

Return of Organization Exempt From Income Tax

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

2021

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

Open to Public Inspection

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

A For the **2021** calendar year, or tax year beginning **2021**, 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
1171 Commonwealth Ave **Ste101**
 City or town, state or province, country, and ZIP or foreign postal code
Bristol, VA 24201

D Employer identification number
54-1668650

E Telephone number
(276) 466-3014

G Gross receipts
\$ **63,452,341**

F Name and address of principal officer: **James Gregory**
Same as C above

H(a) Is this a group return for subordinates? Yes No
H(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 527

J Website: ▶ **www.kingswaycharities.org**

K Form of organization: Corporation Trust Association Other ▶

L 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 | 14 |
| | 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 2021 (Part V, line 2a) | 5 | 9 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 2 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 125,688,914 | Current Year 62,975,537 |
| | 9 Program service revenue (Part VIII, line 2g) | 3,120 | 3,120 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 157,339 | 130,893 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 310,570 | 271,624 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 126,159,943 | 63,381,174 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 118,173,247 | 66,457,050 |
| | 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) | 806,253 | 810,280 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 430,988 | 404,250 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 119,410,488 | 67,671,580 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 6,749,455 | (4,290,406) | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 26,973,681 | End of Year 22,739,501 |
| | 21 Total liabilities (Part X, line 26) | 2,872 | 1,681 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 26,970,809 | 22,737,820 |

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, President**
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **David E Warren CPA** Preparer's signature: *David E Warren CPA* Date: **03-22-2022** Check if self-employed PTIN: **P00575833**

Firm's name ▶ **David E Warren CPA** Firm's EIN ▶ _____
 Firm's address ▶ **307 8th St** Phone no. **423-573-9015**
Bristol TN 37620

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check 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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 \$ 67,169,989 including grants of \$) (Revenue \$ 63,250,281) The program provided medications and medical supplies for shipment to U.S. based medical mission teams traveling 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 67,169,989

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions about Schedule A, B, C, D, E, F, G, and H completion and requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

Yes No

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policy, whistleblower policy, and compensation review.

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.
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, 1171 Commonwealth Ave, Bristol, VA 24201

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

Check 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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/ 1099-NEC) | (E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC | (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>Mary Ann Blessing</u> President | 40.00 | | | X | | | | 126,500 | 0 | 0 |
| (2) <u>MaryBeth Blessing</u> Dir | 40.00 | X | | | | | | 63,900 | 0 | 0 |
| (3) <u>Susan Gregory Sorrell</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (4) <u>Jordan Gregory</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (5) <u>Kay Barker</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) <u>Benjamin Blessing</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) <u>Jefferson Gregory</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) <u>Joseph Gregory</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) <u>Herschel Blessing</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) <u>Joan Gregory</u> Dir | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) <u>John Gregory</u> Chairman Emeritus | 4.00 | | | X | | | | 0 | 0 | 0 |
| (12) <u>Greg Tebeau</u> Treasurer | 4.00 | | | X | | | | 0 | 0 | 0 |
| (13) <u>James Gregory</u> Chairman | 4.00 | | | X | | | | 0 | 0 | 0 |
| (14) <u>Gregory Jones</u> Secretary | 4.00 | | | X | | | | 0 | 0 | 0 |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) | | | | | | | 190,400 | 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**

| | Yes | No |
|--|-----|----|
| 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 | | X |
| 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 | | X |
| 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 | | 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