

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable:

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

C Name of organization **Kingsway Charities Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

1119 Commonwealth Ave

City or town, state or province, country, and ZIP or foreign postal code

Bristol, VA 24201F Name and address of principal officer: **John Gregory****Same as C above**

D Employer identification number

54-1668650

E Telephone number

(276) 466-3014

G Gross receipts

\$ 129,271,510H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **www.kingswaycharities.org**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1993**M State of legal domicile: **VA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The primary purpose of the organization is to supply medications and medical supplies to medical mission teams traveling worldwide.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 1
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 9
	6	Total number of volunteers (estimate if necessary) 6 25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 39 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 47,450,478 128,306,233
	9	Program service revenue (Part VIII, line 2g) 4,650 3,120
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) (567,213) 193,544
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 307,514 388,741
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 47,195,429 128,891,638
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 41,900,984 129,606,730
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 723,809 766,966
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	b	Total fundraising expenses (Part IX, column (D), line 25) 17,728
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 604,369 644,822
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 43,229,162 131,018,518
19	Revenue less expenses. Subtract line 18 from line 12 3,966,267 (2,126,880)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 23,385,555 23,085,186
	21	Total liabilities (Part X, line 26) 45
	22	Net assets or fund balances. Subtract line 21 from line 20 23,385,555 23,085,141

Part II Signature Block

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

Sign Here **Mary Ann Blessing**
 Signature of officer Date

Mary Ann Blessing, Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name David E Warren CPA	Preparer's signature <i>David E Warren CPA</i>	Date 03-20-2020	Check <input type="checkbox"/> if self-employed PTIN P00575833
Firm's name David E Warren CPA	Firm's EIN 423-573-9015	Firm's address 307 8th St Bristol TN 37620	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

The primary purpose of the organization is to supply medications and medical supplies to medical mission teams traveling worldwide.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 130,499,638 including grants of \$) (Revenue \$ 128,891,638)
The program provided medications and medical supplies for shipment and medical mission trips to third world countries.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **130,499,638**

Part IV Checklist of Required Schedules

	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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 <input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b <input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c <input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f <input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b <input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 <input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 <input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	1	
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	X
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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, 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 on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 **Statement #17**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **Greg Tebeau (276) 466-3014, 1119 Commonwealth Ave, Bristol, VA 24201**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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, and 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.

See instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Herschel Blessing</u> <u>Dir</u>	<u>4.00</u>	<input checked="" type="checkbox"/>						0	0	0
(2) <u>Joseph Gregory</u> <u>Dir</u>	<u>4.00</u>	<input checked="" type="checkbox"/>						0	0	0
(3) <u>Joan Gregory</u> <u>Dir</u>	<u>4.00</u>	<input checked="" type="checkbox"/>						0	0	0
(4) <u>Carol Shrader</u> <u>Dir</u>	<u>1.00</u>	<input checked="" type="checkbox"/>						0	0	0
(5) <u>Susan Gregory</u> <u>Dir</u>	<u>1.00</u>	<input checked="" type="checkbox"/>						0	0	0
(6) <u>Jefferson Gregory</u> <u>Dir</u>	<u>1.00</u>	<input checked="" type="checkbox"/>						0	0	0
(7) <u>Benjamin Blessing</u> <u>Dir</u>	<u>1.00</u>	<input checked="" type="checkbox"/>						0	0	0
(8) <u>Greg Tebeau</u> <u>Treasurer</u>	<u>4.00</u>			<input checked="" type="checkbox"/>				0	0	0
(9) <u>John Gregory</u> <u>Chairman</u>	<u>4.00</u>			<input checked="" type="checkbox"/>				0	0	0
(10) <u>Gregory Jones</u> <u>Secretary</u>	<u>4.00</u>			<input checked="" type="checkbox"/>				0	0	0
(11) <u>James Gregory</u> <u>Chairman</u>	<u>4.00</u>			<input checked="" type="checkbox"/>				0	0	0
(12) <u>Mary Ann Blessing</u> <u>President</u>	<u>40.00</u>					<input checked="" type="checkbox"/>		125,000	0	0
(13) _____	_____									
(14) _____	_____									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								125,000	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

1

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	128,306,233				
	g	Noncash contributions included in lines 1a-1f	1g	128,204,600				
	h	Total. Add lines 1a-1f		128,306,233				
	Program Service Revenue			Business Code				
2a		Ministry services (Rent)	531120	3,120	3,120			
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		3,120				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		285,644			285,644	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	108,362				
	c	Gain or (loss)	7c	200,462				
	d	Net gain or (loss)		(92,100)	(92,100)			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a	330,384					
b	Less: cost of goods sold	10b	179,410					
c	Net income or (loss) from sales of inventory		150,974	150,974				
Miscellaneous Revenue			Business Code					
	11a	Shipping\Handling	900099	237,673	237,673			
	b	Other	900099	94	94			
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		237,767					
12	Total revenue. See instructions		128,891,638	299,761	0	285,644		

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	129,606,730	129,606,730		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,308	97,154	86,154	
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	350,801	185,923	164,878	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	10,098	5,352	4,746	
9 Other employee benefits	181,824	96,367	85,457	
10 Payroll taxes	40,935	21,696	19,239	
11 Fees for services (nonemployees):				
a Management				
b Legal	150		150	
c Accounting	21,046		21,046	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	35,977	26,500	9,477	
12 Advertising and promotion	4,801			4,801
13 Office expenses	20,550	10,275	10,275	
14 Information technology				
15 Royalties				
16 Occupancy	93,742	93,742		
17 Travel	12,927			12,927
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	54,164	27,082	27,082	
23 Insurance	28,760	14,380	14,380	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Shipping</u>	203,679	203,679		
b <u>Damaged inventory</u>	27,951	27,951		
c <u>Volunteer expenses</u>	46,290	46,290		
d <u>Maintenance</u>	4,258	4,258		
e All other expenses	90,527	32,259	58,268	
25 Total functional expenses. Add lines 1 through 24e. . .	131,018,518	130,499,638	501,152	17,728
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	400	1	400
	2 Savings and temporary cash investments	4,798,668	2	1,401,037
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17,014,224	8	15,594,525
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,106,160		
	b Less: accumulated depreciation	10b 2,769,322	1,358,226	10c 1,336,838
	11 Investments - publicly traded securities	214,037	11	4,752,386
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,385,555	16	23,085,186	
Liabilities	17 Accounts payable and accrued expenses		17	45
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	45
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,385,555	27	23,085,141
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,385,555	32	23,085,141
33 Total liabilities and net assets/fund balances	23,385,555	33	23,085,186	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,891,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,018,518
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,126,880)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,385,555
5	Net unrealized gains (losses) on investments	5	1,826,466
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,085,141

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**b** Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**c** If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20 ____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changed

B Exempt under section

<input checked="" type="checkbox"/> 501(C) (3)	
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 220(e)
<input type="checkbox"/> 408A	<input type="checkbox"/> 530(a)
<input type="checkbox"/> 529(a)	

Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)**Kingsway Charities Inc**

Number, street, and room or suite no. If a P.O. box, see instructions.

1119 Commonwealth Ave

City or town, state or province, country, and ZIP or foreign postal code

Bristol, VA 24201D Employer identification number
(Employees' trust, see instructions.)**54-1668650**E Unrelated business activity code
(See instructions.)C Book value of all assets
at end of year**23,085,186**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Enter the number of the organization's unrelated trades or businesses. ▶ **0** Describe the only (or first) unrelated trade or business here ▶ _____. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.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 ▶ **Greg Tebeau**Telephone number ▶ **(276) 466-3014****Part I Unrelated Trade or Business Income**

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

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income. Subtract line 30 from line 29	31	

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of line 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		46e
b	Other credits (see instructions)	46b		
c	General business credit. Attach Form 3800 (see instructions)	46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		
47	Total credits. Add lines 46a through 46d	47		
48	Subtract line 46e from line 45	48		
49	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)	49		
50	Total tax. Add lines 47 and 48 (see instructions)	50		
51a	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	51a		51g
b	Payments: A 2018 overpayment credited to 2019	51b		
c	2019 estimated tax payments	51c		
d	Tax deposited with Form 8868	51d		
e	Foreign organizations: Tax paid or withheld at source (see instructions)	51e		
f	Backup withholding (see instructions)	51f		
g	Credit for small employer health insurance premiums (Attach Form 8941)	51g		
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56		

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	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 instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Director

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

David E Warren CPA

Preparer's signature

David E Warren CPA

Date

03-20-2020

Check ☐ if self-employed

PTIN

P0057583

Firm's name

David E Warren CPA

Firm's EIN 62-1714856

Firm's address

307 8th St
Bristol TN 37620

Phone no.

423-573-901

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190,383,161	25,287,380	60,027,572	47,421,776	30,611,870	553,731,759
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	190,383,161	25,287,380	60,027,572	47,421,776	30,611,870	553,731,759
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						80,082,096
6 Public support. Subtract line 5 from line 4						473,649,663

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	190,383,161	25,287,380	60,027,572	47,421,776	30,611,870	553,731,759
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150,611	120,984	147,535	143,289	285,644	848,063
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						554,579,822
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	85.41 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.82 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶ ☐

b 33 1/3% support tests - 2018. 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 ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Kingsway Charities Inc	Employer identification number 54-1668650
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>Caring Partners</u> <u>601 Shotwell Dr</u> <u>Franklin, OH 45005</u>	\$ <u>2,701,711</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>Medical Teams International</u> <u>14150 SW Milton Ct</u> <u>Portland, OR 97224</u>	\$ <u>3,009,523</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>R & S Pharmacy</u> <u>10049 Sandmeyer Lane</u> <u>Philadelphia, PA 19116</u>	\$ <u>9,409,085</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>Apotex</u> <u>2400 North Commerce St</u> <u>Fort Lauderdale, FL 33326</u>	\$ <u>5,692,175</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>Amneal Pharmaceuticals</u> <u>400 Crossing Boulevard</u> <u>Bridgewater, NJ 08807</u>	\$ <u>59,055,891</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>Citihope International</u> <u>143 Main St</u> <u>Andes, NY 13731</u>	\$ <u>25,701,525</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Amerisource Bergen Assistance Fund 1300 Morris Dr Wayne, PA 19087	\$ 9,907,797	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	North Star Foundation 67 Glenfield Rd North Attleboro, MA 02760	\$ 5,321,056	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	Pharmaceutical Associates 1700 Perimeter Rd Greenville, SC 29605	\$ 4,903,624	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	Medical supplies _____ _____ _____	\$ <u>2,701,711</u>	<u>10-01-2019</u>
<u>2</u>	Medical supplies _____ _____ _____	\$ <u>3,009,523</u>	<u>01-15-2019</u>
<u>3</u>	Medical supplies _____ _____ _____	\$ <u>9,409,085</u>	<u>02-13-2019</u>
<u>4</u>	Medical supplies _____ _____ _____	\$ <u>5,692,175</u>	<u>11-07-2019</u>
<u>5</u>	Medical supplies _____ _____ _____	\$ <u>59,055,891</u>	<u>07-29-2019</u>
<u>6</u>	Medical supplies _____ _____ _____	\$ <u>25,701,525</u>	<u>02-01-2019</u>

Name of organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	Medical supplies _____ _____ _____	\$ 9,907,797	07-17-2019
8	Medical supplies _____ _____ _____	\$ 5,321,056	03-07-2019
9	Medical supplies _____ _____ _____	\$ 4,903,624	04-12-2019
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		234,754		234,754
b Buildings		859,970	911,146	(51,176)
c Leasehold improvements		2,459,361	1,311,652	1,147,709
d Equipment		552,075	546,524	5,551
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 1,336,838

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	130,897,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,826,466	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	179,410	
e	Add lines 2a through 2d		2e	2,005,876
3	Subtract line 2e from line 1		3	128,891,638
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	128,891,638

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	131,197,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	179,410	
e	Add lines 2a through 2d		2e	179,410
3	Subtract line 2e from line 1		3	131,018,518
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	131,018,518

Part XIII	Supplemental Information.
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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Access Care 412 East Washington Blvd Bear, DE 19701	20-5138597			96,625	Wholesale Avg Cost	Medical supplies	Global healthcare
(2)	Abundant Life Christian Cen 2304 Old Shell Landing Ocean Springs, MS 39564	64-0873143			42,180	Wholesale Avg Cost	Medical supplies	Global Healthcare
(3)	Acts 2 Collective 6095 NE Industry Dr Des Moines, IA 50313	47-4057232			98,847	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(4)	Advancing Native Missions 10460 Crittizers Shop Rd Afton, VA 22920	75-2402759			22,334	Wholesale Avg Cost	Medical supplies	Global Healthcare
(5)	Alabama Honduran Medical Ne 4581 Gibson Dr Bessemer, AL 35022	68-0538134			25,421	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)	Agape Korean Baptist Church 3939 Birchwood Ave Skokie, IL 60076	36-3919169			6,814	Wholesale Avg Cost	Medical supplies	Global Healthcare
(7)	Argo Christian Fellowship 7987 Knoll Lane Trussville, AL 35173	26-3074436			22,719	Wholesale Avg Cost	Medical supplies	Global healthcare
(8)	Americans Serving Abroad 3745 South Street Rd Marcellus, NY 13108	47-1151284			15,378	Wholesale Avg Cost	Medical supplies	Global healthcare
(9)	Amer-Haitian 739 Miff Main Rd Nescopeck, PA 18635	43-1202008			139,012	Wholesale Avg Cost	Medical supplies	Global healthcare
(10)	Aya Project 115 West Onedia St Oswego, NY 13126	46-4509275			8,692	Wholesale Avg Cost	Medical supplies	Global healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Armenian Relief Mission 531 Hoyt Lane Winnetka, IL 60093	36-4367377			34,697	Wholesale Avg Cost	Medical supplies	Global healthcare
(2)	Kristine Gregory 3406 Bayshore Dr Bacliff, TX 77518	47-4078835			78,589	Wholesale Avg Cost	Medical Supplies	Global healthcare
(3)	Beltway Baptist 2438 Industrial Blvd Abilene, TX 79605	75-2077730			10,814	Wholesale Avg Cost	Medical supplies	Global healthcare
(4)	Bethany Korean Presbyterian 4020 Marchant Blvd Carrollton, TX 75010	45-3539663			6,073	Wholesale Avg Cost	Medical supplies	Global healthcare
(5)	Bible Basics Intl 1609 Pasadena Ave Saint Petersburg, FL 33707	23-7328667			72,497	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(6)	Body & Soul Blessed Hope 7109 N Williamson Rd Muncie, IN 47303	62-1593342			31,113	Wholesale Avg Cost	Medical supplies	Global Healthcare
(7)	Bridge to the Nations 7101 Daniel Rd Wake Forest, NC 27587	42-1623149			154,483	Wholesale Avg Cost	Medical supplies	Global healthcare
(8)	Bringing Good News Intl 8017 Turkel Court Fishers, IN 46038	46-3353407			29,884	Wholesale Avg Cost	Medical supplies	Global healthcare
(9)	Bible Basics Intl 900 Carillion Pkwy Saint Petersburg, FL 33716	23-7328667				Wholesale Avg Cost	Medical supplies	Global healthcare
(10)	Big Foundation 1800 North Bayshore Dr Miami, FL 33132	48-2945891				Wholesale Avg Cost	Medical supplies	Global Healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2019

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Inspection**

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Body & Soul Blessed Hope Ba 7109 Williamson Rd Muncie, IN 47303	62-1593342				Wholesale Avg Cost	Medical Supplies	Global Healthcare
(2)Briarwood Presbyterian 2310 Briarwood Trace Birmingham, AL 35243	63-0653634				Wholesale Avg Cost	Medical supplies	Global healthcare
(3)Bridge to the Nations 7101 Daniel Rd Wake Forest, NC 27587	42-1623149				Wholesale Avg Cost	Medical supplies	Global healthcare
(4)Bring Good News Intl 8017 Turkel Ct Fishers, IN 46038	46-3353407				Wholesale Avg Cost	Medical Supplies	Global healthcare
(5)Broken Arrow Church of Chri 7912 E 31st Ct Tulsa, OK 74145	73-0992051			50,753	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)Brown Horse Projects 7022 Southberry Hil Canfield, OH 44406	81-4967900			8,504	Wholesale Avg Cost	Medical supplies	Global Healthcare
(7)Calvary Baptist Church 350 Ridgetop Dr Bluff City, TN 37618	62-0565953			15,282	Wholesale Avg Cost	Medical supplies	Global healthcare
(8)Calvary Christian Fellowshi 8960 Hemlock Ave Fontana, CA 92335	61-1661723			6,754	Wholesale Avg Cost	Medical supplies	Global healthcare
(9)Caring Partners Intl 601 Shotwell Dr Franklin, OH 45005	37-1028228			45,901	Wholesale Avg Cost	Medical supplies	Global healthcare
(10)Carolina Honduras Health Fo 3277 Galilee Rd Barnwell, SC 29812	57-1023037			67,877	Wholesale Avg Cost	Medical Supplies	Global Healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cathedral of the Immaculate 210 Country Club Rd Cocoa Beach, FL 32931	53-0196617			5,389	Wholesale Avg Cost	Medical supplies	Global healthcare
(2) Christian Family Temple 311 Zante Currant Rd Durham, NC 27703	59-1510448			116,158	Wholesale Avg Cost	Medical supplies	Global healthcare
(3) CERT Intl 3211 Tabor Loop Crossville, TN 38571	30-0045949			28,773	Wholesale Avg Cost	Medical supplies	Global healthcare
(4) Christian Family Church 610 S Main St Highlands, TX 77562	76-0250946			5,551	Wholesale Avg Cost	Medical supplies	Global healthcare
(5) Christian Fellowship World 7635 Tanglecrest Dr Dallas, TX 75254	75-2939583			19,738	Wholesale Avg Cost	Medical supplies	Global healthcare
(6) Christ Central Ministries 2206 E Hill Ave Valdosta, GA 31602	59-3492897			14,167	Wholesale Avg Cost	Medical supplies	Global healthcare
(7) Christ Community Church PO Box 127 Scottsville, VA 24590	54-1439351				Wholesale Avg Cost	Medical supplies	Global healthcare
(8) Christ Temple Medical Missi 27 S 5th St Darby, PA 19023	23-2821205			104,754	Wholesale avg Cost	Medical Supplies	Global healthcare
(9) Christian Felloeship World 7635 Tanglecrest Dr Dallas, TX 75254	75-2939583				Wholesale Avg Cost	Medical Supplies	Global Healthcare
(10) Christian Medical Ministry 2310 Briarwood Trace Birmingham, AL 35243	63-0653634			162,817	Wholesale Avg Cost	Medical supplies	Global healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Christ Love Intl 6224 Hearne Ave Shreveport, LA 71108	72-1420968				Wholesale Avg Cost	Medical supplies	Global healthcare
(2)	Church at Northside 1363 Mount Alto Rd Rome, GA 30165	65-0632462			7,274	Wholesale Avg Cost	Medical supplies	Global healthcare
(3)	Church Family Missions 1509 Tiononati St South Lake Tahoe, CA 96150	47-1025167			18,456	Wholesale Avg Cost	Medical supplies	Global healthcare
(4)	Church of all Nations 22568 SW 54th Way Boca Raton, FL 33433	44-0577787			31,062	Wholesale vg Cost	Medical supplies	Global healthcare
(5)	Church of the Living Unonu 4502 8th Ave Washington, DC 20011	41-2077966			110,783	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)	City Life Church of God 8411 North Dale Mbry Hwy Tampa, FL 33614	59-1379995			11,621	Wholesale Avg Cost	Medical supplies	Global healthcare
(7)	Clarksville Vineyard Fellow 801 Shady Bluff Trail Clarksville, TN 37043	62-1567276			37,665	Wholesale Avg Cost	Medical supplies	Global healthcare
(8)	Community Clinic of Joplin 12635 Donny Brook Ln Carthage, MO 64836	43-1643962				Wholesale Avg Cost	Medical supplies	Global healthcare
(9)	Community Health Partnershi 1 Madlyn St Plymouth, MA 02360	46-1520101			36,543	Wholesale Avg Cost	Medical supplies	Global healthcare
(10)	Compassionate Hearts Allian 2110 Nueces Trail Longview, TX 75604	75-2954938			35,350	Wholesale Avg Cost	Medical supplies	Global healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Coptic Medical Assoc 354 150th St Whitestone, NY 11357	27-1881182			108,574	Wholesale Avg Cost	Medical supplies	Global healthcare
(2)Corinth Reformed Church 4428 3rd St Hickory, NC 28601	13-1957221			18,287	Wholesale Avg Cost	Medical supplies	Global healthcare
(3)Corner of Love 23745 225th Way Maple Valley, WA 98038	36-4612230			63,186	Wholesale Avg Cost	Medical supplies	Global healthcare
(4)Covenant Presbyterian Church 801 Autumnbrook Cr Sherwood, AR 72120	73-1646415			309,413	Wholesale Avg Cost	Medical supplies	Global healthcare
(5)Cristo Salvo 71 Wildwood Dr Greenwich, CT 06830	59-2376716			8,093	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)Cross Catholic Outreach 600 SW 3 St Pompano Beach, FL 33060	65-6102220			15,834,334	Wholesale Avg Cost	Medical Supplies	Global healthcare
(7)Cross Link Church 4606 Hickory Nut Ridge Rd Granite Falls, NC 28630	56-1593559			154,997	Wholesale Avg Cost	Medical supplies	Global healthcare
(8)Crystal Evangelical Church 501 Parson Blvd Whitestone, NY 11357	11-2972645				Wholesale Avg Cost	Medical supplies	Global healthcare
(9)Cuatro por Venezuela 828 Ralph McGill Blvd Atlanta, GA 30306	81-4622309			270,987	Wholesale Avg Cost	Medical supplies	Global healthcare
(10)David Omenukor Foundation 1322 Oak Run Dr Duncanville, TX 75137	81-1028554				Wholesale Avg Cost	Medical supplies	Global healthcare

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(1)Diabetic Foundation 22 Page St Norwich, CT 06360	47-3183955			167,835	Wholesale Avg Cost	Medical supplies	Global healthcare
(2)Divine Grace Medical Missio 10600 Fondredn Rd Houston, TX 77096	27-4000666			296,264	Wholesale Avg Cost	Medical supplies	Global healthcare
(3)Dodge County Baptist 1223 Plaza Ave Eastman, GA 31023	58-1294354				Wholesale Avg Cost	Medical supplies	Global healthcare
(4)e3 Partners Ministry 1019 Society Ln Fort Mill, SC 29707	16-1680978			52,902	Wholesale Avg Cost	Medical supplies	Global healthcare
(5)Easgle Ranch Ministries 203 Gault Rd Dawson, PA 15428	25-1669545			6,460	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)Effective Ministry 2550 Gaskins Rd Henrico, VA 23238	20-0040501			27,932	Wholesale Avg Cost	Medical supplies	Global healthcare
(7)Embers to flames 6400 W Newberry Rd Gainesville, FL 32605	45-3684213			7,109	Wholesale Avg Cost	Medical supplies	Global healthcare
(8)Endurance Leadership 47763 Blockhouse Pt Sterling, VA 20165	74-3191443			5,788	Wholesale aavg cost	Medical supplies	Global healthcare
(9)Enlance Honduras Foundation 1024 S Quiet Cr Cicero, IN 46034	26-1855453			9,848	Wholesale Avg cost	Medical supplies	Global healthcare
(10)Episcopal Diocese of Gulf C 1073 Tree Point Dr Fort Walton Beach, FL 32547	63-0590872			16,599	Wholesale Avg Cost	Medical supplies	Globasl healthcare

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EEA

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	Evangelical Laymans Church 850 Lexington Dr Plano, TX 75075	22-3843789			12,003	Wholesale Avg Cost	Medical supplies	Global healthcare
(2)	Faith & Humanities Medical 2494 E La Grange Meridian, ID 83642	47-4732971			231,046	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Feed My Sheep Ministry 17 Ednick Dr Belleville, IL 62226	20-1059569			16,729	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Faith Assembly of God 14431 Hartshill Dr Houston, TX 77044	57-0742551			35,149	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Faith Baptist Church 9970 E Bowling Ln Columbia, MO 65201	51-0156378			9,805	Wholesale avg cost	Medical supplies	Global healthcare
(6)	First Baptist Dothan 300 W Main St Dothan, AL 36301	63-0356655			9,458	Wholesale avg cost	Medical supplies	Global healthcare
(7)	First Baptist Houghton 2239 Landau Ln Bossier City, LA 71111	72-0906712			148,279	Wholesale avg cost	Medical supplies	Global healthcare
(8)	First Baptist Kettering 2406 FlywayCt Dayton, OH 45431	31-1077855			6,971	Wholesale Avg cost	Medical supplies	Global healthcare
(9)	First Baptist Sevierville 1102 Foxwood Dr Sevierville, TN 37862	62-0630933			6,221	Wholesale avg cost	Medical supplies	Global healthcare
(10)	First Baptist Clifton 317 Church St Clifton, TN 38425	62-1523056			88,846	Wholesale avg cost	Medical supplies	Global healthcare

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(1) First Baptist 301 Mann St Hemphill, TX 75948	75-1451270	10246			Wholesale avg cost	Medical supplies	Global healthcare
(2) First Baptist Morristown PO Box 296 Russellville, TN 37860	63-0501083			288,518	Wholesale avg cost	Medical supplies	Global healthcare
(3) Friends of Fontaine 140 North St Buffalo, NY 14201	45-5462094				Wholesale avg cost	Medical supplies	Global healthcare
(4) First Presbyterian 1935 N Broadway St Hastings, MI 49058	23-6393377			6,178	Wholesale avg cost	Medical supplies	Global healthcare
(5) Fountain of Life 115 Billets Bridge Rd Camden, NC 27921	58-0904463			50,899	Wholesale avg cost	Medical supplies	Global healthcare
(6) Four Corners Intl 3740 Bristol Dr Chesapeake Beach, MD 20732	54-2140315			37,529	Wholesale avg cost	Medical supplies	Global healthcare
(7) Friends of Adventure 3812 Grandview Dr Carrollton, TX 75007	38-3934951			57,239	Wholesale avg cost	Medical supplies	Global healthcare
(8) Friends of Barnabas 4001 Stigall Dr Midlothian, VA 23112	54-1947279			94,416	Wholesale avg cost	Medical supplies	Global healthcare
(9) Friends of Haiti 1624 Amanda Ave South Park, PA 15129	26-0626280			30,175	Wholesale avg cost	Medical supplies	Global healthcare
(10) Friends of Honduras 4 Ranch Ln Saint Louis, MO 63131	82-2286598			8,418	Wholesale avg cost	Medical supplies	Global healthcare

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(1) Global Health Outreach 4830 Karls Gate Dr Bristol, TN 37620	36-2284267			20,738	Wholesale avg cost	Medical supplies	Global healthcare
(2) Friends of Africa 484 Lake Park Ave Oakland, CA 94610	20-8927185			19,315	Wholesale avg cost	Medical supplies	Global healthcare
(3) Frontline Missions 5600 Short Rd Fairburn, GA 30213	58-2345963			104,842	Wholesale avg cost	Medical supplies	Global healthcare
(4) G3 Foundation 2311 Ellis Ave Boise, ID 83702	68-0576562			30,520	Wholesale avg cost	Medical supplies	Global healthcare
(5) Gainseville Church of God 506 S Lincoln Ave Tampa, FL 33609	59-2173369			29,804	Wholesale avg cost	Medical supplies	Global healthcare
(6) Ghana Assoc for Medical Aid 60 Evergreen Pl East Orange, NJ 07018	46-3617477			80,616	Wholesale avg cost	Medical supplies	Global healthcare
(7) Gibbs Memorial Church 1161 Price Mill Rd Madison, GA 30650	48-1308166			23,755	Wholesale avg cost	Medical supplies	Global healthcare
(8) Good Samaritan Community He 7701 SW 98th St Miami, FL 33156	20-1192339			86,948	Wholesale avg cost	Medical supplies	Global healthcare
(9) Graham Christian Medical 9668 Madison Blvd Madison, AL 35758	63-1012630			1,744,444	Wholesale avg cost	Medical supplies	Global healthcare
(10) Global Vision for Women & C 2185 Brinker Rd Denton, TX 76208	82-1932913			32,531	Wholesale avg cost	Medical supplies	Global healthcare

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(1)	Go Build Love 8035 S Lake Dr West Palm Beach, FL 33406	82-2072697			6,231	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Go Forth Intl 16 W 765 89th Pl Willowbrook, IL 60527	26-2598137			45,370	Wholesale avg cost	Medical supplies	Global healthcare
(3)	God Saves Corp 4701 Yowell Ln Marshall, VA 20115	48-1308166			81,797	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Grace Assembly of God 4458 Tabitha Creek Dr Syracuse, NY 13215	16-1075218			6,924	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Grace Dental Medical Missio 14 Palomino Rd Salem, NH 03079	04-3337507			6,172	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Healing Hearts Across Bordr 2212 Sonora Way Ramona, CA 92065	48-1284235			16,962	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Healing Nations 528 West Daniel Court Salt Lake City, UT 84123	30-0312349			34,932	Wholesale avg cost	Medical supplies	Global healthcare
(8)	Healing Streams Ministries 13237 Kluge Rd Cypress, TX 77429	76-0689920			64,836	Wholesale avg cost	Medical supplies	Global healthcare
(9)	Health and Education Relief 7334 Pershing Ave Saint Louis, MO 63130	31-1719181			76,234	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Healthy Ninos Honduras 1 North 2nd St Green Lane, PA 18054	23-1924380			168,310	Wholesale avg cost	Medical supplies	Global healthcare

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EEA

Schedule I (Form 990) (2019)

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(1)	Green Oaks Medical 28951 Forest Lake Ln Libertyville, IL 60048	26-3436392			7,129	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Help the Children 5600 Rickenbacker Rd Bell Gardens, CA 90201	95-4669871			390,422	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Highlands Fellowship Abingdon Abingdon, VA 24210	54-1736433			2,745,240	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Heart Care Global 283 Herrick Ave Teaneck, NJ 07666	47-4641798			50,760	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Hearts of Life 98 George Hassett Dr Medford, MA 02155	82-1004928			11,928,756	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Haiti Cheri Harvest Life 435 Colmer Rd Canton, GA 30114	38-3686967			17,752	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Haiti & Africa Relief 24 Harbor Hill Rd Grosse Pointe, MI 48236	45-0924434			18,348	Wholesale avg cost	Medical supplies	Global healthcare
(8)	Healing HANDS Intl 864 Park Dr Nashville, TN 37204	62-1585366			23,837	Wholesale avg cost	Medical supplies	Global healthcare
(9)	Hope International 13596 Christine Circle Uniontown, OH 44685	38-3600031			184,354	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Hill Country Bible Church 11524 Brindle Ct Manor, TX 78653	74-2940553			25,174	Wholesale avg cost	Medical supplies	Global healthcare

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(1)	Hope restoration Ministries 101 Springfield Blvd Queens Village, NY 11429	11-3332459			86,177	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Holy Family Church 2816 Sedge Grass Tr Stow, OH 44224	34-0768866			67,117	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Hope for Sisis Kids 12 East Depew Ave Buffalo, NY 14214	46-4275951			6,545	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Horizon Community Church 19600 S Hinkle Rd Oregon City, OR 97045	44-0577787			49,251	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Go Humanitarian Relief 6928 Palms Ct Chattanooga, TN 37421	82-2125889			25,503	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Ima Bridge 11381 Stonewater Crossing Huntley, IL 60142	26-3799742			7,274	Wholesale avg cost	Medical supplies	Global healthcare
(7)	International Health Networ 3950 Mill Stone Dr Springfield, IL 62711	37-1354401			25,112	Wholesale avg cost	Medical supplies	Global healthcare
(8)	In Jesus Name 56 Island Course Ave Las Vegas, NV 89148	83-1408458			29,394	Wholesale avg cost	Medical supplies	Global healthcare
(9)	Institute of Asian Culture 800 Airport Blvd San Francisco, CA 94102	95-4612128			30,803	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Intl Gospel Medical 1871 N Euclid St Fullerton, CA 92835	45-5500466			28,158,561	Wholesale avg cost	Medical supplies	Global healthcare

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(1)	Jezreel Intl 18 Kairness St Albany, NY 12205	14-1790920			1,914,934	Wholesale avg cost	Medical supplies	Global healthcare
(2)	John Carroll University University Heights Cleveland, OH 44118	34-0714681			55,443	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Intl Collective 9450 Gilman Dr San Diego, CA 92123	47-4448941			9,524	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Intl Medical Alliance Pick up Knoxville, TN 37922	31-1724114			228,493	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Intl Medical Relief 815 SW 14th St Loveland, CO 80537	46-0494595			58,046	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Labor of Love Mission 24 Burgundy Dr Lake Saint Louis, MO 63367	36-3841932			10,427	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Jamaica Awareness 22705 Robin Way Grand Terrace, CA 92313	95-4130314			10,000	Wholesale avg cost	Medical supplies	Global healthcare
(8)	Jayj Foundation 1903 19th Way West Palm Beach, FL 33407	46-5086858			115,345	Wholesale avg cost	Medical supplies	Global healthcare
(9)	Lifeline Christian 7191 State Hwy 14 Sparta, MO 65753	31-0999791			215,599	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Lincoln Memorial University Continuecare Williamsburg, KY 40769	62-0479542			6,702	Wholesale avg cost	Medical supplies	Global healthcare

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Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Kingsway Charities Inc

Employer identification number

54-1668650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Love in Action 1102 W Waugh St Dalton, GA 30720	46-4827650			21,308	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Lovers of the Holy Cross 2019 S Ninth St Anaheim, CA 92802	23-2274195			366,888	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Lynchburg College 1501 Lakeside Dr Lynchburg, VA 24501	54-0505922			5,003	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Maple Grove Mennonite Church 7313 Campfield Rd Pikesville, MD 21208	23-2101926			16,265	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Jordan Intl 3798 Laguna Ave Palo Alto, CA 94306	20-4295133			9,805	Wholesale avg cost	Medical supplies	Global healthcare
(6)	K2 Church 495 E 4500 S Salt Lake City, UT 84107	05-0566823			12,492	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Kaiser Foundation 8008 Rte 130 Riverside, NJ 08075	47-1215016		10,911		Wholesale avg cost	Medical supplies	Global healthcare
(8)	Korean Presbyterian Church 12506 Harney Cr Omaha, NE 68154	56-2431241			36,929	Wholesale avg cost	Medical supplies	Global healthcare
(9)	La Luz de Cristo 7237 Belmont Dr Trinity, NC 27370	56-1088969			254,830	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Louisiana Volunteers in Mission 25148 Gliderport Rd Loranger, LA 70446	23-7188652			15,967	Wholesale avg cost	Medical supplies	Global healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	Maya Midwifery 124 Boston Ave Somerville, MA 02144	47-1215016			10,935	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Mbaise USA 721 Coffren Pl Upper Marlboro, MD 20774	26-2104390			29,290	Wholesale avg cost	Medical supplies	Global healthcare
(3)	McGregor Church 3750 Colonial Blvd Fort Myers, FL 33966	59-2115730			6,377	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Medical Mission Teams 8037 Oak Grove Plantation Rd Tallahassee, FL 32312	81-5348561			114,526	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Medical Teams Intl 14150 SW Milton Ct Portland, OR 97224	93-0878944			1,416,943	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Memorial Bible Church 3105 Old Naches Hwy Yakima, WA 98908	36-2307744			6,102	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Missions of Hope 1610 Dublin rd Charlottesville, VA 22903	54-1975043			7,276	Wholesale avg cost	Medical supplies	Global healthcare
(8)	Mercy & Truth Medical Missi 721 N 31st Kansas City, KS 66102	74-2847917			18,712	Wholesale avg cost	Medical supplies	Global healthcare
(9)	Messengers of Mercy 3 Montgomery Pl Jericho, NY 11753	36-4203666			91,709	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Microloans of Belize 143 Lyons Rd Church Hill, TN 37642	82-3733488			18,472	Wholesale avg cost	Medical supplies	Global healthcare

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(1)	Minesterio de Caristo 4620 Sierra Creek Dr Hoschton, GA 30548	82-4622744			81,085	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Ministry of Medicine 176 Hwy 24 Morehead City, NC 28557	58-0904463			82,230	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Mission Lazarus 8212 Shoals Branch Rd Primm Springs, TN 38476	75-3151070			40,670	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Missionary Ventures Intl 506 S Chicksway Trail Orlando, FL 32825	59-2321060			5,656	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Missions Intl of America 11201 Sandusky St Perrysburg, OH 43551	76-0736493			44,987	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Missouri Haitian 1904 W Main St Jefferson City, MO 65109	80-0529853			159,253	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Moving & Shaking 3773 Terrah Point Duluth, GA 30097	83-3816644			77,122	Wholesale avg cost	Medical supplies	Global healthcare
(8)	Mt Olive Church 108 Midland Blvd Orange, NJ 07050	22-2321231			67,248	Wholesale avg cost	Medical supplies	Global healthcare
(9)	New Church of Presbyterian 50 Woodland Rd Roslyn, NY 11576	11-3208493			20,428	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Orangewood Presbyterian 120 Pine Needle Ln Altamonte Springs, FL 32714	59-1904118			8,245	Wholesale avg cost	Medical supplies	Global healthcare

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(1)	OTDA 144 Middle island Blvd Middle Island, NY 11953	45-4872417			21,223	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Outreach for World Hope 17817 Prince Albert Ct Granger, IN 46530	20-2997559			37,793	Wholesale avg cost	Medical supplies	Global healthcare
(3)	New Hope Batist Church 42 Glen Parkway Knightsdale, NC 27545	56-2066279			19,420	Wholesale avg cost	Medical supplies	Global healthcare
(4)	New Prospect Baptist 9321 Hwy 9 Inman, SC 29349	57-0522649			132,345	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Pawley Island Community Chu 10304 Ocean Hwy Pawleys Island, SC 29585	57-0756928			5,946	Wholesale avg cost	Medical supplies	Global healthcare
(6)	Partners in Development 8 Upland Rd Newburyport, MA 01950	22-2536583			155,872	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Physcians Care Clinic 3702 Lakeview Dr Tucker, GA 30084	58-2107579			12,774	Wholesale avg cost	Medical supplies	Global healthcare
(8)	Poverty Resolutions 305 Plumage Ct Normal, IL 61761	27-1895442			13,734	Wholesale avg cost	Medical supplies	Global healthcare
(9)	Prophetic Awareness and Hea 13429 Alief Clodine Houston, TX 77082	45-5521784			8,053	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Pros for Africa 1111 W 17th Tulsa, OK 74107	27-1674673			54,971	Wholesale avg cost	Medical supplies	Global healthcare

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(1) Reach Beyond Borders 220 1st St Kirkland, WA 98033	91-2158112			70,466	Wholesale avg cost	Medical supplies	Global healthcare
(2) Project Angkor 4361 Bridgeview Dr Oakland, CA 94602	45-0649298			46,729	Wholesale avg cost	Medical supplies	Global healthcare
(3) Reach out Church 174 Cream St Poughkeepsie, NY 12601	22-2958785			10,073	Wholesale avg cost	Medical supplies	Global healthcare
(4) Redeemed Christian Church 8470 Garvey Dr Raleigh, NC 27616	61-1594353			9,456			
(5) Orlu Cultural Federation 491 E 162nd St Bronx, NY 10451	46-4206025	37789			Wholesale avg cost	Medical supplies	Global healthcare
(6) Operation Compassion 114 Stuart Rd Cleveland, TN 37312	62-1697490			865,680	Wholesale avg cost	Medical supplies	Global healthcare
(7) Reformed Church in America 30432 570th St Chariton, IA 50049	23-7300358			31,208	Wholesale avg cost	Medical supplies	Global healthcare
(8) Regis Univ 8466 Coors Loop Arvada, CO 80005	84-0402707			5,306	Wholesale avg cost	Medical supplies	Global healthcare
(9) North Star Foundation 67 Glenfield Rd North Attleboro, MA 02760	04-3414626			782,872	Wholesale avg cost	Medical supplies	Global healthcare
(10) Not by Bread Alone 1485 Johnston Rd Norfolk, VA 23513	82-1107909			14,770	Wholesale avg cost	Medical supplies	Global healthcare

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(Form 990)**Department of the Treasury
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(1) Of One Accord	PO Box 207 Rogersville, TN 37857	62-1391365			1,365,529	Wholesale avg cost	Medical supplies	Global healthcare
(2) Offa Descendants Union	5037 Ellis Ln Ellicott City, MD 21043	20-0308445			14,532	Wholesale avg cost	Medical supplies	Global healthcare
(3) Ridgepoint Community Church	1043 Graystone Rd Holland, MI 49423	38-3102786			12,090	Wholesale avg cost	Medical supplies	Global healthcare
(4) Riverside Missions	4733 Winifred Dr Chattanooga, TN 37415	26-1603475			85,501	Wholesale avg cost	Medical supplies	Global healthcare
(5) Romanian American Mission	820 Why 2 Corinth, MS 38834	61-1307961			11,838	Wholesale avg cost	Medical supplies	Global healthcare
(6) Royal Wellness	801 Berryman Pl Lawrenceville, GA 30045	51-0603609			15,927	Wholesale avg cost	Medical supplies	Global healthcare
(7) Saiyed Foundation	490 Adam Ln Mechanicsburg, PA 17050	47-3958514			8,286	Wholesale avg cost	Medical supplies	Global healthcare
(8) Salud Partners	9539 Palomas Ave Albuquerque, NM 87109	20-5827282			7,270	Wholesale avg cost	Medical supplies	Global healthcare
(9) Score Intl	6253 Rt 36 Greenville, OH 45331	58-1605736			18,042	Wholesale avg cost	Medical supplies	Global healthcare
(10) Seacoast Church	4225 Wildwood Landing North Charleston, SC 29420	57-1045195			39,337	Wholesale avg cost	Medical supplies	Global healthcare

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(1)	Stevensville SDA 8783 S Bluffview Dr Berrien Springs, MI 49103	38-2514453			34,966	Wholesale avg cost	Medical supplies	Global healthcare
(2)	The Cross Mission 5225 Shattuck Ave Oakland, CA 94609	94-3292036			29,571,978	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Serving in Gods NAME 4850 Thrall Rd Lockport, NY 14094	47-4126651			36,782	Wholesale avg cost	Medical supplies	Global healthcare
(4)	Solid Rock Intl 352 2nd St Hickory, NC 28601	34-1719319			33,351	Wholesale avg cost	Medical supplies	Global healthcare
(5)	Southeastern Intl 1725 Claiborne Ave Shreveport, LA 71103	20-2954324			23,189	Wholesale avg cost	Medical supplies	Global healthcare
(6)	St Francis of Assisi 7705 Iron Forge Ct Derwood, MD 20855	23-7174107			27,412	Wholesale avg cost	Medical supplies	Global healthcare
(7)	Ukaigwe Health Charities 92 Woodside Rd Maplewood, NJ 07040	81-1137302			43,191	Wholesale avg cost	Medical supplies	Global healthcare
(8)	UM VIM Louisiana 25148 Gliderport Rd Loranger, LA 70446	23-7188652			10,938	Wholesale avg cost	Medical supplies	Global healthcare
(9)	United Mission of Goodwill 959 East 106 St Brooklyn, NY 11236	46-3368740			25,142	Wholesale avg cost	Medical supplies	Global healthcare
(10)	Upper Room Ministries 164 Mayapple Ln Franklin, NC 28734	36-4562759			20,481	Wholesale avg cost	Medical supplies	Global healthcare

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(1) Venezuela Now 320 Chandon Place Alpharetta, GA 30022	20-0508609			1,404,547	Wholesale avg cost	Medical supplies	Global healthcare
(2) St Stephens Catholic Church 5925 S New Hope Rd Hermitage, TN 37076	62-1007486			14,394	Wholesale avg cost	Medical supplies	Global healthcare
(3) Stand the Haiti Project 526 Airway Ave Lewiston, ID 83501	47-2786960			64,150	Wholesale avg cost	Medical supplies	Global healthcare
(4) State St UMC 5285 Reedy Creek Rd Bristol, VA 24202	54-0524507			111,995	Wholesale avg cost	Medical supplies	Global healthcare
(5) The Hope of His Calling 23 Sussex Dr Lewes, DE 19958	76-0468917			8,393	Wholesale avg cost	Medical supplies	Global healthcare
(6) Westminster Medical Misison 6147 Windchase Dr Rocky Mount, NC 27803	55-0783667			17,631	Wholesale avg cost	Medical supplies	Global healthcare
(7) Westmore Church of God 1120 N Ocoee St Cleveland, TN 37320	62-0502739			66,499	Wholesale avg cost	Medical supplies	Global healthcare
(8) White Horse Missions 404 SE Main St Simpsonville, SC 29681	46-1977890			8,255	Wholesale avg cost	Medical supplies	Global healthcare
(9) Wilderness UMC 11502 Culpepper Ct Spotsylvania, VA 22551	54-1902822			16,324	Wholesale avg cost	Medical supplies	Global healthcare
(10) Win Foundation 1073 Tree Point Dr Fort Walton Beach, FL 32547	27-4822598			52,970	Wholesale avg cost	Medical supplies	Global healthcare

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

Schedule I (Form 990) (2019)

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(1)	World Gospel Outreach 6068 Hwy 98 Hattiesburg, MS 39402	76-0094478			266,274	Wholesale avg cost	Medical supplies	Global healthcare
(2)	Young Life 227 Edgemont Dr Syracuse, NY 13214	84-6041371			22,760	Wholesale avg cost	Medical supplies	Global healthcare
(3)	Vision Intl 400 Bedford St Manchester, NH 03101	02-0506104			11,966	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(4)	Volunteers in Medical Missi 5 C Pineview Dr Branford, CT 06405	62-1361564			39,251	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(5)	Wayfinder Missions 1001 Pinot Dr Abilene, TX 79698	81-4001439			5,036	Wholesale Avg Cost	Medical Supplies	Global Health
(6)	Wecare Missions 9309 Timberline Dr Indianapolis, IN 46256	26-0736572			58,072	Wholesale Avg Cost	Medical Supplies	Global Health
(7)	Western Carolina Rescue 225 Patton Ave Asheville, NC 28801	56-1249407			39,347	Wholesale Avg Cost	Medical Supplies	Global Health
(8)	Willow Hills Southern Bapti 1686 Eagle Valley Prescott, AZ 86301	86-0229097			33,933	Wholesale Avg Cost	Medical Supplies	Global Health
(9)	World Gospel Mission 3359 Harbison Rd Cedarville, OH 45314	35-0911947			5,738	Wholesale Avg Cost	Medical Supplies	Global Health
(10)	Urban Mission 120 S Leavitt St Chicago, IL 60612	82-3146765			20,265	Wholesale Avg Cost	Medical Supplies	Global Health

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54-1668650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Michael Patcha Foundation 2901 Cabin Creek Dr Burtonsville, MD 20866	26-2624053			5,203	Wholesale Avg Cost	Medical Supplies	Global Health
(2) Tri Cities Christian School 1500 Hwy 75 Blountville, TN 37617	62-0900904			26,648	Wholesale Avg Cost	Medical Supplies	Global Health
(3) Trinity Worship Center 3056 W Stones Crossing Rd Greenwood, IN 46143	35-1794657			10,652	Wholesale Avg Cost	Medical Supplies	Global Health
(4) Truth for Todat 8865 N Jacobs Valley Center, KS 67147	62-1424588			41,776	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(5) University UMC 3 Inwood Terrace San Antonio, TX 78248	36-2167731			25,931	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(6) Yvonia Delva Foundation 17101 NE 19th Ave Miami, FL 33162	83-1409026			154,140	Wholesale Avg Cost	Medical Supplies	Global Healthcare
(7)							
(8)							
(9)							
(10)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

Kingsway Charities Inc

54-1668650

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	320	128,204,600	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Kingsway Charities Inc

Employer identification number

54-1668650

01. Officer, directors, etc. family relationship (Part VI, line 2)

John Gregory and Joan Gregory are husband and wife

John Gregory, Jefferson Gregory, Joseph Gregory, and Mary Ann Blessing are siblings. Greg

Tebeau and Joan Gregory are siblings. James and Susan Gregory are siblings, children of

John and Joan Gregory. Gregory Jones, Benjamin Blessing and Mary Beth Blessing are

siblings, children or Herschel and Mary Ann Blessing.

Herschel Blessing and Mary Ann Blessing are husband and wife.

02. Form 990 governing body review (Part VI, line 11)

The organization gives the original 990 to the chairman of the board for his review before

he files the return with the IRS. At the annual board meeting the return is presented for

review by the entire board.

03. Officer, director, etc mailing address (Part VI, line 9)

Carol Schrader

PO Box 43

Rocky Gap, VA 24366

04. Other officer or key employee compensation (Part VI, line 15b)

Board approval is required. Comparability data is used to determine compensation for the

President and director of operations.

05. Governing documents, etc, available to public (Part VI, line 19)

Financial statements and governing board documents are made available to the general

public upon electronic or written request and through the organization's website.

Name of the organization

Employer identification number

Kingsway Charities Inc

54-1668650

06. Part XI, response or note to any line in Part XI

Cost of sales not recorded in the same manner as the form 990.

07. Part XII, Response or note to any line in Part XIII

Not recorded in the same manner as the form 990.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

► Attach to your tax return.
► Go to www.irs.gov/Form4562 for instructions and the latest information.

Kingsway Charities Inc

Business or activity to which this form relates

Identifying number

FORM 990 - 1

54-1668650

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 1	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,138

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	2,138
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)

Federal Supporting Statements**2019 PG01**

Name(s) as shown on return

Tax ID Number

Kingsway Charities Inc

54-1668650

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990
is required to be filed:

Alaska	New Mexico
Alabama	Nevada
Arkansas	New York
Arizona	Oklahoma
California	Oregon
Connecticut	Pennsylvania
Delaware	Rhode Island
Florida	South Carolina
Georgia	South Dakota
Hawaii	Tennessee
Iowa	Texas
Idaho	Utah
Illinois	Virginia
Indiana	Wisconsin
Kansas	West Virginia
Kentucky	Wyoming
Louisiana	
Massachusetts	
Maryland	
Maine	
Michigan	
Minnesota	
Missouri	
Mississippi	
Montana	
North Carolina	
North Dakota	
Nebraska	
New Hampshire	
New Jersey	