

Return of Organization Exempt From Income Tax

2022

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning 2022, and ending 20

B Check if applicable: C Name of organization Kingsway Charities Inc D Employer identification number 54-1668650 E Telephone number (276)466-3014 G Gross receipts \$ 18,180,740 F Name and address of principal officer: James Gregory H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No H(c) Group exemption number

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Governance metrics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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.

Sign Here Mary Ann Blessing Signature of officer Date 5/10/2023 Type or print name and title Mary Ann Blessing, President

Paid Preparer Use Only Print/Type preparer's name David E Warren CPA Preparer's signature Date 05-10-2023 Check self-employed P00575833 Firm's name David E Warren CPA Firm's address 307 8th St Bristol TN 37620 Firm's EIN 423-573-9015

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

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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 35,331,482 including grants of \$ ) (Revenue \$ 17,376,666 ) 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 35,331,482

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 number, Yes, No. Rows 1a-1c detailing backup withholding rules and gaming winnings.

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

Table with columns for question number, description, and Yes/No responses. Includes sections for employees reported, prohibited tax shelter transactions, annual gross receipts, and various organizational activities.

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 4 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 4 columns: Question, 10a, 10b, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policy, whistleblower policy, and compensation.

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.
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 the 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, box 6 of 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) Mary Ann Blessing President	40.00			X				126,500	0	0
(2) MaryBeth Blessing Dir	40.00	X						63,900	0	0
(3) Susan Gregory Sorrell Dir	1.00	X						0	0	0
(4) Jordan Gregory Dir	1.00	X						0	0	0
(5) Kay Barker Dir	1.00	X						0	0	0
(6) Benjamin Blessing Dir	1.00	X						0	0	0
(7) Jefferson Gregory Dir	1.00	X						0	0	0
(8) Joseph Gregory Dir	1.00	X						0	0	0
(9) Herschel Blessing Dir	1.00	X						0	0	0
(10) Joan Gregory Dir	1.00	X						0	0	0
(11) John Gregory Chairman Emeritus	4.00			X				0	0	0
(12) Greg Tebeau Treasurer	4.00			X				0	0	0
(13) James Gregory Chairman	4.00			X				0	0	0
(14) Gregory Jones 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 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) -----										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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 Revenue**

Check 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					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	17,414,458				
	1g	Noncash contributions included in lines 1a-1f	\$17,099,200				
	1h	<b>Total.</b> Add lines 1a-1f		17,414,458			
Program Service Revenue	2a	Ministry services (Rent)	531120	9,400	9,400		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		9,400			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		149,979		149,979	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	4,000			
			(ii) Other	353,168			
	7b	Less: cost or other basis and sales expenses	569,760				
	7c	Gain or (loss)	(565,760)				
d	Net gain or (loss)		(212,592)	4,000	(216,592)		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities, See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		249,735				
			115,466				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		134,269	134,269			
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
	12	<b>Total revenue.</b> See instructions		17,495,514	147,669	0	(66,613)

**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 . . .	34,660,322	34,660,322		
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 . . . . .	190,400	108,528	81,872	
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 . . . . .	389,333	198,730	190,603	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	11,387	6,035	5,352	
9	Other employee benefits . . . . .	143,227	75,910	67,317	
10	Payroll taxes . . . . .	44,568	23,621	20,947	
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	19,454		19,454	
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.) . . .	7,577		7,577	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	18,165	9,082	9,083	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	82,872	82,872		
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	51,843	25,921	25,922	
23	Insurance . . . . .	29,429		29,429	
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	Shipping	104,109	104,109		
b	Other	43,453	17,660	25,793	
c	Computer	19,560	9,780	9,780	
d	Maintenance	8,912	8,912		
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . .	35,824,611	35,331,482	493,129	0
26	<b>Joint costs.</b> 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 Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	9,911	1	128,254
	<b>2</b> Savings and temporary cash investments . . . . .	303,366	2	
	<b>3</b> Pledges and grants receivable, net . . . . .		3	
	<b>4</b> Accounts receivable, net . . . . .		4	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net . . . . .		7	
	<b>8</b> Inventories for sale or use . . . . .	19,578,149	8	2,019,535
	<b>9</b> Prepaid expenses and deferred charges . . . . .		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,147,624		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,929,214	1,233,959	<b>10c</b> 1,218,410
	<b>11</b> Investments - publicly traded securities . . . . .	1,614,116	11	974,508
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		13	
	<b>14</b> Intangible assets . . . . .		14	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	22,739,501	16	4,340,707	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,681	17	1,831
	<b>18</b> Grants payable . . . . .		18	
	<b>19</b> Deferred revenue . . . . .		19	
	<b>20</b> Tax-exempt bond liabilities . . . . .		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	<b>22</b> 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	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	<b>25</b> 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	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,681	26	1,831
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	22,737,820	27	4,338,876
	<b>28</b> Net assets with donor restrictions . . . . .		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		31	
	<b>32 Total net assets or fund balances</b> . . . . .	22,737,820	32	4,338,876
<b>33 Total liabilities and net assets/fund balances</b> . . . . .	22,739,501	33	4,340,707	

**Part XI Reconciliation of Net Assets**

Check 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	17,495,514
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,824,611
3	Revenue less expenses. Subtract line 2 from line 1	3	(18,329,097)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,737,820
5	Net unrealized gains (losses) on investments	5	(69,847)
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	4,338,876

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

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

**2022**

For calendar year 2022 or other tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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 Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</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) <input type="checkbox"/> 529A</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>Kingsway Charities Inc</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>STE Ste101</b>  <b>1171 Commonwealth Ave</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>Bristol, VA 24201</b></p> <p><b>C</b> Book value of all assets at end of year ..... <b>4,340,707</b></p>	<p><b>D</b> Employer identification number  <b>54-1668650</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
---	----------------------	---	--

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university

**H** Check if filing only to  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

**J** Enter the number of attached Schedules A (Form 990-T) ..... **0**

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

**L** The books are in care of **Greg Tebeau 1171 Commonwealth Ave B VA 24201** Telephone number **(276) 466-3014**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	
9 Trusts. Section 199A deduction. See instructions .....	9	
10 Total deductions. Add lines 8 and 9 .....	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 Proxy tax. See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 Tax on noncompliant facility income. See instructions .....	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	

For Paperwork Reduction Act Notice, see instructions.

Part II Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2021 overpayment credited to 2022
6b 2022 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded

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

1 At any time during the 2022 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
2 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.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
6a Did the organization change its method of accounting? (see instructions)
6b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title President
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
David E Warren CPA David E Warren CPA 05-02-2023 P00575833
Firm's name Firm's EIN 62-1714856
Firm's address Phone no.
Bristol TN 37620 423-573-9015

**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>Kingsway Charities Inc</b>	Employer identification number <b>54-1668650</b>
---	---

**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).)
- 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 on 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)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	47,421,776	30,611,870	25,692,515	63,250,281	17,228,997	384,205,439
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 <b>Total.</b> Add lines 1 through 3 . . . . .	47,421,776	30,611,870	25,692,515	63,250,281	17,228,997	384,205,439
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						384,205,439

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4 . . . . .	47,421,776	30,611,870	25,692,515	63,250,281	17,228,997	384,205,439
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	143,289	285,644	157,339	130,893	149,979	867,144
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.) . . . . .					13,400	13,400
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						385,085,983
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> 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 <b>stop here.</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	99.77 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . . .		
b	Excess from 2019 . . . . .		
c	Excess from 2020 . . . . .		
d	Excess from 2021 . . . . .		
e	Excess from 2022 . . . . .		



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.

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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., 1b 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 program
  - 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 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	859,970	
c Leasehold improvements . . . . .		2,495,655	1,516,480	979,175
d Equipment . . . . .		557,245	552,764	4,481
e Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . **1,218,410**



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 17,495,514.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 35,824,611.

Part XIII Supplemental Information.

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.

Multiple horizontal lines provided for entering supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Advancing Native Missions 10460 Critzers Shop Rd Afton VA 22920	75-2402759			8,572	Wholesale Acq Cost	Medical supplies	Global healthcare
(2)	Alabama Honduran Network 516 Ridgeview Dr Jasper AL 35504	68-0538134			63,158	Wholesale Acq Cost	Medical supplies	Global Healthcare
(3)	Amonkwe Progressive Nationa 2904 Creekside Ct Carrollton TX 75007	84-2924432			20,121	Wholesale Acq Cost	Medical Supplies	Global Healthcare
(4)	Alpha Intl PO Box 1951 Mansfield TX 76063	13-4268364			8,593	Wholesale Acq Cost	Medical supplies	Global Healthcare
(5)	Luke World Mission 1180 W Granada Blvd Ormond Beach FL 32174	11-3213140			23,534	Wholesale Acq Cost	Medical supplies	Global healthcare
(6)	Ann Prepare Lavani 5115 Mack Rd Sacramento CA 94203	90-0980796			13,808	Wholesale Acq Cost	Medical supplies	Global Healthcare
(7)	Briarwood Presbyterian 2310 Briarwood Trace Birmingham AL 35243	63-0653634			6,477	Wholesale Acq Cost	Medical supplies	Global healthcare
(8)	Brown Horse Projects PO Box 283 Canfield OH 44406	81-4967900			5,993	Wholesale Acq Cost	Medical supplies	Global healthcare
(9)	Armenian Relief Mission 531 Hoyt Ln Winnetka IL 60093	36-4367377			21,285	Wholesale Acq Cost	Medical supplies	Global healthcare
(10)	Bearden UMC 4407 Sutherland Ave Knoxville TN 37919	62-6002439			54,715	Wholesale Acq 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Caring Partners 601 Shotwell Dr Franklin OH 45005	37-1028228			20,126	Wholesale Acq Cost	Medical supplies	Global healthcare
(2)	Carolina Honduras Health Fo PO Box 528 Barnwell SC 29812	57-1023037			93,260	Wholesale Acq Cost	Medical Supplies	Global healthcare
(3)	Cert Intl 27 s5th St Darby PA 19023	30-0045949			89,333	Wholesale Acq Cost	Medical supplies	Global healthcare
(4)	Bethel Campus Fellowship 7307 Hanover Pkwy Greenbelt MD 20770	83-0475868			10,103	Wholesale Acq Cost	Medical supplies	Global healthcare
(5)	Compassion in Action M225 Turtle Ridge Rd Marshfield WI 54449	20-3654048			24,542	Wholesale Acq Cost	Medical Supplies	Global Healthcare
(6)	Broken Arrow Church of Chri 505 E Kenosha Broken Arrow OK 74012	73-0992051			41,706	Wholesale Acq Cost	Medical supplies	Global Healthcare
(7)	Buckeyes Without Borders 500 W 12th Ave Columbus OH 43210	32-0497685			6,769	Wholesale Acq Cost	Medical supplies	Global healthcare
(8)	Dr Nana Health Awareness 7102 Victoria Pl Upper Marlboro MD 20772	82-1838777			6,939	Wholesale Acq Cost	Medical supplies	Global healthcare
(9)	Effective Ministry 2550 Gaskins Rd Henrico VA 23238	20-0040501			30,755	Wholesale Acq Cost	Medical supplies	Global healthcare
(10)	Charter Oak Church 449 Frye Farm Rd Greensburg PA 15601	25-1202027			9,105	Wholesale Acq 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)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Christ the Rock Community C 6254 W Hwy 10 Menasha WI 54952	54-1439351			7,556	Wholesale Acq Cost	Medical Supplies	Global Healthcare
(2)	Christian Fellowship World 13606 TI Blvd Dallas TX 75243	75-2939583			13,257	Wholesale Acq Cost	Medical supplies	Global healthcare
(3)	Christ Love Intl 900 Francis Dr Shreveport LA 71118	72-1420968			6,720	Wholesale Acq Cost	Medical supplies	Global healthcare
(4)	G3 Foundation 93 South Main St Manti UT 84642	68-0576562			11,888	Wholesale Acq Cost	Medical Supplies	Global healthcare
(5)	Gainesville Church of God 7003 NW 39th Ave Gainesville FL 32606	59-2173369			46,862	Wholesale AcqCost	Medical supplies	Global healthcare
(6)	Gateway of Hope 21 Cannon Rd Old Bridge NJ 08857	46-2208864			8,397	Wholesale Acq Cost	Medical supplies	Global Healthcare
(7)	Global Health Teams PO Box 332 Olympia WA 98507	91-1317037			6,510	Wholesale AcqCost	Medical supplies	Global healthcare
(8)	Gary Bowlin Assoc 1121 Kenna Rd Summit MS 39666	64-0639384			8,424	Wholesale AcqCost	Medical supplies	Global healthcare
(9)	Coptic Medical PO Box 58 Manlius NY 13104	27-1881182			88,360	Wholesale Acq Cost	Medical supplies	Global healthcare
(10)	Global Health Outreach PO Box 7500 Bristol TN 37621	36-2284267			15,222	Wholesale Acq 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

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Cross Intl 1280 SW 36th Ave Pompano Beach FL 33069	65-1086387			59,505	Wholesale Acq Cost	Medical supplies	Global healthcare
(2)	Crosslink Church 4606 Hickory Nut Ridge Rd Granite Falls NC 28630	56-1593559			29,016	Wholesale Acq Cost	Medical supplies	Global healthcare
(3)	Good Samaritan Community He 7701 SW 98 St Miami FL 33156	20-1192339			48,325	Wholesale Acq Cost	Medical supplies	Global healthcare
(4)	Divine Mercy Intl PO Box 156 Ellensburg WA 98926	45-2407300			18,170	Wholesale Acq Cost	Medical supplies	Global healthcare
(5)	Graham Christian Medical 9668 Madison Blvd Madison AL 35758	63-1012630			72,642	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)	e3 Partners 16787 Bernardo Center Dr San Diego CA 92128	16-1680978			5,143	Wholesale Acq Cost	Medical supplies	Global healthcare
(7)	Healing Hands Health Ctr 210 Memorial Dr Bristol TN 37620	62-1677000			33,330	Wholesale AcqCost	Medical supplies	Local aid
(8)	Healing Hearts Across Borde 2032 Brockwell Ave Monterey Park CA 91754	48-1284235			29,607	Wholesale Acq Cost	Medical Supplies	Global healthcare
(9)	Healing NAtions 138 E 12300SC222 Draper UT 84020	30-0312349			82,014	Wholesale Acq Cost	Medical Supplies	Global Healthcare
(10)	Endurance Leadership 42452 Nickens Pl Ashburn VA 20148	74-3191443			68,480	Wholesale Acq 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)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Helping Hands Society of Lo 2360 E 51st St Los Angeles CA 90058	85-3086233			495,460	Wholesale Acq Cost	Health and Beauty	Local Aid
(2)	Highland Family Medicine 777 Clinton Ave South Rochester NY 14620	16-0743037			15,839	Wholesale Acq Cost	Medical supplies	Global healthcare
(3)	Highlands Fellowship 22417 Watauga Rd Abingdon VA 24211	54-1736433			1,550,174	Wholesale Avg Cost	Health and beauty	Local aid
(4)	Enlace Honduras 1024 S Quiet Bay Cr Cicero IN 46034	26-1855453			6,459	Wholesale Acq Cost	Medical supplies	Global healthcare
(5)	Hope Intl 42010 Koppernick Rd Canton MI 48187	38-3600031			225,071	Wholesale Avg Cost	Medical supplies	Global healthcare
(6)	Hope Restoration Ministries 101 Springfield Blvd Queens Village NY 11429	11-3332459			51,814	Wholesale Acq Cost	Medical supplies	Global healthcare
(7)	Faith and Humanity Medical 2494 La Grange Meridian ID 83642	47-4732971			5,518	Wholesale Acq Cost	Medical supplies	Global healthcare
(8)	Firebrand Assembly 10016 Gaines Rd Sugar Land TX 77498	44-0577787			6,167	Wholesale Acq Cost	Medical supplies	Global healthcare
(9)	Institute of Asian Culture 1945 W Commonwealth Ave Fullerton CA 92833	95-4612128			6,917	Wholesale AcqCost	Medical supplies	Global healthcare
(10)	International Health Care N 254 Valley View Vista Pisgah Forest NC 28768	54-1843999			25,760	Wholesale AcqCost	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)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	International Medical Allia 547 S David Ln Knoxville TN 37922	31-1724114			60,044	Wholesale Acq Cost	Medical supplies	Global healthcare
(2)	Venezuela Now 320 Chandon Place Ct Alpharetta GA 30022	20-0508609			790,884	Wholesale AcqCost	Medical supplies	Global healthcare
(3)	First Baptist Morristown PO Box 296 Russellville TN 37860	63-0501083			60,962	Wholesale Acq Cost	Medical supplies	Global healthcare
(4)	First Presbyterian Hastings 1935 N Broadway St Hastings MI 49058	23-6393377			5,718	Wholesale Acq Cost	Medical supplies	Global healthcare
(5)	Jezreel Intl 10 Interstate Ave Albany NY 12205	59-2376716			674,934	Wholesale AcqCost	Medical supplies	Global healthcare
(6)	Johnathan House 423 N Ellen St Cedar Falls IA 50613	20-0743864			30,855	Wholesale Acq Cost	Medical Supplies	Global healthcare
(7)	La Luz 7237 Belmont Dr Trinity NC 27370	56-1088969			52,194	Wholesale Acq Cost	Medical supplies	Global healthcare
(8)	Friends of Honduras 607 Dougherty Terrace Dr Ballwin MO 63021	82-2286598			31,850	Wholesale Acq cost	Medical Supplies	Global healthcare
(9)	G3 Foundation 93 South Main St Manti UT 84642	68-0576562			11,888	Wholesale Acq cost	Medical supplies	Global healthcare
(10)	Global Health Ministries 7831 Hickory St Minneapolis MN 55432	36-3532234			25,797	Wholesale Acq 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Global Partners in Hope 14441 Dupont Court Omaha NE 68144	26-3186120			94,125	Wholesale Acq cost	Medical supplies	Global healthcare
(2)	Grace Evangelical Church 1410 Hubbard Rd Galloway OH 43119	31-1617667			3,134,034	Wholesale Acq cost	Medical supplies	Global healthcare
(3)	New Orleans Medical Mission 625 Distributors Row New Orleans LA 70123	72-1502114			7,113	Wholesale Acq cost	Medical supplies	Global healthcare
(4)	Nizar Fares Global Ministry PO Box 625 Sudbury MA 01776	82-2622212			56,904	Wholesale Acqcost	Medical supplies	Global healthcare
(5)	North Carolina Baptist Men 205 Convention Dr Cary NC 27511	20-3648746			9,399	Wholesale Acq cost	Medical supplies	Global healthcare
(6)	Northside Church 75 N Floyd PARK Rd Rome GA 30165	65-0632462			17,493	Wholesale Acq cost	Medical supplies	Global healthcare
(7)	Of One Accord PO Box 207 Rogersville TN 37857	62-1391365			1,100,452	Wholesale Acqcost	Health and beauty	Local aid
(8)	Offa Descendants of Nort 5037 Ellis Ln Ellicott City MD 21043	20-0308445			30,106	Wholesale Acq cost	Medical Supplies	Global healthcare
(9)	One World Surgery 510 Lake Cook Rd Deerfield IL 60015	47-5128573			29,743	Wholesale Acq cost	Medical Supplies	Global healthcare
(10)	Great Cities Missions 3939 Belt Line Rd Addison TX 75001	75-2449899			30,282	Wholesale Acq 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)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Partners in Development 6 N Main St Ipswich MA 01938	22-2536583			13,582	Wholesale average cost	Medical supplies	Global healthcare
(2)	Pegram Church of Christ 5019 Walkup Rd Pegram TN 37143	62-1348603			23,358	Wholesale average cost	Medical supplies	Global healthcare
(3)	Prophetic Awareness 12376 Newbrook Dr Houston TX 77072	45-5521784			24,129	Wholesale Acq cost	Medical supplies	Global healthcare
(4)	Pros for Africa 1111 W 17th St Tulsa OK 74107	27-1674673			29,275	Wholesale Acq cost	Medical supplies	Global healthcare
(5)	Reformed Church in America 4500 60th St Grand Rapids MI 49512	23-7300358			50,884	Wholesale Acq cost	Medical supplies	Global healthcare
(6)	Reach Beyond Borders PO Box 2205 Bothell WA 98041	91-2158112			29,404	Wholesale Acq cost	Medical supplies	Global healthcare
(7)	Refugee Health Alliance 8861 Villa La Jolla Dr La Jolla CA 92037	84-2743072			70,061	Wholesale Acq cost	Medical supplies	Global healthcare
(8)	Guilford Rotary Club 3620 Gainsboro Dr Greensboro NC 27410	56-2147209			281,978	Wholesale Acq cost	Medical supplies	Global healthcare
(9)	Haiti and Africa Relief 28 McKinley Pl Grosse Pointe MI 48236	45-0924434			105,270	Wholesale Acq cost	Medications	Destruction
(10)	Haughton First Baptist 306 West Lakeshore Dr Benton LA 71006	72-0906712			26,549	Wholesale Acq cost	Health and beauty	Local aid

- 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Health and Education Founda 883 Flatbush Ave Brooklyn NY 11226	31-1719181			59,237	Wholesale Acq cost	Medical supplies	Global healthcare
(2)	State Street UMC 301 W Valley Dr Bristol VA 24202	54-0524507			26,781	Wholesale Acqcost	Medical supplies	Global healthcare
(3)	Hope of His Calling 23 Sussex Dr Lewes DE 19958	76-0468917			6,791	Wholesale Acq cost	Medical supplies	Global healthcare
(4)	Truth Evangelistic Ministri 308 Nell St Batesburg SC 29006	85-8013590			5,325	Wholesale Acq cost	Medical supplies	Global healthcare
(5)	Vision Intl Missions 400 Bedford St Manchester NH 03101	02-0506104			36,247	Wholesale Acq cost	Medical supplies	Global healthcare
(6)	Healthy Ninos Honduras 1 North Second Green Lane PA 18054	23-1924380			25,942	Wholesale Acq cost	Medical supplies	Global healthcare
(7)	Wecare Missions 9309 Timberline Dr Indianapolis IN 46256	26-0736572			23,771	Wholesale Acq cost	Medical supplies	Global healthcare
(8)	His Healing Touch Ministrie 3730 S Otter Creek Rd La Salle MI 48145	20-2568910			212,279	Wholesale Acq cost	Medical supplies	Global healthcare
(9)	Holy Family Church 3179 Kent Rd Stow OH 44224	34-0768866			10,806	Wholesale Acq cost	Medical supplies	Global healthcare
(10)	Yonkofa 1200 Highway 74 Peachtree City GA 30269	45-2545452			4,826,217	Wholesale Acq 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Hope for Humanity Worldwide PO Box 450391 Fort Lauderdale FL 33345	45-3998534			5,718	Wholesale Acq Cost	Medical supplies	Global healthcare
(2)	Hope Medical Mission 860 E Twain Ave Las Vegas NV 89169	81-5055522			12,479	Wholesale Acq Cost	Medical supplies	Global Healthcare
(3)	Horizon Community Church 8535 SW Avery Tualatin OR 97062	44-0577787			13,526	Wholesale Acq Cost	Medical supplies Global	
(4)	I Help Foundation 169 Gateway Dr Providence UT 84332	30-0146070			15,314	Wholesale Acq Cost	Medical supplies	Global Healthcare
(5)	International Gospel Medica 1871 N Euclid St Fullerton CA 92835	45-5500466			12,231,136	Wholesale Acq Cost	Medical supplies	Global healthcare
(6)	International Medical Missi 231 S Beniston Saint Louis MO 63105	13-4311651			9,026	Wholesale Acq Cost	Medical supplies	Global healthcare
(7)	John Carroll University 1 John Carroll Blvd Cleveland OH 44118	34-0714681			8,227	Wholesale ACq Cost	Medical supplies	Global healthcare
(8)	John Knox Presbyterian 25200 Lorain Rd North Olmsted OH 44070	23-6393377			6,699	Wholesale Acq Cost	Medical supplies	Global healthcare
(9)	Kids of Tomorrow Foundation 631 West St Stoughton MA 02072	83-2968248			44,390	Wholesale Acq Cost	Medical supplies	Global healthcare
(10)	Lee University 1120 N Ocoee St Cleveland TN 37320	62-0502739			27,613	Wholesale Acq 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LHC Ministries 10734 S Widener Ave Whittier CA 90603	46-4522054			185,837	Wholesale Acq Cost	Medical supplies	Global healthcare
(2)	Lifeline Christian Mission 921 Eastwind Dr Westerville OH 43081	31-0999791			8,346	Wholesale Acq Cost	Medical supplies	Global healthcare
(3)	Love in Action 1102 W Waugh St Dalton GA 30720	46-4827650			10,410	Wholesale Acq Cost	Medical supplies	Global healthcare
(4)	Manak Community Health 15665 Mendoza Ln Woodbridge VA 22191	87-1882056			13,975	Wholesale Acq Cost	Medical supplies	Global health care
(5)	Mandos Mission PO Box 2923 Thomasville NC 27361	85-3851522			77,109	Wholesale Acq Cost	Medical supplies	Global health care
(6)	Meical Mission Teams 8037 Oak Grove Plantation Tallahassee FL 32312	81-5348561			83,634	Wholesale Acq Cost	Medical supplies	Global health care
(7)	Medical Mission Outreach 9202 Philadelphia Rd Rosedale MD 21237	34-1024370			22,279	Wholesale Acq Cost	Medical supplies	Global Healthcare
(8)	Mercy and Love Foundation 517 Wood Ave Roselle NJ 07203	85-0992627			35,199	Wholesale Acq Cost	Medical supplies	Global health care
(9)	Mercy Said No 6235 Turfway Dr Cumming GA 30040	45-4219881			15,407	Wholesale Acq Cost	Medical supplies	Global health care
(10)	Micro loans of Belize 143 Lyons Rd Church Hill TN 37642	82-3733488			39,342	Wholesale Acq Cost	Medical supplies	Global health care

- 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)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Mission Partners for Christ 24120 Lakeshore Dr Manhattan IL 60442	81-5453813			18,587	Wholesale Acq Cost	Medical supplies	Global health care
(2)	My Medical Missions 2646 Danforth Ter Wellington FL 33414	88-4079272			5,190	Wholesale Acq Cost	Medical supplies	Global health care
(3)	Nkrumahs Restoration 120 Elgar Pl Bronx NY 10475	47-1982158			142,250	Wholesale Acq Cost	Medical supplies	Global health care
(4)	North Star Foundation 67 Glenfield Rd North Attleboro MA 02760	04-3414626			196,412	Wholesale Acq Cost	Medical supplies	Global healthcare
(5)	Not by Bread Alone 1485 Johnston Rd Norfolk VA 23513	82-1107909			7,518	Wholesale Acq Cost	Medical supplies	Global health care
(6)	Orangewood Presbyterian 1300 W Maitland Blvd Maitland FL 32751	59-1904118			9,037	Wholesale Acq Cost	Medical supplies	Global health care
(7)	Order of St George PO Box 420003 Atlanta GA 30342	81-3814825			21,257	Wholesale Acq Cost	Medical supplies	Global health care
(8)	OSJ Assoc 205 Worth Ave Palm Beach FL 33480	83-4499368			62,355	Wholesale Acq Cost	Medical supplies	Global health care
(9)	OTDA 385 Wavetree Rd Roswell GA 30075	45-4872417			74,113	Wholesale Acq Cost	Medical supplies	Global health care
(10)	Para El Futuro 179 Glass Rd Johnson City TN 37615	84-3499883			7,838	Wholesale Acq 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

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Pawleys Island Community Ch PO Box 777 Pawleys Island SC 29585	57-0756928			6,644	Wholesale Acq Cost	Medical supplies	Global health care
(2)	Project Angkor 14271 Jeffrey Rd Irvine CA 92620	45-0649298			5,400	Wholesale Acq Cost	Medical supplies	Global health care
(3)	Redeemed Christian Church 8470 Garvey Dr Raleigh NC 27616	27-4254361			18,095	Wholesale Acq Cost	Medical supplies	Global health care
(4)	Regis University 3333 Regis Blvd Denver CO 80221	84-0402707			8,126	Wholesale Acq Cost	Medical supplies	Global health care
(5)	Ridgepoint Community Church 340 104th Ave Holland MI 49423	38-3102786			7,320	Wholesale Acq Cost	Medial supplies	Global health care
(6)	Rob White Ministries 16 Rothesay St Simpsonville SC 29681	62-1847150			9,887	Wholesale Acq Cost	Medical supplies	Global health care
(7)	Rocky Point Medical 7306 N Brookview Way Paradise Valley AZ 85253	80-0556130			13,215	Wholesale Acq Cost	Medial suppliesq	Global health care
(8)	Saiyed Foundation 490 Adam Ln Mechanicsburg PA 17050	47-3598514			7,383	Wholesale Acq Cost	Medical supplies	Global health care
(9)	SCORE PO Box 9994 Chattanooga TN 37412	58-1605736			5,855	Wholesale Acq Cost	Medical supplies	Global health care
(10)	Solid Rock Intl PO Box 20867 Indianapolis IN 46220	34-1719319			17,205	Wholesale Acq Cost	Medical supplies	Global health care

- 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

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

EEA

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Healing Kadi Foundation 15002 Blondo St Omaha NE 68116	27-2885617			118,061	Wholesale Acq Cost	Medical supplies	Global health care
(2)	Ville Church 221 N Hogan St Jacksonville FL 32202	90-0871982			36,585	Wholesale Acq Cost	Medical supplies	Global health care
(3)	Truth for Today PO Box 91207 Chattanooga TN 37412	62-1424588			9,606	Wholesale Acq Cost	Medical supplies	Global health care
(4)	University at Buffalo 775 Main St Buffalo NY 14226	16-0865182			7,448	Wholesale Acq Cost	Medical supplies	Global health care
(5)	Valdez Charitable Foundatio 329 Tennessee St Vallejo CA 94590	80-0665923			60,715	Wholesale Acq Cost	Medical supplies	Global health care
(6)	VER Intl 7987 Knoll Ln Trussville AL 35173	82-4952069			17,716	Wholesale Acq Cost	Medical supplies	Global health care
(7)	Vital Injection 12687 Clark St Crown Point IN 46307	32-0011589			24,053	Wholesale Acq Cost	Medical supplies	Global health care
(8)	Volunteers in Medical Missi 265 So Cove Rd Seneca SC 29672	62-1361564			21,120	Wholesale Acq Cost	Medical supplies	Global health care
(9)	Young Life 2130 Clinton St Orchard Park NY 14127	84-0385934			35,276	Wholesale Acq Cost	Medical supplies	Global health care
(10)	Yoya Ministries 4600 Corral Dr Carrollton TX 75010	75-2849588			96,373	Wholesale Acq Cost	Medical supplies	Global health care

- 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

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

Schedule I (Form 990) (2022)





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Kingsway Charities Inc**

Employer identification number

**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 . . . . .	<b>X</b>	<b>100</b>	<b>17,099,200</b>	<b>Wholesale Acq Cost</b>
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 V, 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? . . . . .		<b>X</b>
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? . . . . .	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		<b>X</b>
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)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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. Jordan Gregory is the son of

Jefferson Gregory.

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. Conflict of interest policy compliance (Part VI, line 12c)**

Conflict of interest policy is reviewed annually.

**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

**Kingsway Charities Inc**

Employer identification number

**54-1668650**

**06. Explanation of other changes in net assets or fund balances (Part XI, line 9)**

Rounding

**07. Part XI, response or note to any line in Part XI**

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

**08. Part XII, Response or note to any line in Part XII**

Not recorded in the same manner as the form 990.

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**Kingsway Charities Inc**

**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 2021 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 2023. Add lines 9 and 10, less line 12	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	3,172

**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 2022	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 <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2022 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	04-2022	39 yrs.	MM	S/L	659

**Section C - Assets Placed in Service During 2022 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	3,831
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	

**Federal Supporting Statements****2022 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:

California  
Colorado  
Florida  
Illinois  
Kentucky  
Michigan  
Minnesota  
North Carolina  
New Jersey  
New York  
Ohio  
Oregon  
Pennsylvania  
South Carolina  
Tennessee  
Utah  
Virginia  
Washington