## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

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Department of the Treesury	Do not enter social security numbers on this form as it may be made publ
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

A	For th	e 2022 calend	lar year, or tax ye	ear begin	ning		, 2022, a	and ending			, 20	1
В	Check if	applicable:	C Name of organiza	tian Ki	ingsway Char	ities Inc			C	) Emp	oloyer identification	tion number
	Address	change	Doing business as	8							54-166	3650
	Name d	hange	Number and stree	it (or P.O. bo	ox if mail is not delivered	to street address)		Room/suite	E	Telep	phone number	
	initial rel	um	1171 Coa		alth Ave			Ste	101		(276)4(	56-3014
<b>m</b>	Final ret	underninaled			, country, and ZIP or for	aion postal code				Gro	ss receipts	
Ē		d return	Bristol,	-	-					\$	•	8,180,740
E -		ion pending	F Name and address			Gregory		H(a)	In this a cas		for subordinates?	Yes X No
			Same as	• •		o or ogory				-		
	Tax-axo	npt status: 🕱	1-3	n(c) (	) (insert no.)	4947(a)(1) or	527				ist. See instructio	
	Nebsilo		.kingswaych	undente duere				H(c)	Group ex			
				<u> </u>	acciation Other		L. Year of formati		T		1	VA
Pa		Summar				•	1		1			
	1			ieaim a'nc	ion or most signific	ant activilies:	The primary		of th		manizati	on is to
•		•	-		-		al mission					
Activities & Governance			Guicacions		dical buyyt.							<b>2</b>
Ē									an managa di sementeri di	Contract Production		
ž	2	Check this h		nization d	liscontinued its on	erations or dispose	ed of more than 25	% of its net at	sats			
ŏ	3				ming body (Part V	•				3	1	14
۵Ő				-	is of the governing	•	1b)			4	<u> </u>	1
ţ.	5		• •			•••			1	5		<u> </u>
₹			of volunteers (es			L4 (Γαιί <b>ν, π</b> ο Ζα)			••••	6		
Åc	6		•			·····			••	7a		14
	7a				•				••	7a 7b		0
			Tousiness taxable	s income	10m Porm 990-1,			T		10		0
		0		180 P					r Year			nt Year
	8		and grants (Part		•			62	,975,		17	,414,458
Revenue	9	-	•		2g)					120		9,400
2	10	Investment in	come (Part VIII, c	xolumn (A	Ines 3, 4, and 7	d)			130,			(62,613)
ž	11		•	• •	es 5, 6d, 8c, 9c, 10	•		ļ	271,	624		134,269
	12	Total revenue	- add lines 8 thro	ough 11 (r	must equal Part VI	II, column (A), line	12)	63,	,381,	174		,495,514
	13	Grants and si	imilar amounts pa	id (Part D	X, column (A), line	s1-3) • • • • •	• • • • • • • •	66,	,457,	050	34	,660,322
	14	Benefits paid	to or for members	s (Part IX	, column (A), line 4	•) • • • • • • •						0
	15	Salaries, othe	er compensation, (	employee	e benefits (Part IX,	column (A), lines	5-10) • • • • •		810,	280		778,915
<u> </u>	1 <b>6a</b>	<b>Professional</b> 1	lundraising tees (l	Part IX, c	olumn (A), line 11e	e)						0
Expense	b	Total fundrais	ing expenses (Pa	rt IX, colu	umn (D), line 25)		0					
X	17	Other expens	es (Part IX, colurr	nn (A), lin	es 11a-11d, 11f-24	e)			404,3	250		385,374
	18	Total expense	s. Add lines 13-1	7 (must	equal Part IX, colu	mn (A), line 25)		67,	671,	580	35	,824,611
	19	Revenue less	expenses. Subtr	ract line 1	8 from line 12			(4,	290,4	106)	(18	,329,097)
<b>!</b>	T				·····			Beginning o			End o	f Year
	20	Total assets (	Part X, line 16)					1	739,		4	,340,707
5	21	•	(Part X, line 26)		<b></b> .				1,(	1		1,831
Net Assets or Fund Balances	22		•	Subtract li	ne 21 from line 20			22.	737,0		4	,338,876
Par		Signatur						1 === 1				<u></u>
				ud this return	n, including accompany	ng schedules and state	ments, and to the best o	f my knowledge a	nd belief, i	it is		
true, o	correct, a	and complete. Decl	aration of preparer (oth	er than offic	cer) is based on all infor	mation of which prepare	r has any knowledge.					
		Mamir	Ann Blessin	~ /	VIN AA	1.					511 <i>01                                  </i>	123
Sigr	1	Signature of office		<u>* /</u>	1 12/11					Dat	le / / /	
Her		-		a Dra	aideat	/						
		Type or print name	Ann Blessin	IG, PI	esident							
	I	Print/Type prep			Preparers signature	1	Date	1,	Theck	1	PTIN	
De:-						amen CPR			elf-employ	- <u>-</u>	P00575	833
Paic n			Warren CPA	••-	-	MAMILI''	05-10-202	<u>6.)</u> Firm's El				
-	Darer	_			Warren CPA			Phone no				
USØ	Only	Firm's address		8th						22 1	573_0A1F	
-207-0111-0101-0020091	-				TN 37620		ann airt dharac	I	4	23-:	573-9015	No
					own above? See in		•••••					m <b>990</b> (2022)
For P	aperv	vork Reductio	n Act Notice, see	e the sop	parate instruction	<b>S.</b>					101	

	orm 990 (2022) Kingsway Charities Inc Part III Statement of Program Service Accomplishments		54-1668650	Page
	Check if Schedule O contains a response or note to any line in this F	Part III		-
1	Briefly describe the organization's mission:			· 📋
	The primary purpose of the organization is to sup	oly medications and medica		••
	mission teams traveling worldwide.		al supplies to me	dica.
2	Did the organization undertake any significant program services during the year	ar which were not listed on the		
	prior Form 990 or 990-EZ?	••••••	••••• Yes 🗽 N	lo
3	services?	onducts, any program	••••• 🗌 Yes 🕱 N	0
4	If "Yes," describe these changes on Schedule O.			•
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the total expenses, and revenue, if any, for each program service reported.	the amount of grants and allocations to	others,	
4a	(Code:) (Expenses \$ 35,331,482 including grants	of \$) (Revenue	\$ 17,376,666	5)
	The program provided medications and medical suppl teams traveling to third world countries.	ies for shipment to U.S.	based medical mis	sion
			······	
4b	(Code:) (Expenses \$ including grants of	of \$) (Revenue	\$	)
				·
lc i	(Code: ) (Expenses \$ including grants o	f\$) (Revenue	\$	
		) (November	•	,
-				
-				
-		· · · · · · · · · · · · · · · · · · ·		
-				
- Id (	Other program services (Describe on Schedule O.)			
(	(Expenses \$ including grants of \$	) (Revenue \$	)	
le <sup>-</sup>	Total program service expenses 35,331,482			

	Source         Kingsway Charities Inc         54-           Part IV         Checklist of Required Schedules         54-	1668650		Page 3						
1			Yes	No						
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	[								
2	complete Schedule A	1	x							
3	See instructions	2	x							
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I									
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	_	x						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u>x</u>						
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III									
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	•• 5		X						
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If									
	"Yes," complete Schedule D, Part I	6								
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•••		X						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·· +-		<u>x</u>						
	complete Schedule D, Part III	8		v						
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<u> </u>						
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or									
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x						
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		1							
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,									
	VII, VIII, IX, or X as applicable.									
а	5 sector of the antition land, bandlings, and equipment in that A, when to it if thes,	Cherry Contracts		Mance Analysis (54						
	complete Schedule D, Part VI	11a	x							
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more									
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	· · 11b		X						
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more									
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	· · 11c	$\downarrow$ $\downarrow$	X						
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets									
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			<u>X</u>						
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	· · 11e	┝	<u>X</u>						
٠	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445								
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• 11f		X						
	Schedule D, Parts XI and XII	12-								
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	· 12a	X	<b>.</b>						
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		v						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<u>├</u>	X X						
14a	Did the organization maintain an office, employees, or agents outside of the United States?			x						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,									
	fundraising, business, investment, and program service activities outside the United States, or aggregate									
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		x						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or									
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		x						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other									
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		X						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on									
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		<u>x</u>						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on									
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		<u>x</u>						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?									
• -	If "Yes," complete Schedule G, Part III			<u>x</u>						
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u>x</u>						
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. <u>20b</u>		<u></u>						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	. 21	x							
	demode gerenment or r areas, column (r), into r a roo, complete demodulo i, r and r and a									

Form 990 (2022)

	m 990 (2022) Kingsway Charities Inc Art IV Checklist of Required Schedules (continued)	54-1668	650		Page 4
22				Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (A) line 22 fr "Yee " complete Parts is to be a sum				1
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • •	22		x
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedulo I				
24a	employees? If "Yes," complete Schedule J	• • • • •	23		x
	an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
b	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
v	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
đ	to defease any tax-exempt bonds?		24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • •	24d		
LJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • •	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
00	If "Yes," complete Schedule L, Part I	• • • •	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
~-	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ĺ			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		providence de pre	0 15089,0109	999-2010-042826
	"Yes," complete Schedule L, Part IV •••••••••••••••••••••••••••••••••••		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			_	
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30	[	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	[	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ľ			
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ľ			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	F		+	
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	F			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		х
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	F			
	related organization?/f "Yes," complete Schedule R, Part V, line 2		36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	F			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	F			<u> </u>
	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Part		<u> </u>			
- 949 C	Check if Schedule O contains a response or note to any line in this Part V				
			1	/es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	x	

	1990(2022) Kingsway Charities Inc 54-166	8650	1	Page <b>(</b>
Pa	nt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		1999-1999 1997 - 1997 1997 - 1997
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
~	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U.	required to file Form 8282?	7c		x
A	If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
g				x
h	If the organization received a contribution of data, bouto, displanes, or early contribution of data, bouto, displanes, or early contribution of data,			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		X
	sponsoring organization have exceed budnieds norming or any and setting are years			•
9	Sponsoring organizations maintaining donor advised funds.	9a		x
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation lees and capital contributions included on hard vin, inter 2	-		
b		-		
11	Section 501(c)(12) organizations. Enter:			E <sup>le X</sup>
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	- 420		103340
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		6.50.00
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	to the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes." see the instructions and file Form 4720, Schedule N.			633X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Ves " complete Form 4720, Schedule O.	1989		C 238
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	1000	1	<u>n 22</u>

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	orm 990 (2022) Kingsway Charities Inc 54-166	8650	F	Page
	, manual general, and Disclosule For each "Yes" response to lines 2 through 7h below, and fail	r a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	S.		
S	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
-	sector Al Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	Constant.	Yes	No
	If there are material differences in voting rights around a the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
۲.	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2	x	0.0898V (
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		$\vdash$	
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<u>├</u> ┣-	-
	stockholders, or persons other than the governing body?	76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	v	
b	Each committee with authority to act on behalf of the governing body?	8b	X X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			X
,			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		·····
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ITa	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		-9204
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	x	······
•	describe on Schedule O how this was done	10-		
3	Did the organization have a written whistleblower policy?	12c	X	
	Did the organization have a written document retention and destruction policy?	13	X	
		14	X	- ME .
	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>x</u>
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			M.
	with a taxable entity during the year?	16a		<u>X</u>
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		38 Q	
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure		• • • • • • •	
	List the states with which a copy of this Form 990 is required to be filedStatement #17			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
[	🗴 Own website 🗌 Another's website 🔀 Upon request 🔲 Other (explain on Schedule O)			
	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.			
;	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			

10111 330 (202		F4 1660650	
Part VII	Compensation of Officers Directors Trustees Kov Employees Highest Com	54-1668650	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors		
<del></del>	Check if Schedule O contains a response or note to any line in this Part VII		
	Chicers, Directors, Trustees, Key Employees, and Highest Compensated Employees	lovees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or withi	n the	<u> </u>
organization's	lax year.	ii ule	

• 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.

Form 000 (2022)

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)	box	, unles cer and	Po eck n ss pe	irecto	than one is both a r/trustee	in )	(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
(1) Mary Ann Blessing	40.00									
President				x				126,500	0	0
(2) MaryBeth Blessing	40.00									<u>v</u>
Dir		x						63,900	0	0
(3) Susan Gregory Sorrell	1.00									
<u>Dir</u>		x						0	O	0
(4) Jordan Gregory	1.00									
Dir		x						0	0	0
(5) Kay Barker	1.00									
Dir		x						0	0	0
(6) Benjamin Blessing	1.00									
Dir		x						0	0	0
(7) Jefferson Gregory	1.00									
Dir		X						0	0	00
(8) Joseph Gregory	1.00					1				
Dir		X		-+				0	0	0
(9) Herschel_Blessing	1.00									
Dir		X		_	_			0	0	0
(10)Joan_Gregory	1.00									
Dir		X		-				0	0	0
(11)John_Gregory	<u> </u>									
Chairman Emeritus				X			-+-	0	0	0
(12)Greg_Tebeau	<u> </u>									•
Treasurer				X	-+		-+	0	0	00
(13)James_Gregory Chairman	4.00			x				0	0	0
(14)Gregory Jones	4.00						-†			· · · · · · · · · · · · · · · · · · ·
Secretary				x				0	0	0
EEA										Form <b>990</b> (2022)

Form 990 (2022) Kingsway Chariti Part VII Section A. Officers, Directors,	es Inc Trustees,	Key	Em	ploy	ees.	and	Highest Comp	54-16	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do box	not ch c, unle cer an	Posi neck mo ss pers d a dire	tion re than on is bot ctor/trus	one h an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)			$\left  \right $			ā			 
(16)								 	
(17)						+			
(18)						+			
(19)									
(20)									
(21)				+	-	+			
(22)					-	┿┽		<u></u>	
(23)			-+						
(24)						+			hr at
					ļ				
25)									
1b Subtotal		•••	•••	• • •	•••	•			
d Total (add lines 1b and 1c)				· · ·			190,400	0	0
2 Total number of individuals (including but not limite reportable compensation from the organization	d to those list	ted abo	ove)	who n	eceive	d more	e than \$100,000 of		Yes No
3 Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> .				-		-	sated		3 X
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	•	•				•			4 x
<ul> <li>5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of</li> </ul>	-		-		-		ion or individual		4 X 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	to d indonond	ant oo		toro ti	at ma	aivad	more then \$100.000	0 of	· · · · · · · · · ·
compensation from the organization. Report compe									
(A) Name and business address							(B) Description of services		(C) Compensation
2 Total number of independent contractors (including received more than \$100,000 of compensation from			ose l	isted	above)	who			

ŝ

Form 9			sway	y Chariti	es	Inc	·		54-1668	550 Page 9
Part		2 · · · · · · · · · · · · · · · · · · ·								
		Check if Schedule O c	ontai	ns a response	e or n	ote to any line in th			·····	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
र्श श	1a	Federated campaigns	•••		1a					
	þ	Membership dues	••		1b					
nari	C	Fundraising events • •	•••		1c		a star the s			
Åno.	d	Related organizations		F	1d				A	
Giff Iar	e	Government grants (contributions) • • 1e								
ons, Simi	f	All other contributions, git	-							
utio Ter (		and similar amounts not i		-	1f	17,414,458	a de la companya de l			
Contributions, Gifts, Grants and Other Similar Amounts	g	· · · · · · · · · · · · · · · · · · ·					1.11	en egite de s		
			lines 1a-1f         1g           Total. Add lines 1a-1f			\$17,099,200	_	-		
	n	Total. Add lines 1a-11	•••	•••••		Ľ	17,414,458			and the second
-	20	Man Antonia and an a	. (			Business Code		0 400		
lice	b	Ministry services		ent)		531120	9,400	9,400		
ne n		······								
gram Sen Revenue	d									<u> </u>
gra Re	e			÷.						
Program Service Revenue	f	All other program service r	even	ue						
-		Total. Add lines 2a-2f					9,400			
	3	Investment income (includi	ina d	ividends, inter	rest. a	and				
		other similar amounts)	-				149,979			149,979
	4	Income from investment of	f tax-	exempt bond	proce	eds · · · ·			· · · · · ·	
	5	Royalties	· · · ·		••					
	1			(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	1	Less: rental expenses								
	1	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securities		(ii) Other			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
		sales of assets	7.0			252 160				
		other than inventory	7a	4,0	000	353,168				and the second second
0	D	Less: cost or other basis and sales expenses •••	76	569,7						
ent		Gain or (loss)		(565,7		353,168				
Šeč		Net gain or (loss)					(212,592)	4,000		(216,592)
Other Revenue		Gross income from fundrai				·····	<u>,</u> ,			
đt		events (not including \$	Ť							
Ŭ		of contributions reported or	n line	1						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b				S	
	c	Net income or (loss) from f	undra	aising events	<u> </u>					
	9a	Gross income from gaming								
		activities, See Part IV, line			9a					
		Less: direct expenses			9b				<u></u>	
		Net income or (loss) from g		ng activities	÷					
	10a	Gross sales of inventory, less		240 725						
		returns and allowances			10a 10b					
		Less: cost of goods sold Net income or (loss) from s			ليبريها		134,269	134,269		<u></u>
	<u>ب</u>					Business Code				
S	11a									
nou Nue	Ь	<u> </u>								
ver	c									· · · · · · · · · · · · · · · · · · ·
Miscellanous Revenue	d	All other revenue			•					
2		Total. Add lines 11a-11d				• • • • • • • •				166 6121
	12	Total revenue. See instruc	tions				17,495,514	147,669	0	(66,613)

Form 990 (2022)	
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Page 10

	ot include amounts reported on lines 6b, 7b,	(A)		<u></u>	
1	b, and 10b of Part VIII.	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations	1	expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	34,660,322	24 660 200		
2	Grants and other assistance to domestic		34,660,322		
	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				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	100 400			
	Compensation not included above to disqualified	190,400	108,528	81,872	<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
		389,333	198,730	190,603	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				]
		11,387	6,035	5,352	
	Other employee benefits	143,227	75,910	67,317	· · · · · · · · · · · · · · · · · · ·
	Payroli taxes	44,568	23,621	20,947	
	Management				
	_egal			· · · · · · · · · · · · · · · · · · ·	
		19,454		19,454	
	_obbying · · · · · · · · · · · · · · · · · · ·				
	Professional fundraising services. See Part IV, line 17		· · ·		
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column		·		
	A) amount, list line 11g expenses on Schedule O.)	7,577		7,577	
	Advertising and promotion				
	Office expenses	18,165	9,082	9,083	
	nformation technology				
F	Royalties • • • • • • • • • • • • • • • • • • •				
C		82,872	82,872		
Т	ravel · · · · · · · · · · · · · · · · · · ·				
Ρ	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
С	Conferences, conventions, and meetings				
Ir	nterest				
Р	ayments to affiliates				
D	Pepreciation, depletion, and amortization ••••••	51,843	25,921	25,922	
In	nsurance	29,429		29,429	
0	ther expenses. Itemize expenses not covered				
a	bove (List miscellaneous expenses on line 24e. If				
lir	ne 24e amount exceeds 10% of line 25, column			1	
(A	A), amount, list line 24e expenses on Schedule O.)		•		
S	hipping	104,109	104,109		
	ther	43,453	17,660	25,793	
	omputer	19,560	9,780	9,780	
	aintenance	8,912	8,912		
	Il other expenses				
_ т	otal functional expenses. Add lines 1 through 24e	35,824,611	35,331,482	493,129	
Je oi	oint costs. Complete this line only if the rganization reported in column (B) joint costs om a combined educational campaign and				

	1 990 (2			4-1668650	Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			🔲
			(A)		(B)
			Beginning of year	E	nd of year
	1	Cash - non-interest-bearing	9,911	1	128,254
	2	Savings and temporary cash investments	303,366	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use • • • • • • • • • • • • • • • • • • •	19,578,149	8	2,019,535
Ąŝ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,147,624			
	b	Less: accumulated depreciation	1,233,959	10c	1,218,410
	11	Investments - publicly traded securities	1,614,116	11	974,508
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
<u></u>	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,739,501	16	4,340,707
	17	Accounts payable and accrued expenses	1,681	17	1,831
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,681	26	1,831
s		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.		97	4 330 096
alar	27	Net assets without donor restrictions	22,737,820	27	4,338,876
B	28	Net assets with donor restrictions		20	
pur		Organizations that do not follow FASB ASC 958, check here			
r Fu		and complete lines 29 through 33.		20	
20	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		<u>30</u> 31	
Asi	31	Retained earnings, endowment, accumulated income, or other funds		31 32	4 220 076
Net Assets or Fund Balances	32	Total net assets or fund balances	22,737,820	32	4,338,876
	33	Total liabilities and net assets/fund balances	22,739,501		4,340,707 orm 990 (2022)

EEA

	990 (2022) Kingsway Charities Inc 5	4-1668650	)	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	• • • • • • •	• • • •	. X
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
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🛛 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	[	2b X	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	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?	[	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
	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		3b	
EA			Form 990	(2022)

Form	90-T	Exen	npt Organization	Busin	ess Incom	e Tax Retur	n L	OMB No. 1545-0047	
			(and proxy tax	under	section 603	3(e))		2022	
		For calendar yea	ar 2022 or other tax year beginni	na	, 2022, and end	ing . 20	ĺ	2022	
			Go to www.irs.gov/Form990				0.000	Open to Public Inspection	<u>n -</u>
•	nt of the Treasury evenue Service		nter SSN numbers on this form a				)(3).	for 501(c)(3) Organizations Only	
	eck box if		organization ( Check box if name			•	10002	r identification number	1993.27 
add	ress changed.	Drint King	sway Charities Inc				54-166	8650	
B Exempt	under section		street, and room or suite no. If a P.O. bo	ox, see instructi	ons. STE Stel	01		emption number	
<b>X</b> 501	(c)(3)	or Type	Commonwealth Ave				(see instr	uctions)	
408	(e) 220(e)	City or tov	wn, state or province, country, and ZIP of	or foreign posta	l code				
408	A 530(a)	Bris	tol, VA 24201				F Che	ck box if	
529	(a) <b>529A</b>	C Book value of all	assets at end of year			4,340,707	an a	mended return.	
G Che	ck organization t	pe 🗴 501	1(c) corporation	(c) trust	401(a) trust	Other trust	State 🗠	ollege/university	
H Che	ck if filing only to	Cla	aim credit from Form 8941		Claim a refund	shown on Form 2439	•		_
I Che	ck if a 501(c)(3)	rganization filing	g a consolidated return with a 5	501(c)(2) titl	eholding corporatio	<u>n</u>		[	]
J Ente	er the number of	ttached Schedu	iles A (Form 990-T)				• • • • •	0	
K Duri	ng the tax year, v	as the corporation	on a subsidiary in an affiliated	group or a p	parent-subsidiary o	ontrolled group?	• • • • •	. 🏼 Yes 📉 No	>
			g number of the parent corporation						
			ebeau 1171 Commonwe		e B VA 24201	Telephone number	(276)46	6-3014	
Part I			iness Taxable Income				<u> </u>	- <b>T</b>	
<b>1</b> To	tal of unrelated t		income computed from all unre		•				
	structions)		• • • • • • • • • • • • • • • •						<u></u>
							2		<u>285 -</u>
							3	······································	
		•							
			come before net operating loss						
			e instructions				6		<u> </u>
			income before specific deducti				<b>_</b>		
	ubtract line 6 fron								—
			0, but see instructions for exce				··· 8	-	—
	usts. Section 19								
	stal deductions.		• • • • • • •			• • • • • • • • • • •			—
11 Ur			ne. Subtract line 10 from line 7.				11	0	
							•••	0	—
Part I		putation	the Adultate Darit Kas 44 by	. 240/ /0 24)			1	0	
			tions. Multiply Part I, line 11 by				· · · ·		
			instructions for tax computation				2		
	rt I, line 11 from:	Tax rate se	chedule or 🔲 Schedule D (		,				
	oxy tax. See ins								_
	her tax amounts.								-
	ernative minimu		/					1	—
									-
			or 2, whichever applies •••					Form <b>990-T</b> (202	22)
τνι ταρ	or work neuroth								

EEA

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) • • • • • 1a	
b Other credits (see instructions)	(
c General business credit. Attach Form 3800 (see instructions)	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	
e Total credits. Add lines 1a through 1d	· · · · · · · . 1e
2 Subtract line 1e from Part II, line 7	
3 Other amounts due. Check if from: 🗌 Form 4255 🔲 Form 8611 🗌 Form 8697 🔲 F	Form 8866
Other (attach statement)	
4 Total tax. Add lines 2 and 3 (see instructions).	nder
section 1294. Enter tax amount here	4
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	
6a Payments: A 2021 overpayment credited to 2022 6a	
b 2022 estimated tax payments. Check if section 643(g) election applies	
c Tax deposited with Form 8868 6c d Foreign organizations: Tax paid or withheld at source (see instructions)	
f       Credit for small employer health insurance premiums (attach Form 8941)       6f         g       Other credits, adjustments, and payments:       Form 2439	
Guild creatis, and payments.         Form 2439           Form 4136         Other         Total         6g	
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	10
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax	Refunded 11
Part IV Statements Regarding Certain Activities and Other Information (see inst	
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or othe	
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may h	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreig	gn country
here	X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	r 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-201	
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction repo	orted on
Part I, line 6.	and the second
5 Post-2017 NOL carryovers. Enter the Business Activity Code and post-2017 NOL carryovers. Don't reduc	
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See in	
	st-2017 NOL carryover
6a Did the organization change its method of accounting? (see instructions) · · · · · · · · · · · · ·	
<ul> <li>b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If</li> </ul>	If "No."
explain in Part V	all and a second se
Part V Supplemental Information	
Provide the explanation required by Part IV, line 6b. Also, provide any other additional information.	See instructions.

Sign			rjury, I declare that I have exa ct, and complete. Declaration					nd to the best of my knowledge and parer has any knowledge.		
Here	Si	gnature of officer		]	Date	President Title		with the prepa	liscuss this return Irer shown below ns)? X Yes No	
Paid		Print/Type prepare David E Wa		Prepar	r's signature w.Z.U	un CPD	Date 05-02-2023	Check if if self-employed	PTIN P00575833	
Prepar	er	Firm's name	David E Warren					Firm's EIN 62	-1714856	
Use O	nly	Firm's address 307 8th St					Phone no.			
			Bristol TN 3762	20				42	3-573-9015	

SCHE	DU	LE	A
(Form	990	)	

# **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.

OMB No. 1545-0047	
2022	

Informal Devenue Constant							Open to Public			
			Go	to www.irs.gov/For	ation.	Inspection				
Name	of the o	organization						Employer identificati	on number	
King	gsway	Chariti	es Inc					54-16686	50	
Par	t I	Reason	for Public Ch	arity Status. (A	II organizations mu	st comple	ete this p	art.) See instructi	ons.	
The c	organiza	ation is not a	private foundation	because it is: (For lin	nes 1 through 12, check	only one b	ox.)			
1		church, conv	ention of churches	, or association of ch	urches described in sect	ion 170(b)	(1)(A)(i).			
2	🗌 A 9	school descri	bed in section 17	0(b)(1)(A)(ii). (Attach	Schedule E (Form 990).	.)				
3		hospital or a	cooperative hospita	al service organizatio	on described in <b>section 1</b>	70(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	n operated for the l	benefit of a college o	r university owned or op	erated by a	governme	ental unit described in		
	se	ction 170(b)	(1)(A)(iv). (Comple	ete Part II.)						
6	Af	ederal, state	, or local governme	ent or governmental u	unit described in <b>section</b>	170(b)(1)(	A)(v).			
7	X An	organizatior	n that normally rece	eives a substantial pa	art of its support from a g	jovernmen	tal unit or f	rom the general public	;	
	de	scribed in <b>se</b>	ction 170(b)(1)(A)	(vi). (Complete Part	II.)					
8	A c	community tri	ust described in <b>se</b>	ction 170(b)(1)(A)(v	ri). (Complete Part II.)					
9	📋 An	agricultural	research organizat	ion described in <b>sec</b>	tion 170(b)(1)(A)(ix) ope	erated in co	njunction v	with a land-grant colleg	je	
	or	university or	a non-land-grant c	ollege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or		
	_	iversity:								
10	rec sup	eipts from a port from gr	ctivities related to it oss investment inc	ts exempt functions, come and unrelated t	33 1/3% of its support fro subject to certain except ousiness taxable income section 509(a)(2). (Com	ions; and ( (less secti	2) no more on 511 tax	than 33 1/3% of its	SS	
11	🗌 An	organization	organized and op	erated exclusively to	test for public safety. See	e section <b>s</b>	509(a)(4).			
12		-			or the benefit of, to perfor					
		-		-	d in <b>section 509(a)(1)</b> or				Check	
	the				pe of supporting organization					
а					vised, or controlled by its				)	
		the support	ed organization(s)	the power to regular	ly appoint or elect a maj	ority of the	directors o	r trustees of the		
			•	•	t IV, Sections A and B.					
b					ontrolled in connection wi					
					tion vested in the same	persons that	at control o	r manage the support	ed	
	_			mplete Part IV, Sec					_	
С					anization operated in cor				1,	
	_				u must complete Part I				(c)	
d					g organization operated i					
					generally must satisfy a			ent and an attentivene	:55	
		requiremen	t (see instructions)	. You must complet	e Part IV, Sections A ar	IDS that if	ic o Type I			
е					n determination from the		ізатурет	і, туре ії, туре ії		
		-	-		integrated supporting or	yaniizauon.				
Ť			of supported orga	out the supported on	anization(s)				· L	
<u> </u>					(iii) Type of organization	(iv) Is the o	roanization	(v) Amount of monetary	(vi) Amount of	
	(I) Name	of supported org	anization	(ii) EIN	(described on lines 1-10 above (see instructions))	1 * '	ir governing	support (see instructions)	other support (see instructions)	
						Yes	No			
(A)										
(B)										
(C)						ļ				
(D)										
(E)										
Total										

	dule A (Form 990) 2022 Kingsway	Charities I	nc			54-16686	50 Page 2
		the bay on lie	ribed in Sec	tions 170(b)	(1)(A)(iv) and	170(b)(1)(A	)(vi)
	(Complete only if you checked	the box on lin	le 5, 7, or 8 o	Part I or if th	e organizatio	on failed to qu	alify under
Sec	Part III. If the organization fails tion A. Public Support	to quality und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(-) 0010	(1) 0010		· · · · · · · · · · · · · · · · · · ·		r
1	Gifts, grants, contributions, and	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	membership fees received. (Do not						
2	include any "unusual grants.") Tax revenues levied for the	47,421,7761	<u>30,611,870</u>	25,692,515	63,250,281	17,228,997	384,205,439
2							
	organization's benefit and either paid to						
-	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	4 <mark>7,421,7761</mark>	<u>30,611,8701</u>	25,692,515 e	3,250,281	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				128 1		
	line 1 that exceeds 2% of the amount				a state of the second s		
	shown on line 11, column (f)			Contraction .			
6	Public support. Subtract line 5 from line 4					1	84,205,439
	ion B. Total Support	·•		-			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7		47,421,77613	0,611,87012	5,692,515 6	3,250,281 1	7,228,997	84,205,439
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	Total support. Add lines 7 through 10	1					85,085,983
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the org	anization's first	, second, third,	fourth, or fifth ta	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						[]
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2022 (line 6	i, column (f), div	vided by line 11	, column (f))		14	99.77 %
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organiz						
	box and stop here. The organization qualif						
b	33 1/3% support test - 2021. If the organiz	ation did not ch	eck a box on li	ne 13 or 16a, ai	nd line 15 is 33	1/3% or more,	check
	this box and stop here. The organization q						
17a	10%-facts-and-circumstances test - 2022	2. If the organiza	ation did not ch	eck a box on lir	ne 13, 16a, or 1	6b, and line 14	is
	10% or more, and if the organization meets	the facts-and-o	ircumstances t	est, check this	box and <b>stop l</b>	<b>nere.</b> Explain in	
	Part VI how the organization meets the fac	cts-and-circums	stances test. Th	ne organization	qualifies as a	publicly suppo	rted
	organization						🔲
b	10%-facts-and-circumstances test - 2021						
	15 is 10% or more, and if the organization r	neets the facts-	and-circumsta	nces test, checl	k this box and s	stop here. Exp	lain
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization did						
	instructions						<u></u>
EEA	<u>.</u>		18				(Form 990) 2022

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	ule A (Form 990) 2022 Kingsway C	harities I	nc			54-1668650	Pag
Par							
	(Complete only if you checked t						ler Part II
	If the organization fails to qualify	y under the te	ests listed be	low, please c	omplete Part	ll.)	
-	ion A. Public Support			· · ·			
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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	Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3		1				
	received from disgualified 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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1.1.1	and the second second	a sharp and a set	State State	
Casti			<u> </u>	L	1		
	on B. Total Support	(-) 0040	(1) 0040	L (-) 0000	(1) 0004	(-) 0000	(0 T-1-1
	dar 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		ļ			<u> </u>	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's firs	t. second. third	, fourth, or fifth	tax year as a s	ection 501(c)(3)	
	organization, check this box and <b>stop here</b>						
Sectio	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	column (f) di	- ivided by line 1	3. column (f))		15	
15 16	Public support percentage for 2022 (inte of Public support percentage from 2021 Sch					16	
	on D. Computation of Investment Inc						· · · · ·
17	Investment income percentage for 2022 (lin			line 13. colum	n (f))	17	

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 19a 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% 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 b

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

18

Page 3

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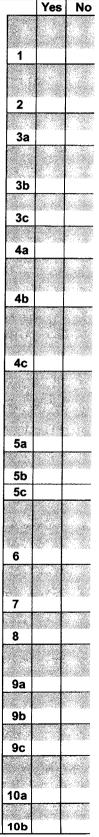
Page 4

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

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



Schedule A (Form 990) 2022

Transmission and the second se	ule A (Form 990) 2022 Kingsway Charities Inc	54-1668650	Page 5
Part	Supporting Organizations (continued)		
11	Hoo the experimetion eccentral a sift as east it. If the second state of the second st		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described or	2017/2019/2019/2019/2019/2019/2019/2019/2019	
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or	1	
Fact	provide detail in Part VI.	11c	
Jeci	ion B. Type I Supporting Organizations		<u> </u>
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members		Yes No
•			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations are during the tenurous of fills in the superior of the power to regularly appoint or elect at least a majority of the organizations are during the tenurous of fills in the superior of the tenurous of te		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organizat	La	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than o		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
2	Did the organization operate for the benefit of any supported organization other than the support	2 300 10 M 1 2 4 6 10	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp	olain in <b>Part</b>	
	VI how providing such benefit carried out the purposes of the supported organization(s) that open	rated,	
_	supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
			Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority o		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI h		
	or management of the supporting organization was vested in the same persons that controlled or		
	the supported organization(s).	1	
Secti	on D. All Type III Supporting Organizations	·····	
			res No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the private private and amount of support provided during the private	or 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	ne	
	organization's governing documents in effect on the date of notification, to the extent not previously provided	1? 1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by	the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain	in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organ	nization(s). 2	
3	By reason of the relationship described in line 2, above, did the organization's supported organ	izations have	
	a significant voice in the organization's investment policies and in directing the use of the organization	nization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organiz	ration's	
	supported organizations played in this regard.	3	8957-56280311469904
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test durin	g the year (see instruction	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		'es No
а	Did substantially all of the organization's activities during the tax year directly further the exemp	t purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI	identify	
	those supported organizations and explain how these activities directly furthered their exemp		
	how the organization was responsive to those supported organizations, and how the organization		
	that these activities constituted substantially all of its activities.	2a	84.00 <b>9</b> 02.09882
h	Did the activities described on line 2a, above, constitute activities that, but for the organization'	the state of the s	
b	involvement and or more of the organization's supported organization(s) would have been anged	ued in? If	
	involvement, one or more of the organization's supported organization(s) would have been engage		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization		
	have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, direct		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	

b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

3b

	rust	on Nov. 20, 1970 (explain i	•
d Net Income capital gain prior-year distributions come (see instructions) ough 3. nd depletion ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	1 2 3 4 5 6 7		(B) Current Yea
capital gain prior-year distributions come (see instructions) ough 3. nd depletion ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	2 3 4 5 6 7	(A) Prior Year	1
capital gain prior-year distributions come (see instructions) ough 3. nd depletion ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	2 3 4 5 6 7		(optional)
prior-year distributions come (see instructions) ough 3. nd depletion rating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	2 3 4 5 6 7		
come (see instructions) ough 3. nd depletion ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) income (subtract lines 5, 6, and 7 from line 4) n Asset Amount	3 4 5 6 7		
ough 3. nd depletion ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) income (subtract lines 5, 6, and 7 from line 4) n Asset Amount	4 5 6 7		
nd depletion ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	5 6 7		
ating expenses paid or incurred for production or collection e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	6		
e or for management, conservation, or maintenance of or production of income (see instructions) s (see instructions) ncome (subtract lines 5, 6, and 7 from line 4) n Asset Amount	7		
or production of income (see instructions) s (see instructions) Income (subtract lines 5, 6, and 7 from line 4) n Asset Amount	7		
s (see instructions) Income (subtract lines 5, 6, and 7 from line 4) In Asset Amount	7		1
ncome (subtract lines 5, 6, and 7 from line 4)	+		
n Asset Amount	8		1
market value of all non-exempt-use assets (see		(A) Prior Year	(B) Current Yea (optional)
short tax year or assets held for part of year):			
ly value of securities	1a		
ily cash balances	1b	·	
ue of other non-exempt-use assets	1c		
s 1a, 1b, and 1c)	1d		
ed for blockage or other factors	1		
il in <b>Part VI</b> ):			
ebtedness applicable to non-exempt-use assets	2		
from line 1d.	3		
neld for exempt use. Enter 0.015 of line 3 (for greater amount,			
s).	4		
n-exempt-use assets (subtract line 4 from line 3)	5		
by 0.035.	6		
prior-year distributions	7		
et Amount (add line 7 to line 6)	8		
able Amount			Current Year
come for prior year (from Section A, line 8, column A)	1		
	2		
amount for prior year (from Section B, line 8, column A)	3		
f line 2 or line 3.	4		
	5		
porary reduction (see instructions).	6		
if the current year is the organization's first as a non-functional	lly int	egrated Type III supporting	1 organization
	market value of all non-exempt-use assets (see r short tax year or assets held for part of year): hly value of securities hly cash balances lue of other non-exempt-use assets s 1a, 1b, and 1c) ned for blockage or other factors all in <b>Part VI</b> ): ebtedness applicable to non-exempt-use assets from line 1d. held for exempt use. Enter 0.015 of line 3 (for greater amount, s). on-exempt-use assets (subtract line 4 from line 3) by 0.035. prior-year distributions <b>et Amount</b> (add line 7 to line 6) <b>table Amount</b> come for prior year (from Section A, line 8, column A) ne 1. t amount for prior year (from Section B, line 8, column A) f line 2 or line 3. posed in prior year <b>Amount</b> . Subtract line 5 from line 4, unless subject to nporary reduction (see instructions). a if the current year is the organization's first as a non-functiona et anos).	r short tax year or assets held for part of year):       1a         hly value of securities       1a         hly cash balances       1b         lue of other non-exempt-use assets       1c         s 1a, 1b, and 1c)       1d         ned for blockage or other factors       1a <i>all in Part VI</i> ):       1d         ebtedness applicable to non-exempt-use assets       2         from line 1d.       3         held for exempt use. Enter 0.015 of line 3 (for greater amount, s).       4         on-exempt-use assets (subtract line 4 from line 3)       5         oy 0.035.       6         prior-year distributions       7         et Amount (add line 7 to line 6)       8         table Amount       2         come for prior year (from Section A, line 8, column A)       1         ne 1.       2         t amount for prior year (from Section B, line 8, column A)       3         f line 2 or line 3.       4         oosed in prior year       5         Amount. Subtract line 5 from line 4, unless subject to       6         nporary reduction (see instructions).       6	market value of all non-exempt-use assets (see         r short tax year or assets held for part of year):         hly value of securities       1a         hly cash balances       1b         lue of other non-exempt-use assets       1c         s 1a, 1b, and 1c)       1d         ned for blockage or other factors       1d         ail in Part VI):       1d         ebtedness applicable to non-exempt-use assets       2         from line 1d.       3         held for exempt use. Enter 0.015 of line 3 (for greater amount, s).       4         on-exempt-use assets (subtract line 4 from line 3)       5         oy 0.035.       6         prior-year distributions       7         et Amount (add line 7 to line 6)       8         table Amount       2         come for prior year (from Section A, line 8, column A)       1         n = 1.       2         t amount for prior year (from Section B, line 8, column A)       3         f line 2 or line 3.       4         oosed in prior year       5         Amount. Subtract line 5 from line 4, unless subject to poorary reduction (see instructions).       6

EEA

Schedule A (Form 990) 2022

Sec	tion D - Distributions				
			Current Year		
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required		//)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	7	· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to whic	ch the organization is resp	onsive		
	(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	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 202
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				
а	From 2017				
b	From 2018				and an
С	From 2019				
d	From 2020				
е	From 2021				
f	Total 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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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	1 Section Section			
	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	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019			1	
	Excess from 2020				
d	Excess from 2021				
		- Harrison and the second s		100	

EEA

Schedule A (F	orm 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<u></u>	
······	
<del>ب در این اور در این و ور در در اور می</del>	

SCHEDUL	.E D
(Form 990	))

Department of the Treasury

Internal Revenue Service

Name of the organization

Part

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С d

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1a

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Part III

tax year

Part

## Supplemental Financial Statements

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. **Open to Public** Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Kingsway Charities Inc 54-1668650 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) .... Aggregate value at end of year ..... 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? ..... Yes No 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? Yes No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Heid at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) ..... 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 

	(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:
	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

OMB No. 1545-0047

rai	ule D (Form 990) 2022 Kingsway Chari		A			54-1668			Pag
	t III Organizations Maintaining						sets (co	ntinı	Jed
3	Using the organization's acquisition, acces	sion, and other recon	ds, check any of	the following that n	nake sig	nificant use of its			
	collection items (check all that apply):		_						
а	Public exhibition		d ∐Lo	an or exchange pr	ogram				
b	Scholarly research		e 🗌 O	her					
с	Preservation for future generations								-
4	Provide a description of the organization's	collections and expla	in how they furth	er the organization	's exem	pt purpose in Part			
	XIII.		·····, ····,	<b>..</b>					
5	During the year, did the organization solicit	or receive donations	of art historical t	reasures or other	similar				
•	assets to be sold to raise funds rather than							. Г	] N
ear	tiv Escrow and Custodial Arra		purcor the organ	2200113 00110000111					<u> </u>
(Onesta)	Complete if the organization	-	' on Form 99	) Part IV line	9 or n	enorted an am	ount on	Forr	m
	990, Part X, line 21.			5, 1 art 14, mic 3	0, 01 1	cported an and			
4-			1: f			····		·· ·	· · · · ·
1a	Is the organization an agent, trustee, custo		-				Π.,	-	٦.,
	included on Form 990, Part X?				• • •		. 🗌 Ye	s [	N
b	If "Yes," explain the arrangement in Part XII	Il and complete the fo	llowing table:						
						Amo	ount		
С	Beginning balance								
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f			·	
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow	or custodial accour	nt liabilit	y?	Yes	3	N
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanation has b	en provided on Pa	art XIII			. Г	ī
ar	<b>tV</b> Endowment Funds.		•	<u>.</u>					<u></u>
	Complete if the organization	answered "Yes"	on Form 990	). Part IV. line <sup>-</sup>	10.				
		(a) Current year	(b) Prior year	(c) Two years t	1	(d) Three years back	(0) [0]		
а	Beginning of year balance	(a) Current year	(b) Phoryean	(c) two years t	Dack	(d) Three years back	(e) Four	years t	Daci
b							-		
							+		
c	Net investment earnings, gains, and				ļ				
							<u> </u>	· ·	
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance			]					
	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %	<u> </u>							
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
	the percentages on mos za, as, and ze on	•	tion that are held	and administered	for the				
	Are there endowment funds not in the posse		tuon that are new	and daministered			Г	Yes	N
	Are there endowment funds not in the posse	oolon of the organize						165	<u> </u>
	organization by:	-					20/11		
	organization by: (i) Unrelated organizations						3a(i)		
a	organization by:         (i) Unrelated organizations         (ii) Related organizations				,		3a(ii)		
a	organization by:         (i) Unrelated organizations         (ii) Related organizations         (iii) Related organizations         If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule		,		+		
a	<ul> <li>organization by:</li> <li>(i) Unrelated organizations</li></ul>	ations listed as require organization's endo	red on Schedule		,		3a(ii)		
a	organization by:         (i) Unrelated organizations         (ii) Related organizations         (iii) Related organizations         if "Yes" on line 3a(ii), are the related organiz         Describe in Part XIII the intended uses of the         VI Land, Buildings, and Equip	ations listed as requir e organization's endo	red on Schedule wment funds.	R?	••••	· · · · · · · · · · · · · · · · · · ·	3a(ii) 3b		
a	<ul> <li>organization by:</li> <li>(i) Unrelated organizations</li></ul>	ations listed as requir e organization's endo	red on Schedule wment funds.	R?	••••	· · · · · · · · · · · · · · · · · · ·	3a(ii) 3b	ne 1	0.
a	organization by:         (i) Unrelated organizations         (ii) Related organizations         (iii) Related organizations         if "Yes" on line 3a(ii), are the related organiz         Describe in Part XIII the intended uses of the         VI Land, Buildings, and Equip	ations listed as requir e organization's endo	red on Schedule wment funds. on Form 990	R?	  1a. Se	· · · · · · · · · · · · · · · · · · ·	3a(ii) 3b		0.
b	<ul> <li>organization by:</li> <li>(i) Unrelated organizations</li></ul>	ations listed as requir e organization's endo oment. answered "Yes"	red on Schedule wment funds. on Form 990 r basis (b) C	R?	1a. Se (c) A	ee Form 990, P ccumulated preciation	3a(ii) 3b Part X, li		0.
b art	<ul> <li>organization by:</li> <li>(i) Unrelated organizations</li></ul>	ations listed as require e organization's endo oment. answered "Yes" (a) Cost or othe	red on Schedule wment funds. on Form 990 r basis (b) C	R?	1a. Se (c) A	ee Form 990, P	3a(ii) 3b Part X, li (d) Book		
b art	organization by:         (i) Unrelated organizations         (ii) Related organizations         If "Yes" on line 3a(ii), are the related organiz         Describe in Part XIII the intended uses of the         VI       Land, Buildings, and Equip         Complete if the organization         Description of property	ations listed as require e organization's endo oment. answered "Yes" (a) Cost or othe	red on Schedule wment funds. on Form 990 r basis (b) C	, Part IV, line 1 ost or other basis (other) 234,754	1a. Se (c) A	ee Form 990, P ccumulated preciation	3a(ii) 3b Part X, li (d) Book	value	
b <b>art</b> a	organization by: (i) Unrelated organizations	ations listed as require e organization's endo oment. answered "Yes" (a) Cost or othe	red on Schedule wment funds. on Form 990 r basis (b) C nt)	R?	1a. Se (c) A deg	ee Form 990, P ccumulated preciation 859,970	3a(ii) 3b Part X, li (d) Book	value 34,7	754
a a a b c	organization by:         (i) Unrelated organizations         (ii) Related organizations         (iii) Related organizations         If "Yes" on line 3a(ii), are the related organiz         Describe in Part XIII the intended uses of the         VI       Land, Buildings, and Equip         Complete if the organization         Description of property         Land         Land         Land         Description of property	ations listed as require e organization's endo oment. answered "Yes" (a) Cost or othe	red on Schedule wment funds. on Form 990 r basis (b) C nt)	R?	1a. Se (c) A deg	ee Form 990, P coumulated preciation 859,970 .,516,480	3a(ii) 3b Part X, li (d) Book	value 34,7 79,1	754
b art a b	organization by: (i) Unrelated organizations	ations listed as require e organization's endo oment. answered "Yes" (a) Cost or othe (investme	red on Schedule wment funds. on Form 990 r basis (b) C nt)	R?	1a. Se (c) A deg	ee Form 990, P ccumulated preciation 859,970	3a(ii) 3b Part X, li (d) Book	value 34,7	754

Schedule D (Form 990) 2022

Page	3

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)		1
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

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

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

#### 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)	
tal (Column (h) must equal Form 990, Part X, col. (B) line 15.)	

otai 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.

	(-) Burn (-) in the filter	(b) Book value	
1.	(a) Description of liability	(b) Book value	
(1) Fede	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			and the second
(8)			
(9)			
Total (Colu	mp (b) must actual Form 000 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

Schee	duke D (Form 990) 2022 Kingsway Charities Inc	54-16686	550 Page 4
Fal	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
-	Total revenue, gains, and other support per audited financial statements	1	17,425,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	(69.84) (69.84)	7)	
b			
C			
d			
e		2e	(69,847)
3	Subtract line <b>2e</b> from line <b>1</b>	3	17,495,514
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,495,514
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	35,824,611
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		35,024,011
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	25 004 (11
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		35,824,611
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35 934 611
Part			35,824,611

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.

Complete if the organization answered "Yes" on Form 990, Part N, line 21 or 22.       Open to Public Its pection         Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.       Employer identifieston number         temployer identifieston       Employer identifieston number         Standbox Constrained and Assistance       Employer identifieston         Standbox Constrained and Assistance       Employer identifieston number         Standbox Constrained and Assistance       Employer identifieston number         Constrained and the grants or assistance?       Constrained and the grants or assistance?       Constrained and the grant cords to substantiate the amount of the grant sor assistance and the selection criteria used to award the grants or assistance?       Constrained and the raceived more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization       (b) EN       (c) Resection (d) Amount of cash (e) Amount of noncash assistance or government or government or government (f applicable)       (b) Amount of cash (e) Amount of noncash assistance or government or government (f applicable)       Match is for assistance       (b) Part Ni (	SCHEDULE I			nts and Other A					OMB No. 1545-0047
Attach to Form 390. Go to www./rs.gov/Form390 for the latest information.         Employee Heartification (1) approx of any section of the grants and Assistance         Employee Heartification (1) approx of any section and the grants or assistance.         Employee Heartification (1) approx of any section and the grant or assistance and the selection offers used to award the grant for assistance and the selection offers used to award the grant for assistance and the selection offers used to award the grant for any section	(Form 990)		Complete	if the organization ans	wered "Yes" on For	m 990. Part IV. line 21	or 22.		
tame of morphication  Interventing Inc  Senteral Information on Grants and Assistance  Senter Information on Grants and Sector Information and Demonstic 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.  If Wholesele Acq  Wholesele Acq Wedical Setter Information  Setter Informat	Department of the Treasury			A	ttach to Form 990.			Ç	and the second
Linguyer     Central Information on Grants and Assistance     54-1668550       Part I     Central Information on Grants and Assistance     Image: Central Information Central States       Desche Reparation maintain neords to substantiate the amount of the grants or assistance, the grantess eligibility for the grants can assistance, and the selection citratic used award the grant or assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part VI the organization and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part VI the organization and Stool Part II can be duplicated if additional space is needed.       1     (a) Nume and address of openization     (b) ENN     (c) Resceint (f) additional space is needed.       (f) Advancing Native Missions     (b) ENN     (c) Resceint (f) additional space is needed.       (g) Alabama Bonduran Network     58-0538134     (f) Advancing Assistance (f) Medical sistem       (g) Alabama Honduran Network     68-0538134     (f) Advancing Assistance (f) Medical sistem       (g) Alabama Bonduran Network     68-0538134     (f) Advancing Assistance (f) Medical sistem       (g) Alabama Honduran Network     68-0538134     (f) Advancing Assistance (f) Medical sistem       (g) Abanker Dr Coreskiede Ct     (f) Advancing Assistance (f) Medical sistem     (f) Advancing Assistance (f) Advancing Assista	nternal Revenue Service	<u></u>		Go to www.irs.gov	/Form990 for the late	est information.			
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2         Describe in Part / the organizations on Domestic Graymations and Work Assistance to Domestic Graymation answered Yes" on Form 980. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (f) New mark assistance to Domestic Graymation answered Yes" on Form 980. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (g) Decomption of assistance to Constant assistance to another that received more than \$5,000. Part II can be duplicated if additional space is needed.         (g) Decomption of assistance to resettance t	•			-	-				. XYes No
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Knoxville TN 3791962-600243954,715Costsupplieshealthcare								1	
	Knoxville TN 37919		62-6002439			54,715	Cost	supplies	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			r Assistance to			L	OMB No. 1545-0047
(Form 990)			Individuals in				2022
	Complete	if the organization a	nswered "Yes" on For Attach to Form 990.	rm 990, Part IV, line 21	or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.g	ov/Form990 for the lat	est information.			Inspection
Name of the organization						Employer identificat	ion number
Kingsway Charities Inc						54-1668650	
Part I General Information on G	Frants and Assist	ance					
1 Does the organization maintain records to	substantiate the amour	t of the grants or assi	stance, the grantees' e	ligibility for the grants o	r assistance, and		
the selection criteria used to award the gra	ints or assistance?						. Yes No
2 Describe in Part IV the organization's proc	edures for monitoring th	ne use of grant funds i	in the United States.				
Part II Grants and Other Assistance	e to Domestic Orga	inizations and Do	mestic Government	ts. Complete if the or	rganization answered "	Yes" on Form 990,	
Part IV, line 21, for any recipie	ent that received mor	e than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Caring Partners							
601 Shotwell Dr					Wholesale Acq	Medical	Global
Franklin OH 45005	37-1028228			20,126	Cost	supplies	healthcare
(2) Carolina Honduras Health Fo							1
PO Box 528					Wholesale Acq	Medical	Global
Barnwell SC 29812	57-1023037			93,260	Cost	Supplies	healthcare
(3) Cert Intl							
27 s5th St					Wholesale Acq	Medical	Global
Darby PA 19023	30-0045949			89,333	Cost	supplies	healthcare
(4) Bethel Campus Fellowship							
7307 Hanover Pkwy					Wholesale Acq	Medical	Global
Greenbelt MD 20770	83-0475868			10,103	Cost	supplies	healthcare
(5) Compassion in Action							
M225 Turtle Ridge Rd					Wholesale Acq	Medical	Global
Marshfield WI 54449	20-3654048			24,542	Cost	Supplies	Healthcare
(6) Broken Arrow Church of Chri							
505 E Kenosha					Wholesale Acq	Medical	Global
Broken Arrow OK 74012	73-0992051			41,706	Cost	supplies	Healthcare
(7) Buckeyes Without Borders							
500 W 12th Ave					Wholesale Acq	Medical	Global
Columbus OH 43210	32-0497685			6,769	Cost	supplies	healthcare
(8) Dr Nana Health Awareness							
7102 Victoria Pl					Wholesale Acq	Medical	Global
Upper Marlboro MD 20772	82-1838777			6,939	Cost	supplies	healthcare
(9) Effective Ministry							
2550 Gaskins Rd					Wholesale Acq	Medical	Global
Henrico VA 23238	20-0040501			30,755	Cost	supplies	healthcare
(10Charter Oak Church							
449 Frye Farm Rd					Wholesale Acq	Medical	Global
Greensburg PA 15601	25-1202027			9,105	Cost	supplies	Healthcare
2 Enter total number of section 501(c)(3) and	nd government organiza	ations listed in the line	1 table				
3 Enter total number of other organizations	listed in the line 1 table						

SCHEDULE I				<b>Organization</b>		1	OMB No. 1545-0047
(Form 990)				the United Sta			2022
	Complete	if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.go	ov/Form990 for the late	est information.			Inspection
Name of the organization						Employer identificati	on number
Kingsway Charities Inc						54-1668650	
Part I General Information on C	<b>Grants and Assist</b>	ance				•	
1 Does the organization maintain records to	substantiate the amour	t of the grants or assis	stance, the grantees' el	igibility for the grants or	assistance, and	·····	
the selection criteria used to award the gra							. Yes No
2 Describe in Part IV the organization's proc	edures for monitoring th	ne use of grant funds i	n the United States.				
Part II Grants and Other Assistance				s. Complete if the or	ganization answered "	Yes" on Form 990,	
Part IV, line 21, for any recipie	ent that received mor	e than \$5,000. Parl	II can be duplicated	l if additional space i	s needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Christ the Rock Community C							
6254 W Hwy 10					Wholesale Acq	Medical	Global
Menasha WI 54952	54-1439351			7,556	Cost	Supplies	Healthcare
(2) Christian Fellowship World		····					
13606 TI Blvd					Wholesale Acq	Medical	Global
Dallas TX 75243	75-2939583			13,257	Cost	supplies	healthcare
(3) Christ Love Intl							
900 Francis Dr					Wholesale Acq	Medical	Global
Shreveport LA 71118	72-1420968			6,720	Cost	supplies	healthcare
(4) G3 Foundation							
93 South Main St					Wholesale Acq	Medical	Global
Manti UT 84642	68-0576562			11,888	Cost	Supplies	healthcare
(5) Gainesville Church of God							
7003 NW 39th Ave					Wholesale	Medical	Global
Gainesville FL 32606	59-2173369			46,862	AcqCost	supplies	healthcare
(6)Gateway of Hope							
21 Cannon Rd					Wholesale Acq	Medical	Global
Old Bridge NJ 08857	46-2208864			8,397	Cost	supplies	Healthcare
(7)Global Health Teams							
PO Box 332					Wholesale	Medical	Global
Olympia WA 98507	91-1317037			6,510	AcqCost	supplies	healtcare
(8) Gary Bowlin Assoc		<u></u>					
1121 Kenna Rd					Wholesale	Medical	Global
Summit MS 39666	64-0639384			8,424	AcqCost	supplies	healthcare
(9)Coptic Medical							
PO Box 58					Wholesale Acq	Medical	Global
Manlius NY 13104	27-1881182			88,360	Cost	supplies	healthcare
(10 clobal Health Outreach		· · · · · · · · · · · · · · · · · · ·					
PO Box 7500					Wholesale Acq	Medical	Global
Bristol TN 37621	36-2284267			15,222	Cost	Supplies	Healthcare
2 Enter total number of section 501(c)(3) a	nd government organiza	ations listed in the line	1 table				

3 Enter total number of other organizations listed in the line 1 table

SCHEDULEI				o Organization			OMB No. 1545-0047		
(Form 990)	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 <i>www.irs.gov/Form</i> 990 for the latest information.								
Department of the Treasury nternal Revenue Service									
Name of the organization						Employer identificat	on number		
Kingsway Charities Inc						54-1668650			
Part I General Information on G	Frants and Assist	ance				······································			
1 Does the organization maintain records to	substantiate the amour	it of the grants or assi	stance, the grantees' el	igibility for the grants or	rassistance, and	· · · · · · · · · · · · · · · · · · ·			
the selection criteria used to award the gra	ints or assistance?						. Yes No		
2 Describe in Part IV the organization's proc	edures for monitoring th	e use of grant funds i	n the United States.						
Part II Grants and Other Assistance	e to Domestic Orga	nizations and Dor	nestic Government	s. Complete if the or	ganization answered "	Yes" on Form 990,			
Part IV, line 21, for any recipie	ent that received mor	e than \$5,000. Par	Il can be duplicated	if additional space i	is needed.				
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant		
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance		
(1)Cross Intl									
1280 SW 36th Ave					Wholesale Acq	Medical	Global		
Pompano Beach FL 33069	65-1086387			59,505	Cost	supplies	healthcare		
(2) Crosslink Church									
4606 Hickory Nut Ridge Rd					Wholesale Acq	Medical	Global		
Granite Falls NC 28630	56-1593559			29,016	Cost	supplies	healthcare		
(3) Good Samaritan Community He									
7701 SW 98 St					Wholesale Acq	Medical	Global		
Miami FL 33156	20-1192339			48,325	Cost	supplies	healthcare		
(4) Divine Mercy Intl									
PO Box 156					Wholesale Acq	Medical	Global		
Ellensburg WA 98926	45-2407300			18,170	Cost	supplies	healthcare		
(5) Graham Christian Medical									
9668 Madison Blvd					Wholesale Avg	Medical	Global		
Madison AL 35758	63-1012630			72,642	Cost	supplies	healthcare		
(6) e3 Partners									
16787 Bernardo Center Dr					Wholesale Acq	Medical	Global		
San Diego CA 92128	16-1680978			5,143	Cost	supplies	healthcare		
(7) Healing Hands Health Ctr									
210 Memorial Dr					Wholesale	Medical			
Bristol TN 37620	62-1677000			33,330	AcqCost	supplies	Local aid		
(8) Healing Hearts Across Borde									
2032 Brockwell Ave					Wholesale Acq	Medical	Global		
Monterey Park CA 91754	48-1284235			29,607	Cost	Supplies	healthcare		
(9) Healing NAtions									
138 E 12300SC222					Wholesale Acq	Medical	Global		
Draper UT 84020	30-0312349			82,014	Cost	Supplies	Healthcare		
(10Endurance Leadership									
42452 Nickens Pl					Wholesale Acq	Medical	Global		
Ashburn VA 20148	74-3191443			68,480	Cost	supplies	healthcare		

. . . .

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				o Organization		1	OMB No. 1545-0047
(Form 990)	Gover	nments, and	Individuals in t	the United Sta	tes		2022
	Complete i	if the organization a		m 990, Part IV, line 21	or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.go	Attach to Form 990. ov/Form990 for the late	est information.			Inspection
Name of the organization						Employer identificat	
Kingsway Charities Inc						54-1668650	
Part I General Information on G	rants and Assist	ance				·	
1 Does the organization maintain records to	substantiate the amoun	t of the grants or assi	stance, the grantees' el	igibility for the grants or	assistance, and		
the selection criteria used to award the gra							. Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance				s. Complete if the or	ganization answered "	Yes" on Form 990,	. · ·
Part IV, line 21, for any recipie	-				-		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Helping Hands Society of Lo				1			
2360 E 51st St					Wholesale Acq	Health and	
Los Angeles CA 90058	85-3086233			495,460	Cost	Beauty	Local Aid
(2) Highland Family Medicine							1
777 Clinton Ave South					Wholesale Acq	Medical	Global
Rochester NY 14620	16-0743037			15,839	Cost	supplies	healtcare
(3) Highlands Fellowship							
22417 Watauga Rd					Wholesale Avg	Health and	
Abingdon VA 24211	54-1736433			1,550,174	Cost	beauty	Local aid
(4) Enlace Honduras		nakalari di karalari					1
1024 S Quiet Bay Cr					Wholesale Acq	Medical	Global
Cicero IN 46034	26-1855453			6,459	Cost	supplies	healthcare
(5)Hope Intl							
42010 Koppernick Rd					Wholesale Avg	Medical	Global
Canton MI 48187	38-3600031			225,071	Cost	supplies	healthcare
(6) Hope Restoration Ministries		u.					
101 Sprinfield Blvd					Wholesale Acq	Medical	Global
Queens Village NY 11429	11-3332459			51,814	Cost	supplies	healthcare
(7) Faith and Humanity Medical							
2494 La Grange					Wholesale Acq	Medical	Global
Meridian ID 83642	47-4732971			5,518	Cost	supplies	healthcare
(8) Firebrand Assembly							
10016 Gaines Rd					Wholesale Acq	Medical	Global
Sugar Land TX 77498	44-0577787			6,167	Cost	supplies	healthcare
(9) Institute of Asian Culture							
1945 W Commonwealth Ave					Wholesale	Medical	Global
Fullerton CA 92833	95-4612128			6,917	AcqCost	supplies	healthcare
(10]International Health Care N							
254 Valley View Vista	1				Wholesale	Medical	Global
Pisgah Forest NC 28768	54-1843999			25,760	AcqCost	supplies	healthcare
2 Enter total number of section 501(c)(3) and	nd government organiza	ations listed in the line	1 table				
3 Enter total number of other organizations	listed in the line 1 table	• • • • • • • • • • • • • • • • • • •					

SCHEDULE I (Form 990)	Gover	nments, and l	r Assistance to Individuals in f nswered "Yes" on For	the Ŭnited Sta	tes		OMB No. 1545-0047
Department of the Treasury	Complete	-	Attach to Form 990.		01 22.	Q	pen to Public
Internal Revenue Service		Go to www.irs.go	ov/Form990 for the late	est information.		Employer identificati	Inspection
Name of the organization						54-1668650	on number
Kingsway Charities Inc	Survis and Assist					54-1668650	
Part I General Information on G							
1 Does the organization maintain records to							<b>–</b> –
the selection criteria used to award the gra				•••••		• • • • • • • • • •	. ∐Yes ∐No
2 Describe in Part IV the organization's proc							
Part II Grants and Other Assistance						Yes" on Form 990,	
Part IV, line 21, for any recipie							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) International Medical Allia							
547 S David Ln					Wholesale Acq	Medical	Global
Knoxville TN 37922	31-1724114			60,044	Cost	supplies	healthcare
(2) Venezuela Now							
320 Chandon Place Ct					Wholesale	Medical	Global
Alpharetta GA 30022	20-0508609			790,884	AcqCost	supplies	healthcare
(3) First Baptist Morristown							
PO Box 296					Wholesale Acq	Medical	Global
Russellville TN 37860	63-0501083			60,962	Cost	supplies	healthcare
(4) First Presbyterian Hastings							
1935 N Broadway St					Wholesale Acq	Medical	Global
Hastings MI 49058	23-6393377			5,718	Cost	supplies	healthcare
(5) Jezreel Intl							
10 Interstate Ave					Wholesale	Medical	Global
Albany NY 12205	59-2376716			674,934	AcqCost	supplies	healthcare
(6) Johnathan House							
423 N Ellen St					Wholesale Acq	Medical	Global
Cedar Falls IA 50613	20-0743864			30,855	Cost	Supplies	healthcare
(7) La Luz							
7237 Belmont Dr					Wholesale Acq	Medical	Global
Trinity NC 27370	56-1088969			52,194	Cost	supplies	healthcare
(8) Friends of Honduras							
607 Dougherty Terrace Dr					Wholesale Acq	Medical	Global
Ballwin MO 63021	82-2286598			31,850	cost	Supplies	healthcare
(9) G3 Foundation							
93 South Main St					Wholesale Acq	Medical	Global
Manti UT 84642	68-0576562			11,888	cost	supplies	healthcare
(10Global Health Ministries							
7831 Hickory St					Wholsale Acq	Medical	Global
Minneapolis MN 55432	36-3532234			25,797	cost	supplies	healthcare
2 Enter total number of section 501(c)(3) a	ind government organiza	ations listed in the line	1 table				

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I			r Assistance to				OMB No. 1545-0047
(Form 990)	Gover	nments, and	Individuals in	the United Sta	ites		2022
Department of the Treasury	Complete	if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Internal Revenue Service		Go to www.irs.g	ov/Form990 for the late	est information.			Inspection
Name of the organization						Employer identificat	on number
Kingsway Charities Inc						54-1668650	
Part I General Information on	Grants and Assist	ance					
1 Does the organization maintain records to	o substantiate the amour	nt of the grants or assi	stance, the grantees' el	igibility for the grants or	r assistance, and		
the selection criteria used to award the gr	ants or assistance?						. Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistan	-				-	Yes" on Form 990,	
Part IV, line 21, for any recip	ient that received mor	re than \$5,000. Par	t II can be duplicated	l if additional space			
1 (a) Name and address of organization	(b) E1N	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)Global Partners in Hope							
14441 Dupont Court					Wholsale Acq	Medical	Global
Omaha NE 68144	26-3186120			94,125	cost	supplies	healthcare
(2) Grace Evangelical Church							
1410 Hubbard Rd					Wholesale Acq	Medical	Global
Galloway OH 43119	31-1617667			3,134,034	cost	supplies	healthcare
(3) New Orleans Medical Mission	·						
625 Distributors Row					Wholesale Acq	Medical	Global
New Orleans LA 70123	72-1502114			7,113	cost	supplies	healthcare
(4) Nizar Fares Global Ministry							
PO Box 625				55 004	Wholesale	Medical	Global
Sudbury MA 01776	82-2622212			56,904	Acqcost	supplies	healthcare
(5) North Carolina Baptist Men							
205 Convention Dr	20. 2640746			0.000	Wholesale Acq	Medical	Global
Cary NC 27511	20-3648746			9,399	cost	supplies	healthcare
(6) Northside Church							_
75 N Floyd PArk Rd	<b>CE</b> 0000400			17	Wholesale Acq	Medical	Global
Rome GA 30165	65-0632462			17,493	cost	supplies	healthcare
(7) Of One Accord							
PO Box 207				1 100 150	Wholesale	Health and	
Rogersville TN 37857	62-1391365			1,100,452	Acqcost	beauty	Local aid
(8) Offa Descendendants of Nort							
5037 Ellis Ln	20.0200445			20.100	Wholesale Acq	Medical	Global
Ellicott City MD 21043	20-0308445			30,106	cost	Supplies	healthcare
(9) One World Surgery							
510 Lake Cook Rd	47 5100573	ł		00 740	Wholesale Acq	Medical	Global
Deerfield IL 60015	47-5128573			29,743	cost	Supplies	healthcare
(10 Freat Cities Missions							
3939 Belt Line Rd	75 0440000				Wholesale Acq	Medical	Global
Addison TX 75001	75-2449899	1		30,282	cost	supplies	healthcare

SCHEDULE I			r Assistance to				OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
	Complete i	it the organization a	Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	Dpen to Public	
Department of the Treasury Internal Revenue Service		Go to www.irs.g	ov/Form990 for the late	est information.			Inspection	
Name of the organization						Employer identificati	ion number	
Kingsway Charities Inc						54-1668650		
Part I General Information on	<b>Grants and Assista</b>	ance						
1 Does the organization maintain records t	o substantiate the amoun	t of the grants or assi	istance, the grantees' el	igibility for the grants o	assistance, and			
the selection criteria used to award the g	rants or assistance?						. []Yes []No	
2 Describe in Part IV the organization's pro	ocedures for monitoring th	e use of grant funds	in the United States.					
Part II Grants and Other Assistar	nce to Domestic Orga	nizations and Do	mestic Government	s. Complete if the or	ganization answered "	Yes" on Form 990,		
Part IV, line 21, for any recip	pient that received more	e than \$5,000. Par	t II can be duplicated	l if additional space	is needed.			
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance	
(1) Partners in Development								
6 N Main St					Wholesale	Medical	Global	
Ipswich MA 01938	22-2536583			13,582	average cost	supplies	healthcare	
(2) Pegram Church of Christ								
5019 Walkup Rd					Wholesale	Medical	Global	
Pegram TN 37143	62-1348603			23,358	average cost	supplies	healthcare	
(3) Prophetic Awareness								
12376 Newbrook Dr					Wholesale Acq	Medical	Global	
Houston TX 77072	45-5521784			24,129	cost	supplies	healthcare	
(4) Pros for Africa								
1111 W 17th St					Wholesale Acq	Medical	Global	
Tulsa OK 74107	27-1674673			29,275	cost	supplies	healthcare	
(5)Reformed Church in America								
4500 60th St					Wholesale Acq	Medical	Global	
Grand Rapids MI 49512	23-7300358			50,884	cost	supplies	healthcare	
(6)Reach Beyond Borders								
PO Box 2205					Wholesale	Medical	Global	
Bothell WA 98041	91-2158112			29,404	Acqcost	supplies	healthcare	
(7)Refugee Health Alliance								
8861 Villa La Jolla Dr					Wholesale Acq	Medical	Global	
La Jolla CA 92037	84-2743072			70,061	cost	supplies	healthcare	
(8) Guilford Rotary Club								
3620 Gainsboro Dr					Wholesale Acq	Medical	Global	
Greensboro NC 27410	56-2147209			281,978	cost	supplies	healthcare	
(9) Haiti and Africa Relief								
28 McKinley Pl					Wholesale Acq			
Grosse Pointe MI 48236	45-0924434			105,270	cost	Medications	Destruction	
(10Haughton First Baptist								
306 West Lakeshore Dr			1		Wholesale Acq	Health and		
Benton LA 71006	72-0906712			26,549	cost	beauty	Local aid	
2 Enter total number of section 501(c)(3)	and government organiza	tions listed in the line	1 table				<u> </u>	
3 Enter total number of other organization	• •					-		

SCHEDULE I				Organization			OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury	•		Attach to Form 990.			L C	pen to Public	
internal Revenue Service		Go to www.irs.go	ov/Form990 for the late	est information.		Employer identificati	Inspection	
Name of the organization						54-1668650	on number	
Kingsway Charities Inc	Prents and Assist					24-1009020	······	
Part I General Information on C				· · · · · · · · · · · · · · · · · · ·				
1 Does the organization maintain records to							<b>—</b> —	
the selection criteria used to award the gra						•••••	. ∐Yes ∐No	
2 Describe in Part IV the organization's proc				a Camalata if the av	nani-ation and th	(		
Part II Grants and Other Assistance	_					res" on Form 990,		
Part IV, line 21, for any recipie				1	s needed. (f) Method of valuation	·	r	
1 (a) Name and address of organization	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	
or government		(ii applicable)	grand	HUHCASH ASSISTANCE	other)	noncash assistance	or assistance	
(1) Health and Education Founda					Wholesale Acq	Medical		
883 Flatbush Ave	31-1719181			59,237	cost	supplies	Global	
Brooklyn NY 11226	31-1/19101	· · · · · · · · · · · · · · · · · · ·		59,251		suppries	healthcare	
(2) State Street UMC					Wholesale	Madd and	<b>61 - 1 - 1</b>	
301 W Valley Dr	54-0524507			26,781	Acqcost	Medical	Global	
Bristol VA 24202	54-0524507			20,701	ACQCOSL	supplies	healthcare	
(3) Hope of His Calling					Wholesale Acq	Medical	<b>61</b> - <b>b</b> - <b>b</b>	
23 Sussex Dr	76-0468917			6,791	cost		Global	
Lewes DE 19958	10-04009T1			0,791	COSL	supplies	healthcare	
(4) Truth Evangelistic Ministri					Wholesale Acq	Medical		
308 Nell St	85-8013590			5,325	cost		Global	
Batesburg SC 29006	85-8013590			5,525	COSC	supplies	healthcare	
(5) Vision Intl Missions					Wholesale Acq	Medical		
400 Bedford St	02-0506104			36,247	cost		Global	
Manchester NH 03101	02-0506104	<u> </u>		50,247		supplies	healthcare	
(6) Healthy Ninos Honduras					Wholesale Acq	Medical		
1 North Second	23-1924380			25,942	cost		Global	
Green Lane PA 18054	23-1924300			23,342		supplies	healthcare	
(7)Wecare Missions					Wholesale Acq	Medical	01 ab - 1	
9309 Timberline Dr	26-0736572			23,771	cost		Global	
Indianapolis IN 46256	1			23,111	COBL	supplies	healthcare	
(8) His Healing Touch Ministrie					Wholesale Acg	Medical		
3730 S Otter Creek Rd	20-2568910			212,279	cost		Global	
La Salle MI 48145	20-2500910			212,213	COBL	supplies	healthcare	
(9) Holy Family Church					Wholegels be-	Modical		
3179 Kent Rd	34-0768866			10 905	Wholesale Acq	Medical	Global	
Stow OH 44224	54-0/00000			10,806	cost	supplies	healthcare	
(10¥onkofa					Wholegels las-	Madi ga 1		
1200 Highway 74	45 0545450			4 896 917	Wholesale Acq	Medical	Global	
Peachtree City GA 30269           2 Enter total number of section 501(c)(3) a	45-2545452			4,826,217	cost	supplies	healthcare	

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I	Gra	nts and Other	Assistance to	Organization	s,	1	OMB No. 1545-0047
	Governments, and Individuals in the United States						2022
(Form 990)	Complete	if the organization ar		m 990, Part IV, line 21	or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.go	Attach to Form 990. v/Form990 for the lat	est information.			Inspection
Name of the organization						Employer identification	
Kingsway Charities Inc						54-1668650	
Part General Information on G	irants and Assist	ance					······································
1 Does the organization maintain records to			stance, the grantees' e	igibility for the grants or	assistance, and		
the selection criteria used to award the gra	nts or assistance?						. Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistanc	e to Domestic Orga	anizations and Don	nestic Government	s. Complete if the or	ganization answered "	Yes" on Form 990,	
Part IV, line 21, for any recipie	ent that received mor	re than \$5,000. Part	Il can be duplicated	d if additional space	s needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Hope for Humanity Worldwide							
PO Box 450391					Wholesale Acq	Medical	Global
Fort Lauderdale FL 33345	45-3998534			5,718	Cost	supplies	healthcare
(2) Hope Medical Mission							
860 E Twain Ave					Wholesale Acq	Medical	Global
Las Vegas NV 89169	81-5055522			12,479	Cost	supplies	Healthcare
(3) Horizon Community Church						Medical	
8535 SW Avery					Wholesale Acq	supplies	
Tualatin OR 97062	44-0577787			13,526	Cost	Global	
(4) I Help Foundation							
169 Gateway Dr					Wholesale Acq	Medical	Global
Providence UT 84332	30-0146070			15,314	Cost	supplies	Healthcare
(5) International Gospel Medica							
1871 N Euclid St					Wholesale Acq	Medical	Global
Fullerton CA 92835	45-5500466			12,231,136	Cost	supplies	healthcare
(6) International Medical Missi							
231 S Beniston					Wholesale Acq	Medical	Global
Saint Louis MO 63105	13-4311651			9,026	Cost	supplies	healthcare
(7) John Carroll University	ļ						
1 John Carroll Blvd					Wholesale ACq	Medical	<b>`Globa</b> l
Cleveland OH 44118	34-0714681			8,227	Cost	supplies	healthcare
(8) John Knox Presbyterian							
25200 Lorain Rd					Wholesale Acq	Medical	Global
North Olmsted OH 44070	23-6393377			6,699	Cost	supplies	healthcare
(9) Kids of Tomorrow Foundation	•						
631 West St	1				Wholesale Acq	Medical	Global
Stoughton MA 02072	83-2968248			44,390	Cost	supplies	healthcare
(10Lee University							
1120 N Ocoee St					Wholesale Acq	Medical	Global
Cleveland TN 37320	62-0502739			27,613	Cost	supplies	healthcare
2 Enter total number of section 501(c)(3) a	and government organiz	ations listed in the line	1 table				

3	Enter total number of other organizations listed in the line 1 table	· · · · · · · · · · · · · · · · · · ·	•
•			-

SCHEDULE I (Form 990)	Gover	nments, and I if the organization an	ndividuals in 1 swered "Yes" on For	Organization the United Sta m 990, Part IV, line 21	tes		OMB No. 1545-0047 2022 Den to Public
Department of the Treasury			Attach to Form 990. v/Form990 for the late	et information			Inspection
Internal Revenue Service Name of the organization		G0 (0 ###.#3.90		st momation.		Employer identificat	
Kingsway Charities Inc						54-1668650	
Part I General Information on C	Grants and Assist	ance	······································	····		51 1000050	
1 Does the organization maintain records to			tance the grantees' eli	aibility for the grants or	assistance and	······································	
the selection criteria used to award the gra							. Yes No
2 Describe in Part IV the organization's proc							
Part II Grants and Other Assistance				s. Complete if the or	ganization answered "	Yes" on Form 990	······
Part IV, line 21, for any recipie	-				-		
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					Wholesale Acq	Medical	Global
Whittier CA 90603	46-4522054			185,837	Cost	supplies	healthcare
(2) Lifeline Christian Mission							
921 Eastwind Dr					Wholesale Acq	Medical	Global
Westerville OH 43081	31-0999791			8,346	Cost	supplies	healthcare
(3) Love in Action							
1102 W Waugh St					Wholesale Acq	Medical	Global
Dalton GA 30720	46-4827650			10,410	Cost	supplies	healthcare
(4) Manak Community Health							
15665 Mendoza Ln					Wholesale Acq	Medical	Global health
Woodbridge VA 22191	87-1882056			13,975	Cost	supplies	care
(5) Mandos Mission							
PO Box 2923					Wholesale Acq	Medical	Global health
Thomasville NC 27361	85-3851522			77,109	Cost	supplies	care
(6) Meical Mission Teams							
8037 Oak Grove Plantation					Wholesale Acq	Medical	Global health
Tallahassee FL 32312	81-5348561			83,634	Cost	supplies	care
(7)Medical Mission Outreach							
9202 Philadelphia Rd					Wholesale Acq	Medical	Global
Rosedale MD 21237	34-1024370		_	22,279	Cost	supplies	Healthcare
(8) Mercy and Love Foundation							
517 Wood Ave					Wholesale Acq	1	Global health
Roselle NJ 07203	85-0992627			35,199	Cost	supplies	care
(9)Mercy Said No							
6235 Turfway Dr					Wholesale Acq	1	Global health
Cumming GA 30040	45-4219881			15,407	Cost	supplies	care
(10) ficro loans of Belize							
143 Lyons Rd	00.0700400			20.240	Wholesale Acq	Medical	Global health
Church Hill TN 37642 2 Enter total number of section 501(c)(3) a	82-3733488		1	39,342	Cost	supplies	care

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I	Gran	nts and Other	Assistance to	<b>Organization</b>	S,	L_	OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States						2022
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.						Open to Public
Department of the Treasury Internal Revenue Service			v/Form990 for the lat	est information.			Inspection
Name of the organization						Employer identificat	
Kingsway Charities Inc						54-1668650	
Part General Information on	Grants and Assista	ance					·····
1 Does the organization maintain records to			tance, the grantees' el	ligibility for the grants or	assistance, and		
the selection criteria used to award the g							. Yes No
2 Describe in Part IV the organization's pro		e use of grant funds ir	the United States.				
Part II Grants and Other Assistan	ce to Domestic Orga	nizations and Don	nestic Government	ts. Complete if the or	ganization answered "	Yes" on Form 990,	
Part IV, line 21, for any recip							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Mission Partners for Christ							
24120 Lakeshore Dr					Wholesale Acq	Medical	Global health
Manhattan IL 60442	81-5453813			18,587	Cost	supplies	care
(2) My Medical Missions							
2646 Danforth Ter					Wholesale Acq	Medical	Global health
Wellington FL 33414	88-4079272			5,190	Cost	supplies	care
(3) Nkrumahs Restoration				1	······································	·····	
120 Elgar Pl					Wholesale Acq	Medical	Global health
Bronx NY 10475	47-1982158			142,250	Cost	supplies	care
(4) North Star Foundation		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
67 Glenfield Rd					Wholesale Acq	Medical	Global
North Attleboro MA 02760	04-3414626			196,412	Cost	supplies	healthcare
(5) Not by Bread Alone							
1485 Johnston Rd					Wholesale Acq	Medical	Global health
Norfolk VA 23513	82-1107909			7,518	Cost	supplies	care
(6) Orangewood Presbyterian			·····				
1300 W Maitland Blvd					Wholesale Acq	Medical	Global health
Maitland FL 32751	59-1904118			9,037	Cost	supplies	care
(7) Order of St George			*****				
PO Box 420003					Wholesale Acq	Medical	Global health
Atlanta GA 30342	81-3814825			21,257	Cost	supplies	care
(8) OSJ Assoc							
205 Worth Ave					Wholesale Acq	Medical	Global health
Palm Beach FL 33480	83-4499368			62,355	Cost	supplies	care
(9) OTDA							
385 Wavetree Rd					Wholesale Acq	Medical	Global health
Roswell GA 30075	45-4872417			74,113	Cost	supplies	care
(10Para El Futuro							
179 Glass Rd					Wholesale Acq	Medical	Global
Johnson City TN 37615	84-3499883			7,838	Cost	supplies	healthcare
2 Enter total number of section 501(c)(3)		ations listed in the line	1 table			1	1
<ul><li>2 Enter total number of section 50 (0)(3)</li><li>3 Enter total number of other organization</li></ul>						-	<u> </u>
a citter total number of other ofganizatio	no notod ar the arte i table						

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

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SCHEDULE I	Gra	nts and Other	r Assistance to	Organization	IS,	1	OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States						2022
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						pen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.a	Attach to Form 990. ov/Form990 for the lat	est information			Inspection
Name of the organization	· · · · · · · · · · · · · · · · · · ·				••••••••••••••••••••••••••••••••••••••	Employer identificat	
Kingsway Charities Inc						54-1668650	
Part I General Information on G	irants and Assist	ance					
1 Does the organization maintain records to			stance, the grantees' e	igibility for the grants of	rassistance, and		· · · · · · · · · · · · · · · · · · ·
the selection criteria used to award the gra			-				. <b>∐Yes ∏No</b>
2 Describe in Part IV the organization's proce							. [].63 [].10
Part II Grants and Other Assistanc				s. Complete if the or	ganization answered "	Yes" on Form 990	······
Part IV, line 21, for any recipie							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Pawleys Island Community Ch							
PO Box 777					Wholesale Acq	Medical	Global health
Pawleys Island SC 29585	57-0756928			6,644	Cost	supplies	care
(2) Project Angkor		i contra i de la					
14271 Jeffrey Rd					Wholesale Acq	Medical	Global health
Irvine CA 92620	45-0649298			5,400	Cost	supplies	care
(3) Redeemed Christian Church							
8470 Garvey Dr					Wholesale Acq	Medical	Global health
Raleigh NC 27616	27-4254361			18,095	Cost	supplies	care
(4) Regis University							
3333 Regis Blvd					Wholesale Acq	Medical	Global health
Denver CO 80221	84-0402707			8,126	Cost	supplies	care
(5) Ridgepoint Community Church							
340 104th Ave					Wholesale Acq	Medial	Global health
Holland MI 49423	38-3102786			7,320	Cost	supplies	care
(6) Rob White Ministries							
16 Rothesay St					Wholesale Acq	Medical	Global health
Simpsonville SC 29681	62-1847150			9,887	Cost	supplies	care
(7) Rocky Point Medical							
7306 N Brookview Way	ļ				Wholesale Acq	Medial	Global health
Paradise Valley AZ 85253	80-0556130			13,215	Cost	suppliesq	care
(8) Saiyed Foundation							
490 Adam Ln					Wholesale Acq	Medical	Global health
Mechanicsburg PA 17050	47-3598514			7,383	Cost	supplies	care
(9) SCORE							
PO Box 9994					Wholesale Acq	Medical	Global health
Chattanooga TN 37412	58-1605736			5,855	Cost	supplies	care
(10%olid Rock Intl							
PO Box 20867					Wholesale Acq	Medical	Global health
Indianapolis IN 46220	34-1719319			17,205	Cost	supplies	care

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE 1	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States						OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury nternal Revenue Service		Go to www.irs.go	Attach to Form 990. w/Form990 for the late	est information.			pen to Public Inspection
Name of the organization						Employer identificati	on number
Kingsway Charities Inc						54-1668650	
Part I General Information on G	rants and Assista	ance					
1 Does the organization maintain records to	substantiate the amoun	t of the grants or assis	stance, the grantees' el	igibility for the grants or	assistance, and		
the selection criteria used to award the gra	nts or assistance?						. Yes No
2 Describe in Part IV the organization's proce	edures for monitoring th	e use of grant funds i	n the United States.				
Part II Grants and Other Assistanc	e to Domestic Orga	nizations and Don	nestic Government	s. Complete if the or	ganization answered "	Yes" on Form 990,	
Part IV, line 21, for any recipie	int that received more	e than \$5,000. Part	Il can be duplicated	l if additional space i	s needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government	1	(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) Healing Kadi Foundation							
15002 Blondo St					Wholesale Acq	Medical	Global health
Omaha NE 68116	27-2885617			118,061	Cost	supplies	care
(2) Ville Church							
221 N Hogan St					Wholesale Acq	Medical	Global health
Jacksonville FL 32202	90-0871982			36,585	Cost	supplies	care
(3) Truth for Today							
PO Box 91207					Wholesale Acq	Medical	Global health
Chattanooga TN 37412	62-1424588			9,606	Cost	supplies	care
(4) University at Buffalo							
775 Main St					Wholesale Acq	Medical	Global health
Buffalo NY 14226	16-0865182			7,448	Cost	supplies	care
(5) Valdez Charitable Foundatio							
329 Tennessee St					Wholesale Acq	Medical	Global health
Vallejo CA 94590	80-0665923			60,715	Cost	supplies	care
(6) VER Intl							
7987 Knoll Ln					Wholesale Acq	Medical	Global health
Trussville AL 35173	82-4952069			17,716	Cost	supplies	care
(7) Vital Injection							
12687 Clark St	ļ				Wholesale Acq	Medical	Global health
Crown Point IN 46307	32-0011589			24,053	Cost	supplies	care
(8) Volunteers in Medical Missi							
265 So Cove Rd					Wholesale Acq	Medical	Global health
Seneca SC 29672	62-1361564			21,120	Cost	supplies	care
(9)Young Life							
2130 Clinton St					Wholesale Acq	Medical	Global health
Orchard Park NY 14127	84-0385934			35,276	Cost	supplies	care
(10 <sup>2</sup> 0ya Ministries							
4600 Corral Dr					Wholesale Acq	Medical	Global health
Carrollton TX 75010	75-2849588			96,373	Cost	supplies	care

3 Enter total number of other organizations listed in the line 1 table

Schedule   (Form 9		Kingsway Charities	Inc				54-1668650
Part III G	irants and	Other Assistance to D	omestic Individuals.	. Complete if the organization answe	ed "Yes"	' on Form 990,	Part IV, line 22.

	Part III can be duplicated if addition	al space is needed			-	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						· · · · · · · · · · · · · · · · · · ·
PartIV	Supplemental Information. Provid	le the information r	equired in Part I, li	ne 2; Part III, columr	h (b); and any other additi	ional information.

Schedule I (Form 990) (2022)

Page 2

### SCHEDULE M (Form 990)

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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lame	of	the	orga	nization

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OMB No. 1545-0047

Inspection

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

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Employer	identification	number

Kingsway	Charities	Inc
Part	Types of P	roperty

54-1668650

		<b>(a)</b> 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		Ę.		
15	Real estate - Residential				
16	Real estate - Commercial				*****
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	x	100	17.099.200	Wholesale Acq Cost
21	Taxidermy			1.,055,200	
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 or	canization d	uring the tax year for contributio	ns for	
20	which the organization completed Form 82				29
	Which are organization complete a similar	,	<b>J</b>		Yes No
30a	During the year, did the organization recei	ve by contrib	oution any property reported in F	Part I, lines 1 through	
•••	28, that it must hold for at least three years				
	used for exempt purposes for the entire ho				30a X
b	If "Yes," describe the arrangement in Part		-		
31	Does the organization have a gift accepta		at requires the review of any no	nstandard	
51	contributions?				31 x
32a	Does the organization hire or use third par				
V10	contributions?		· · · · · · · · · · · · · · · · · · ·		32a X
ь	If "Yes," describe in Part II.				
33	If the organization didn't report an amount	in column (d	c) for a type of property for which	n column (a) is checked,	
55	describe in Part II.		., .=. = yp= =.p.epery .e		
For Pa	aperwork Reduction Act Notice, see the	Instructions	for Form 990.		Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury

## 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 for the latest information.



Employer identification number

54-1668650

Internal Revenue Service Name of the organization

#### Kingsway Charities Inc

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.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Kingsway Charities Inc	54-1668650
06. Explanation of other changes in net assets or fund balances (Part XI,	line 9)
Down dia n	
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.	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

Form	4562		Depreciat	ion and	Amortiza	tion		OMB No. 1545-0172
Forn			(Including Info	rmation or	Listed Prop	perty)		2022
Depa Interr	rtment of the Treasury al Revenue Service	Goto	Atta www.irs.gov/Form456	ch to your tax	return.			Attachment
	e(s) shown on return				which this form relate			Sequence No. 179
K	ingsway Chariti	es Inc			M 990 - 1	nes		fying number
Pa	rt I Election To	o Expense Ce	ertain Property Un	der Section	n 179		<u>p</u> 4-1	668650
<u></u>	Note: If you	have any listed	property, complete Pa	art V before y	ou complete P	art I.		
1	Maximum amount	(see instruction	ns)	• • • • • • •			1	
2			placed in service (see				2	
3	I hreshold cost of	section 179 pro	perty before reduction	n in limitation	(see instructio	ns)	3	······································
4 5	Reduction in limita	ition. Subtract li	ne 3 from line 2. If zer	ro or less, en	ter -0		4	
5	senarately see ins	r lax year. Subli	ract line 4 from line 1.	It zero or les	s, enter -0 If	married filing		
6		escription of propert				· · · · · · · · · · · · · · · · · · ·	5	
	(a) D	escription of propert	<u>y</u>	(D) Cost (Dus	iness use only)	(c) Elected cost		
7	Listed property. En	ter the amount	from line 29	••••	7			
8	Total elected cost	of section 179 p	roperty. Add amounts	in column (c	), lines 6 and 7		8	
9	Tentative deduction	n. Enter the <b>sma</b>	aller of line 5 or line 8		• • • • • • • •		9	
10			from line 13 of your 2				10	
11	Business income limit	tation. Enter the s	maller of business incom	e (not less tha	n zero) or line 5.	See instructions	11	
12	Section 179 expen	se deduction. A	dd lines 9 and 10, but	t don't enter r	nore than line	1 <u>1</u>	12	
13	Carryover of disalle	owed deduction	to 2023. Add lines 9 a	and 10, less l	ine 12	13		
Note	Don't use Part II o	r Part III below 1	for listed property. Inst	ead, use Par	t V.			
14	Special depreciation	n allowance for	qualified property (ot	Depreciat		clude listed property. See	e instru	ctions.)
17								
15							14	<del></del>
							16	2 1 5 0
Par	MACRS De	preciation (D	on't include listed prop	perty. See ins	tructions.)			3,172
		•		ection A				
			ced in service in tax ye				17	
			sets placed in service					un estatut
	asset accounts, che	eck here		<u></u>		•••••	1.1.1	
•••	Section B					General Depreciation S	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	( <b>g</b> ) Dej	preciation deduction
<u>19a</u>	3-year property							
b	5-year property							· · · · · · · · · · · · · · · · · · ·
	7-year property	and the second second						· · · · · · · · · · · · · · · · · · ·
	10-year property 15-year property							
e	20-year property	2. A. M.						
	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L	·····	
i	Nonresidential real	04-2022	36,294	39 yrs.	MM	S/L		659
	property				MM	S/L		
	Section C -	Assets Placed	in Service During 2	022 Tax Yea	r Using the A	Iternative Depreciation	Syste	m
20a	Class life	24 C - 24				S/L		
b	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
Part	IV Summary (Se _isted property. Ent		line 28			r	21	
			es 14 through 17, lines	••••••••••••••••••••••••••••••••••••••	ເດໄນmn (ດ) ຈ	nd line 21. Enter		
			f your return. Partners				22	3,831
			d in service during the				I	-,
	portion of the basis	attributable to s	ection 263A costs		• • • • • • •	23		

For Paperwork Reduction Act Notice, see separate instructions.

Federal Supporting Statements	2022 PG01
lame(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	