketable Securities Rounding
Part XII, Line 2d - Other Adjustments		Good Samaritan Subsidy
Part XIII, Line 2d - Other Adjustments		Rounding

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DLN: 93493132034030

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

Governments and Individuals in the U.S.

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

Epworth Village Inc						59-0589990	
Part I General Inform	mation on Gra	nts and Assistanc	e			l	
Does the organization ma the selection criteria useDescribe in Part IV the or	d to award the grai	nts or assistance?					▼ Yes □
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oil if no one recipient rece	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec organizations					•		
3 Enter total number of other	er organizations .	<u></u> .	<u></u> .	<u></u> .	<u></u>	<u></u> .•	<u> </u>
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	 P	Sci	nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Good Samaritan Subsidy	11	93,402			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	·	Schedule I, Part I, Line 2 The organization conducts a review and investigation by at least 3 members of the Good Samaritan Fund Committee to investigate any exceptions for the qualification to remain a receipient of the funds. The Committee's conclusions and recommendations are presented at a regularly scheduled meeting of the Board of Directors and approved by two-thirds vote of those present before any exceptions are made.

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DLN: 93493132034030

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Internal Revenue Service		Inspection
Name of the organizat Epworth Village Inc	ion	Employer identification number 59-0589990
		33 0303330

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The president reviews and approves the 990 prior to it's filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization does not currently have a conflict of interest policy in place. A conflict of interest policy is currently being formulated for the upcoming fiscal year.

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request							

Identifier	Return Reference	Explanation							
Form 990, Part XI, Line 2c	Financial Statements and Reporting	The financial committee is responsible for the selection, monitoring, and evaluation of an independent audit firm and oversight of the audit of its financial statements. There was no change in the process from the prior year.							

DLN: 93493132034030

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number Name of the organization Epworth Village Inc 59-0589990 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Epworth Village West Inc Provide independent senior 5300 West 16th Avenue 501(c)(3) 509(a)(2) FL living and assisted living Hıaleah, FL33012 59-1920293 Susanna Wesley Health Center Inc Nursing home and 5300 West 16th Avenue rehabilitation center for FL 501(c)(3) 509(a)(2) Hialeah, FL33012 seniors 59-1837338

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant Income(related, Investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene	(J) General or managing partner?	
										Yes	No		Yes	No	
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust									
(A) Name, address, and EIN of related organization		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership			

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations						
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No		
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	Gıft, g	rant, or capital contribution to other organization(s)		1	1b	No		
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No		
d	Loans	Loans or loan guarantees to or for other organization(s)						
e	Loans	or loan guarantees by other organization(s)		[1	1e	No		
f	Sale o	fassets to other organization(s)		1	1f	No		
g	Purch	ase of assets from other organization(s)		ا	1g	No		
h	Excha	inge of assets		1	1h	No		
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No		
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No		
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No		
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No		
m	Sharın	g of facilities, equipment, mailing lists, or other assets		[1	1m	No		
n	Sharır	ng of paɪd employees		_1	1n	No		
o	Reımb	oursement paid to other organization for expenses		1	10	No		
р	Reımb	oursement paid by other organization for expenses		_1	1p	No		
q	Other	transfer of cash or property to other organization(s)		_1	1q	No		
r	r Other transfer of cash or property from other organization(s)							
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds				
		(A)	(B) Transaction	(C)				
		Name of other organization(s)	type(a-r)	Amount Involved				
(1)								
(2)								
<u> </u>								
(3)								
(4)								
(+)								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	