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CLIENT'S COPY

DRAFT



# Donovan CPAs

July 24, 2025

Kingsway Community Care Center, Inc  
107 Park Place Blvd  
Avon, IN 46123  
Attention: Cliff Sweazey

Dear Cliff:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 17, 2025.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Abigail Hedges, CPA

DRAFT

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**KINGSWAY COMMUNITY CARE CENTER, INC**

EIN or SSN

**83-0404310**

Name and title of officer or person subject to tax

**CLIFF SWEAZEY  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>568,712.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **DONOVAN, P.C.** to enter my PIN **04310**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35966425500**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**DONOVAN, P.C.**

Date

**07/24/25**

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Taxpayer identification number (TIN) <b>83-0404310</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>107 PARK PLACE BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>AVON, IN 46123</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **CLIFF SWEAZEY**  
**107 PARK PLACE BLVD - AVON, IN 46123**

Telephone No. **317-272-0708** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Return of Organization Exempt From Income Tax

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (KINGSWAY COMMUNITY CARE CENTER, INC), EIN (83-0404310), address (107 PARK PLACE BLVD, AVON, IN 46123), and principal officer (CLIFF SWEAZEY).

Part I Summary

Table with 22 rows detailing financial and governance information, including mission statement, revenue (Total: 568,712), expenses (Total: 574,083), and net assets (Total: 460,559).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (CLIFF SWEAZEY), preparer name (ABIGAIL HEDGES, CPA), and firm information (DONOVAN, P.C.).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HOPE HEALTHCARE SERVICES MINISTERS TO THE PHYSICAL AND SPIRITUAL HEALTH BURDENS OF UNINSURED PEOPLE IN OUR COMMUNITY AS THE HANDS AND FEET OF JESUS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 232,537. including grants of \$ ) (Revenue \$ 58,057. )

MEDICAL CARE

HOPE PROVIDES LOW-COST PRIMARY CARE MEDICINE AND SOME SPECIALTIES THROUGH BOTH PAID STAFF AND VOLUNTEER LICENSED PROFESSIONALS. SPECIALTIES OFFERED: PEDIATRICS, UROLOGY, WOMEN'S SERVICES, NEUROLOGY, PHYSICAL THERAPY, NEPHROLOGY, AND DIETETICS.

CONTRACTS WITH VENDORS FOR DISCOUNTED IMAGING, LAB TESTS, AND SLEEP STUDIES FOR PATIENTS.

2024 IMPACT: 1090 MEDICAL VISITS INCLUDING 363 NEW PATIENTS

4b (Code: ) (Expenses \$ 114,774. including grants of \$ ) (Revenue \$ 28,595. )

DENTAL CARE

HOPE PROVIDES LOW-COST DENTAL SERVICES THROUGH PAID STAFF AND VOLUNTEER DENTAL PROFESSIONALS. SERVICES OFFERED: CLEANINGS, EXTRACTIONS, CROWNS, FILLINGS, ENDODONTIC (ROOT CANALS), AND DENTURES.

2024 IMPACT: 314 DENTAL VISITS PROVIDED.

4c (Code: ) (Expenses \$ 4,050. including grants of \$ ) (Revenue \$ 4,711. )

MENTAL HEALTH COUNSELING

HOPE COLLABORATES WITH TWO COUNSELING AGENCIES (ONE OF WHICH RENTS SPACE AT THE CLINIC).

DISCOUNTED COUNSELING RATES ARE PROVIDED FOR PATIENTS, WITH HOPE SUBSIDIZING COSTS.

HOPE COVERS UP TO 4 COUNSELING SESSIONS PER MONTH PER PATIENT.

2024 IMPACT: 135 COUNSELING SESSIONS PROVIDED.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 351,361.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CLIFF SWEAZEY - 317-272-0708
107 PARK PLACE BLVD, AVON, IN 46123

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN MOLLAUN FORMER EXECUTIVE DIRECTOR	40.00			X			75,050.	0.	3,800.	
(2) KENDRA LUCAS FORMER DIR. OF CLINICAL SERVICES	40.00			X			72,250.	0.	3,600.	
(3) CLIFFORD SWEAZEY EXECUTIVE DIRECTOR	45.00			X			27,499.	0.	1,600.	
(4) KESHA FIELDS DIRECTOR OF CLINICAL SERVICES	45.00			X			18,976.	0.	1,200.	
(5) JORDAN LETT PRESIDENT	1.00	X		X			0.	0.	0.	
(6) CAROLYN CHAPLIN SECRETARY	1.00	X		X			0.	0.	0.	
(7) GRAHAM YOUNGS TREASURER	1.00	X		X			0.	0.	0.	
(8) BRANDON CRAIGER BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ANNE ENGELHARDT BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DAVID IMLER BOARD MEMBER	7.00	X					0.	0.	0.	
(11) DEB MITCHELL BOARD MEMBER	1.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	20,700.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	56,452.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	342,691.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 51,450.				
	<b>h Total.</b> Add lines 1a-1f .....		419,843.				
Program Service Revenue	<b>2 a</b> <u>PATIENT FEES</u>	<b>Business Code</b>					
		624100	86,652.	86,652.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		86,652.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			6,000.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	6,000.				
	<b>d</b> Net rental income or (loss) .....		6,000.			6,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
			7b	637.			
			7c	-637.			
	<b>d</b> Net gain or (loss) .....		-637.			-637.	
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>20,700.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
125,497.							
<b>b</b> Less: direct expenses .....	<b>8b</b>	73,354.					
<b>c</b> Net income or (loss) from fundraising events .....		52,143.			52,143.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> <u>MISCELLANEOUS</u>	<b>Business Code</b>					
		624100	4,711.	4,711.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		4,711.					
<b>12 Total revenue.</b> See instructions .....		568,712.	91,363.	0.	57,506.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	203,975.	115,486.	69,983.	18,506.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	129,673.	73,418.	44,491.	11,764.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....				
10 Payroll taxes .....	15,118.	8,736.	5,041.	1,341.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	8,330.		8,330.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,550.	4,050.	3,500.	
12 Advertising and promotion .....	19,883.		19,883.	
13 Office expenses .....	23,899.	1,111.	22,632.	156.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	19,742.	16,780.	2,962.	
17 Travel .....	4,652.		4,652.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	4,014.	3,412.	602.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	25,661.	24,318.	1,343.	
23 Insurance .....	12,332.	12,332.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL AND DENTAL SUPP</b>	91,718.	91,718.		
b <b>BANK CHARGES AND FEES</b>	3,046.		3,046.	
c <b>STAFF AND VOLUNTEER EXP</b>	2,886.		985.	1,901.
d <b>DUES AND SUBSCRIPTIONS</b>	1,604.		1,604.	
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	574,083.	351,361.	189,054.	33,668.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	152,649.	<b>1</b>	107,602.
	<b>2</b> Savings and temporary cash investments .....	111,645.	<b>2</b>	151,122.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 603,447.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 309,832.	311,453.	<b>10c</b> 293,615.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		575,747.	<b>16</b> 552,339.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	109,817.	<b>23</b>	91,780.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		109,817.	<b>26</b> 91,780.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	465,930.	<b>27</b>	460,559.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	465,930.	<b>32</b>	460,559.
	<b>33</b> Total liabilities and net assets/fund balances .....	575,747.	<b>33</b>	552,339.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	568,712.
2	Total expenses (must equal Part IX, column (A), line 25)	2	574,083.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,371.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	465,930.
5	Net unrealized gains (losses) on investments	5	
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	460,559.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

Open to Public Inspection

<b>Name of the organization</b> KINGSWAY COMMUNITY CARE CENTER, INC	<b>Employer identification number</b> 83-0404310
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

**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.)

DRAFT

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

KINGSWAY COMMUNITY CARE CENTER, INC

Employer identification number

83-0404310

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Employer identification number  <b>83-0404310</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KINGSWAY CHRISTIAN CHURCH  7979 E CR 100 N  AVON, IN 46123	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	IU HEALTH WEST HOSPITAL  1111 N RONALD REAGAN PARKWAY  AVON, IN 46123	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PLAINFIELD CHRISTIAN CHURCH  800 N DAN JONES RD  PLAINFIELD, IN 46168	\$ 21,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CENTRAL INDIANA ASPHALT AND CONCRETE LLC  298 PATRIOTS LANDING  COATSVILLE, IN 46121	\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HENDRICKS REGIONAL HEALTH  1000 EAST MAIN STREET  DANVILLE, IN 46122	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STEVE AND DEB STOMBAUGH  1223 PASSAGE WAY  PLAINFIELD, IN 46168	\$ 5,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Employer identification number <b>83-0404310</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HENDRICKS COUNTY COMMUNITY FOUNDATION 6319 E US HIGHWAY 36, STE 211 AVON, IN 46123	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CHARLES R. POWELL 6745 OLD HUNT CLUB RD ZIONSVILLE, IN 46077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MARY AND MICHAEL KING 219 SCENIC GULF DR UNIT 1450 MIRAMAR BEACH, FL 32550	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	APRA - HENDRICKS CO. FOUNDATION 355 S WASHINGTON ST #220 DANVILLE, IN 46122	\$ 106,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NETWORK SOLUTIONS INC 12190 ADAMS RD GRANGER, IN 46530	\$ 11,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JAMES GAFFNEY 4952 LONDONBURY DR PITTSBORO, IN 46167-9579	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Employer identification number <b>83-0404310</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KOURNTNIE HALL 2734 DAISY CT COLUMBUS, IN 47201-5787	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	GRAHAM AND CORRINE YOUNGS 423 DOVETREE DR DANVILLE, IN 46122-5507	\$ 5,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DR AND MICHELLE IMLER 8635 BAY COLONY DR INDIANAPOLIS, IN 46234-2912	\$ 5,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	AARON AND ALEXANDRA ROSS 7607 W STONEGATE DR ZIONSVILLE, IN 46077-8595	\$ 5,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BILL DERRER 2445 DIRECTORS ROW STE J INDIANAPOLIS, IN 46241-4936	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	HENDRICKS COUNTY HEALTH DEPARTMENT 355 S WASHINGTON ST STE G30 DANVILLE, IN 46122	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Employer identification number  <b>83-0404310</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KENT AND SANDRA DICKERSON  3366 CHALLENGER DR  PLAINFIELD, IN 46168-8222	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	PNC  101 W WASHINGTON ST  INDIANAPOLIS, IN 46255	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Employer identification number  <b>83-0404310</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>KINGSWAY COMMUNITY CARE CENTER, INC</b>	Employer identification number  <b>83-0404310</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**KINGSWAY COMMUNITY CARE CENTER, INC**

Employer identification number

**83-0404310**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000.		25,000.
b Buildings		355,271.	150,627.	204,644.
c Leasehold improvements				
d Equipment		182,176.	143,642.	38,534.
e Other		41,000.	15,563.	25,437.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>293,615.</b>

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE CENTER RECEIVED A DETERMINATION FROM THE U.S. TREASURY DEPARTMENT STATING IT QUALIFIES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A TAX-EXEMPT ORGANIZATION; HOWEVER, THE CENTER WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS TAX-EXEMPT PURPOSE. FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, NO ACCOUNTING FOR FEDERAL AND STATE INCOME TAXES WAS REQUIRED TO BE INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PROFESSIONAL ACCOUNTING STANDARDS REQUIRE THE CENTER TO RECOGNIZE A TAX LIABILITY ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD NOT BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX LIABILITY GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX LIABILITY IS RECORDED. THE CENTER EXAMINED THIS ISSUE AND DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS. THE TAX YEARS ENDED AFTER DECEMBER 31, 2020 ARE OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		STORIES OF HOPE GALA		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	142,705.		142,705.
	2	Less: Contributions	20,700.		20,700.
	3	Gross income (line 1 minus line 2)	122,005.		122,005.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	45,900.		45,900.
	6	Rent/facility costs	600.		600.
	7	Food and beverages	9,150.		9,150.
	8	Entertainment	5,900.		5,900.
	9	Other direct expenses	10,604.		10,604.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				49,851.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

DRAFT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**KINGSWAY COMMUNITY CARE CENTER, INC**

Employer identification number

**83-0404310**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1,555	51,450	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

KINGSWAY COMMUNITY CARE CENTER, INC

Employer identification number

83-0404310

FORM 990, PART VI, SECTION B, LINE 11B:

EACH BOARD MEMBER RECEIVES A COPY VIA EMAIL OR A HARD COPY AT THE BOARD MEETING FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS PRESENTED AND A DOCUMENT IS SIGNED TO DISCLOSE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

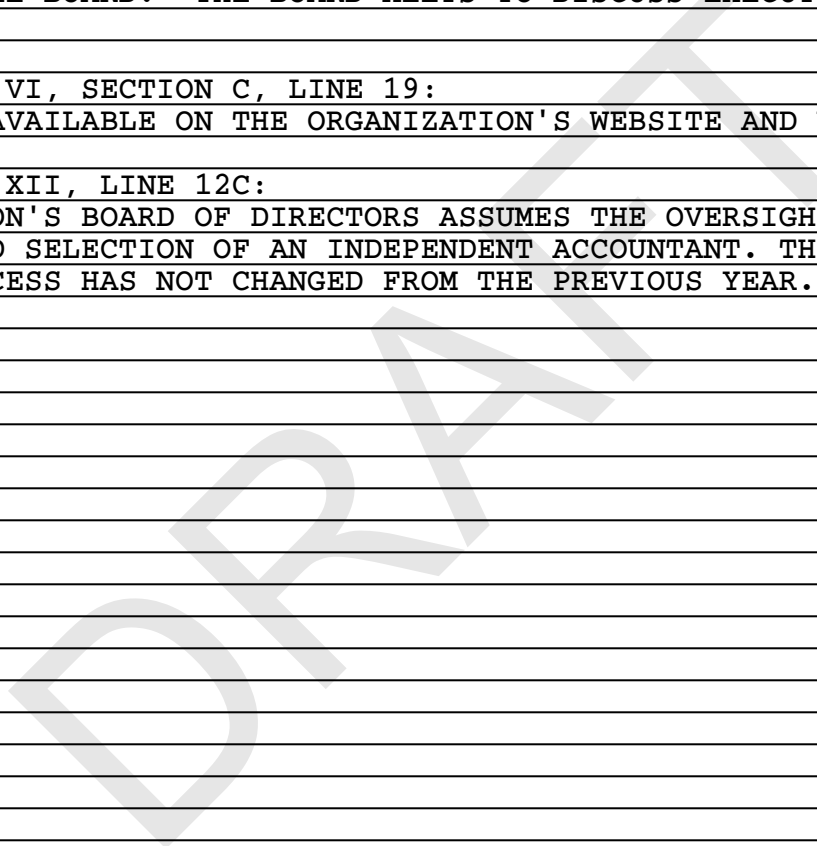
COMPARATIVE SALARY DATA IS MONITORED AND AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY THE BOARD. THE BOARD MEETS TO DISCUSS EXECUTIVE DIRECTOR PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 12C:

THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES THE OVERSIGHT OF THE COMPILATION AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE SELECTION AND REVIEW PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.



2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
1	BUILDING	09/17/08	SL	39.00	MM16	296,080.				296,080.	116,097.		7,592.	123,689.
2	IMPROVEMENTS (DONATED)	12/01/08	SL	39.00	MM16	12,000.				12,000.	4,633.		308.	4,941.
3	IMPROVEMENTS	11/19/09	SL	39.00	MM16	33,545.				33,545.	12,148.		860.	13,008.
4	CARPETING	03/02/09	200DB	7.00	MC17	6,030.				6,030.	6,030.		0.	6,030.
7	HVAC	04/21/09	SL	39.00	MM16	5,116.				5,116.	1,927.		131.	2,058.
42	CONSTRUCTION	12/13/10	SL	39.00	MM16	2,500.				2,500.	837.		64.	901.
	* 990 PAGE 10 TOTAL BUILDINGS					355,271.				355,271.	141,672.		8,955.	150,627.
	FURNITURE & FIXTURES													
10	5 DENTAL SIDE CABINETS	12/15/08	200DB	7.00	HY17	2,000.				2,000.	1,847.		0.	1,847.
11	OFFICE FURNITURE	12/27/08	200DB	7.00	HY17	780.				780.	721.		0.	721.
13	CABINETS BREAKROOM (DONATED)	12/31/09	200DB	7.00	HY17	2,100.				2,100.	1,875.		0.	1,875.
90	FILING CABINET	07/01/07	200DB	5.00	HY17	250.				250.	250.		0.	250.
122	OFFICE FURNITURE (DONATED)	03/22/19	200DB	5.00	HY17	5,120.				5,120.	4,825.		295.	5,120.
124	OFFICE CHAIRS	03/22/19	200DB	5.00	HY17	750.				750.	706.		44.	750.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					11,000.				11,000.	10,224.		339.	10,563.
	MACHINERY & EQUIPMENT													
17	MISC MEDICAL EQUIPMENT	07/01/07	200DB	5.00	HY17	615.				615.	615.		0.	615.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	2006 DONATED EQUIPMENT	07/01/06	200DB	5.00	HY17	11,429.				11,429.	11,429.		0.	11,429.
22	COMPUTER SERVER RACK	12/10/08	200DB	7.00	MC17	365.				365.	327.		0.	327.
26	WALL MOUNT X-RAY	11/15/08	200DB	7.00	MC17	1,500.				1,500.	1,347.		0.	1,347.
27	2 COUNTER TOPS	12/06/08	200DB	7.00	MC17	800.				800.	719.		0.	719.
28	4 LOWER CABINETS	12/06/08	200DB	7.00	MC17	400.				400.	357.		0.	357.
30	AUTOCLAVE STERILIZER	12/27/08	200DB	7.00	MC17	300.				300.	271.		0.	271.
31	DENTAL EQUIPMENT	12/27/08	200DB	7.00	MC17	550.				550.	495.		0.	495.
34	DENTAL ASST STOOL (DONATED)	02/20/09	200DB	7.00	MC17	250.				250.	250.		0.	250.
36	DENTAL CHAIR (DONATED)	12/31/09	200DB	7.00	MC17	3,000.				3,000.	2,571.		0.	2,571.
37	SIDE CABINET (DONATED)	12/31/09	200DB	7.00	MC17	2,500.				2,500.	2,143.		0.	2,143.
38	BITEWING X-RAY UNIT (DONATED)	12/31/09	200DB	7.00	MC17	2,500.				2,500.	2,179.		0.	2,179.
40	DENTAL CABINET (DONATED)	09/20/10	200DB	7.00	HY17	4,000.				4,000.	4,000.		0.	4,000.
46	LIGHT (#12A15743) (DONATED)	01/12/12	200DB	7.00	HY17	2,100.				2,100.	2,100.		0.	2,100.
47	LIGHT (#12A16925) (DONATED)	01/12/12	200DB	7.00	HY17	2,100.				2,100.	2,100.		0.	2,100.
48	AM-25 MOTOR (AM2501015) (DONATED)	01/12/12	200DB	7.00	HY17	775.				775.	775.		0.	775.
49	TA-97LW, SYNEA, HIGHSPEED (TA97LW3300043) (DONATED)	01/12/12	200DB	7.00	HY17	1,400.				1,400.	1,400.		0.	1,400.
50	TA-97LW, SYNEA, HIGHSPEED (TA97LW3300340) (DONATED)	01/12/12	200DB	7.00	HY17	1,400.				1,400.	1,400.		0.	1,400.
51	RA-24, 6PIN, R-QUICK, W/BULB (#RA2401152) (DONATED)	01/12/12	200DB	7.00	HY17	315.				315.	315.		0.	315.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
52	A-DEC DENTAL CHAIR SAFFRON (K881450) (DONATED)	01/12/12	200DB	7.00		HY17	5,995.				5,995.	5,995.		0.	5,995.
53	A-DEC DENTAL CHAIR-BLACK (A998198) (DONATED)	01/12/12	200DB	7.00		HY17	5,995.				5,995.	5,995.		0.	5,995.
54	42 1/2" TREATMENT CONSOLE (A607088) (DONATED)	01/12/12	200DB	7.00		HY17	8,365.				8,365.	8,365.		0.	8,365.
55	DR. STOOL (A995885) (DONATED)	01/12/12	200DB	7.00		HY17	835.				835.	835.		0.	835.
56	SUPPORT CENTER (A901931) (DONATED)	01/12/12	200DB	7.00		HY17	1,784.				1,784.	1,784.		0.	1,784.
57	TELESCOPING ARM (A902413) (DONATED)	01/12/12	200DB	7.00		HY17	3,450.				3,450.	3,450.		0.	3,450.
59	1601 UPHOLSTERY, SAFFRON (DONATED)	01/12/12	200DB	7.00		HY17	285.				285.	285.		0.	285.
60	1602 UPHOLSTERY, SAFFRON (DONATED)	01/12/12	200DB	7.00		HY17	345.				345.	345.		0.	345.
61	TRADITIONAL DELIVERY SYSTEM (L892218) (DONATED)	01/12/12	200DB	7.00		HY17	10,080.				10,080.	10,080.		0.	10,080.
62	CONTINENTAL DELIVERY (A902839) (DONATED)	01/12/12	200DB	7.00		HY17	4,869.				4,869.	4,869.		0.	4,869.
63	TELESCOPING ARM (L890301) (DONATED)	01/12/12	200DB	7.00		HY17	3,450.				3,450.	3,450.		0.	3,450.
64	SUPPORT CENTER WITH CUSPIDOR (L890877) (DONATED)	01/12/12	200DB	7.00		HY17	1,424.				1,424.	1,424.		0.	1,424.
65	DR STOOL (L598040) (DONATED)	01/12/12	200DB	7.00		HY17	745.				745.	745.		0.	745.
66	ASSISTANT STOOL (I081140) (DONATED)	01/12/12	200DB	7.00		HY17	970.				970.	970.		0.	970.
67	ASSISTANT STOOL (I081141) (DONATED)	01/12/12	200DB	7.00		HY17	970.				970.	970.		0.	970.
68	KIT, ELECTRIC HDPC, EA-41 TABLE TOP (110153) (DONATED)	01/12/12	200DB	7.00		HY17	2,805.				2,805.	2,805.		0.	2,805.
74	AP-44 PROXEO PROPHYAIR (AP44400387) (DONATED)	01/12/12	200DB	7.00		HY17	1,035.				1,035.	1,035.		0.	1,035.
75	DENTAL EQUIPMENT MOTOR FOR HANDPIECE	04/09/13	200DB	7.00		HY17	2,200.				2,200.	2,200.		0.	2,200.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
76	DENTAL EQUIPMENT HANDPIECE	04/09/13	200DB	7.00		HY17	1,512.				1,512.	1,512.		0.	1,512.
81	DENTAL PUMP (DUAL MOTOR)	08/01/14	200DB	7.00		HY17	1,000.				1,000.	1,000.		0.	1,000.
83	A-DEC EQUIPMENT - DENTAL HAND PIECES	01/22/14	200DB	7.00		HY17	3,725.				3,725.	3,725.		0.	3,725.
84	SURFACE PRO TABLET	01/01/14	200DB	5.00		HY17	600.				600.	600.		0.	600.
85	SURFACE PRO TABLET	01/01/14	200DB	5.00		HY17	600.				600.	600.		0.	600.
86	SURFACE PRO TABLET	01/01/14	200DB	5.00		HY17	600.				600.	600.		0.	600.
87	SURFACE PRO TABLET	01/01/14	200DB	5.00		HY17	600.				600.	600.		0.	600.
102	LAPTOP NEW	07/08/14	200DB	5.00		HY17	929.				929.	929.		0.	929.
103	BUILDING SIGNAGE (TKO GRAPHIX)	08/28/15	200DB	7.00		MC17	2,982.				2,982.	2,982.		0.	2,982.
105	(D)BECKY'S COMPUTER	07/01/16	200DB	5.00		HY17	700.				700.	700.		0.	700.
112	DENTAL AMALGAMATOR	07/01/16	200DB	5.00		HY17	276.				276.	276.		0.	276.
120	LAPTOP	01/01/17	200DB	5.00		MC17	800.				800.	800.		0.	800.
121	HP LAPTOP	03/22/18	200DB	5.00		HY17	800.				800.	800.		0.	800.
129	(D)LAPTOP	07/26/19	200DB	5.00		HY17	585.				585.	550.		17.	567.
130	LAPTOP	06/18/19	200DB	5.00		HY17	585.				585.	550.		35.	585.
131	AED	11/19/20	200DB	7.00		MC17	1,495.				1,495.	969.		150.	1,119.
132	YEALINK HD PHONE SYSTEM	07/01/20	200DB	7.00		MC17	1,750.				1,750.	1,180.		163.	1,343.
133	LAPTOP	02/28/20	200DB	5.00		MC17	845.				845.	741.		93.	834.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
134	DIGITAL PROBE	09/24/20	200DB	7.00	MC17	1,059.				1,059.	714.		98.	812.
135	UNIVERSAL DESK CHARTER W/ PAN OPTICS	10/05/20	200DB	7.00	MC17	1,950.				1,950.	1,265.		196.	1,461.
136	DIGITAL PANORAMIC IMAGING MACHINE	10/09/20	200DB	7.00	MC17	5,000.				5,000.	3,244.		502.	3,746.
137	DENTAL AUTOCLAVE MIDMARK M11	12/17/20	200DB	7.00	MC17	2,950.				2,950.	1,914.		296.	2,210.
138	DENTAL IMAGING SENSOR	12/29/20	200DB	7.00	MC17	7,807.				7,807.	5,064.		784.	5,848.
139	SPIROMETER	05/12/22	200DB	7.00	MC17	1,015.				1,015.	419.		170.	589.
140	MONITOR, VITAL SIGNS	06/28/22	200DB	7.00	MC17	750.				750.	310.		126.	436.
141	MONITOR, VITAL SIGNS	06/23/22	200DB	7.00	MC17	1,207.				1,207.	498.		202.	700.
142	SCALER, ULTRASONIC	03/23/22	200DB	7.00	MC17	1,999.				1,999.	928.		306.	1,234.
143	(D)REFRIDGERATOR	12/01/22	200DB	7.00	MC17	1,200.				1,200.	374.		207.	581.
144	X-RAY, INTRAORAL	11/20/22	200DB	7.00	MC17	4,203.				4,203.	1,308.		827.	2,135.
146	SERVER	01/01/23	200DB	5.00	HY17	10,618.				10,618.	2,124.		3,398.	5,522.
147	X-RAY, INTRAORAL	09/08/23	200DB	7.00	HY17	4,500.				4,500.	643.		1,102.	1,745.
148	SENSOR, IMAGING B131800	12/13/23	200DB	7.00	HY17	4,523.				4,523.	646.		1,108.	1,754.
149	CHAIRS (10)	01/01/23	200DB	7.00	HY17	5,390.				5,390.	770.		1,320.	2,090.
150	TABLE, EXAM (MODEL 204) 2	01/01/23	200DB	7.00	HY17	1,295.				1,295.	185.		317.	502.
151	TABLE, EXAM (MODEL 222)	01/01/23	200DB	7.00	HY17	3,500.				3,500.	500.		857.	1,357.
152	TABLE, EXAM (MODEL 204)	01/01/23	200DB	7.00	HY17	900.				900.	129.		220.	349.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
153	MONITOR, SPOT VITAL BP, S02 AND TEMP	01/01/23	200DB	7.00		HY17	2,100.				2,100.	300.		514.	814.
154	MONITOR, SPOT VITAL BP, S02 AND TEMP, NO PROBE	01/01/23	200DB	7.00		HY17	1,950.				1,950.	279.		478.	757.
155	REFRIDGERATOR (ARG18PVDL2B)	05/13/24	200DB	7.00		MC19C	3,810.				3,810.			680.	680.
156	LAPTOP 1	10/24/24	200DB	5.00		MC19B	750.				750.			38.	38.
157	LAPTOP 2	10/24/24	200DB	5.00		MC19B	750.				750.			38.	38.
158	LAPTOP 3	10/24/24	200DB	5.00		MC19B	750.				750.			38.	38.
159	DESKTOP FRONT DESK	10/24/24	200DB	7.00		MC19C	800.				800.			29.	29.
160	DESKTOP FRONT DESK	10/24/24	200DB	7.00		MC19C	800.				800.			29.	29.
161	DESKTOP, PANO	10/24/24	200DB	7.00		MC19C	800.				800.			29.	29.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						184,661.				184,661.	131,123.		14,367.	145,490.
	LAND														
14	LAND	09/17/08	L				25,000.				25,000.			0.	0.
	* 990 PAGE 10 TOTAL LAND						25,000.				25,000.	0.		0.	0.
	OTHER														
145	PAVEMENT PAVING	06/30/22	SL	15.00		16	30,000.				30,000.	3,000.		2,000.	5,000.
	* 990 PAGE 10 TOTAL OTHER						30,000.				30,000.	3,000.		2,000.	5,000.
	* GRAND TOTAL 990 PAGE 10 DEPR						605,932.				605,932.	286,019.		25,661.	311,680.



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

Department of the Treasury  
Internal Revenue Service

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

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**KINGSWAY COMMUNITY CARE CENTER, INC**

**FORM 990 PAGE 10**

**83-0404310**

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

<b>1</b> Maximum amount (see instructions)	<b>1</b>	1,220,000.
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation	<b>3</b>	3,050,000.
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2023 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	10,955.

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

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2024	<b>17</b>	13,825.
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		2,250.	5 YRS.	MQ	200DB	114.
<b>c</b> 7-year property		6,210.	7 YRS.	MQ	200DB	767.
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	25,661.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and requirements for vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

KINGSWAY COMMUNITY CARE CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	<b>BUILDINGS</b>								
1	BUILDING	091708	SL	39.00	296,080.		296,080.	123,689.	7,592.
2	IMPROVEMENTS (DONATED)	120108	SL	39.00	12,000.		12,000.	4,941.	308.
3	IMPROVEMENTS	111909	SL	39.00	33,545.		33,545.	13,008.	860.
4	CARPETING	030209	200DB	7.00	6,030.		6,030.	6,030.	0.
7	HVAC	042109	SL	39.00	5,116.		5,116.	2,058.	131.
42	CONSTRUCTION	121310	SL	39.00	2,500.		2,500.	901.	64.
	* 990 PAGE 10 TOTAL BUILDINGS				355,271.		355,271.	150,627.	8,955.
	<b>FURNITURE &amp; FIXTURES</b>								
10	5 DENTAL SIDE CABINETS	121508	200DB	7.00	2,000.		2,000.	1,847.	0.
11	OFFICE FURNITURE	122708	200DB	7.00	780.		780.	721.	0.
13	CABINETS BREAKROOM (DONATED)	123109	200DB	7.00	2,100.		2,100.	1,875.	0.
90	FILING CABINET	070107	200DB	5.00	250.		250.	250.	0.
122	OFFICE FURNITURE (DONATED)	032219	200DB	5.00	5,120.		5,120.	5,120.	0.
124	OFFICE CHAIRS	032219	200DB	5.00	750.		750.	750.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				11,000.		11,000.	10,563.	0.
	<b>MACHINERY &amp; EQUIPMENT</b>								
17	MISC MEDICAL EQUIPMENT	070107	200DB	5.00	615.		615.	615.	0.
21	2006 DONATED EQUIPMENT	070106	200DB	5.00	11,429.		11,429.	11,429.	0.
22	COMPUTER SERVER RACK	121008	200DB	7.00	365.		365.	327.	0.
26	WALL MOUNT X-RAY	111508	200DB	7.00	1,500.		1,500.	1,347.	0.
27	2 COUNTER TOPS	120608	200DB	7.00	800.		800.	719.	0.
28	4 LOWER CABINETS	120608	200DB	7.00	400.		400.	357.	0.
30	AUTOCLAVE STERILIZER	122708	200DB	7.00	300.		300.	271.	0.
31	DENTAL EQUIPMENT	122708	200DB	7.00	550.		550.	495.	0.
34	DENTAL ASST STOOL (DONATED)	022009	200DB	7.00	250.		250.	250.	0.
36	DENTAL CHAIR (DONATED)	123109	200DB	7.00	3,000.		3,000.	2,571.	0.
37	SIDE CABINET (DONATED)	123109	200DB	7.00	2,500.		2,500.	2,143.	0.
38	BITEWING X-RAY UNIT (DONATED)	123109	200DB	7.00	2,500.		2,500.	2,179.	0.
40	DENTAL CABINET (DONATED)	092010	200DB	7.00	4,000.		4,000.	4,000.	0.
46	LIGHT (#12A15743) (DONATED)	011212	200DB	7.00	2,100.		2,100.	2,100.	0.
47	LIGHT (#12A16925) (DONATED)	011212	200DB	7.00	2,100.		2,100.	2,100.	0.
48	AM-25 MOTOR (AM2501015) (DONATED)	011212	200DB	7.00	775.		775.	775.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

KINGSWAY COMMUNITY CARE CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
49	TA-97LW, SYNEA, HIGHSPEED (TA97LW3300043) (DONATED)	011212	200DB	7.00	1,400.		1,400.	1,400.	0.
50	TA-97LW, SYNEA, HIGHSPEED (TA97LW3300340) (DONATED)	011212	200DB	7.00	1,400.		1,400.	1,400.	0.
51	RA-24, 6PIN, R-QUICK, W/BULB (#RA2401152) (DONATED)	011212	200DB	7.00	315.		315.	315.	0.
52	A-DEC DENTAL CHAIR SAFFRON (K881450) (DONATED)	011212	200DB	7.00	5,995.		5,995.	5,995.	0.
53	A-DEC DENTAL CHAIR-BLACK (A998198) (DONATED)	011212	200DB	7.00	5,995.		5,995.	5,995.	0.
54	42 1/2" TREATMENT CONSOLE (A607088) (DONATED)	011212	200DB	7.00	8,365.		8,365.	8,365.	0.
55	DR. STOOL (A995885) (DONATED)	011212	200DB	7.00	835.		835.	835.	0.
56	SUPPORT CENTER (A901931) (DONATED)	011212	200DB	7.00	1,784.		1,784.	1,784.	0.
57	TELESCOPING ARM (A902413) (DONATED)	011212	200DB	7.00	3,450.		3,450.	3,450.	0.
59	1601 UPHOLSTERY, SAFFRON (DONATED)	011212	200DB	7.00	285.		285.	285.	0.
60	1602 UPHOLSTERY, SAFFRON (DONATED)	011212	200DB	7.00	345.		345.	345.	0.
61	TRADITIONAL DELIVERY SYSTEM (L892218) (DONATED)	011212	200DB	7.00	10,080.		10,080.	10,080.	0.
62	CONTINENTAL DELIVERY (A902839) (DONATED)	011212	200DB	7.00	4,869.		4,869.	4,869.	0.
63	TELESCOPING ARM (L890301) (DONATED)	011212	200DB	7.00	3,450.		3,450.	3,450.	0.
64	SUPPORT CENTER WITH CUSPIDOR (L890877) (DONATED)	011212	200DB	7.00	1,424.		1,424.	1,424.	0.
65	DR STOOL (L598040) (DONATED)	011212	200DB	7.00	745.		745.	745.	0.
66	ASSISTANT STOOL (I081140) (DONATED)	011212	200DB	7.00	970.		970.	970.	0.
67	ASSISTANT STOOL (I081141) (DONATED)	011212	200DB	7.00	970.		970.	970.	0.
68	KIT, ELECTRIC HDPC, EA-41 TABLE TOP (110153) (DONATED)	011212	200DB	7.00	2,805.		2,805.	2,805.	0.
74	AP-44 PROXEO PROPHYAIR (AP44400387) (DONATED)	011212	200DB	7.00	1,035.		1,035.	1,035.	0.
75	DENTAL EQUIPMENT MOTOR FOR HANDPIECE	040913	200DB	7.00	2,200.		2,200.	2,200.	0.
76	DENTAL EQUIPMENT HANDPIECE	040913	200DB	7.00	1,512.		1,512.	1,512.	0.
81	DENTAL PUMP (DUAL MOTOR)	080114	200DB	7.00	1,000.		1,000.	1,000.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

KINGSWAY COMMUNITY CARE CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
83	A-DEC EQUIPMENT - DENTAL HAND PIECES	012214	200DB	7.00	3,725.		3,725.	3,725.	0.
84	SURFACE PRO TABLET	010114	200DB	5.00	600.		600.	600.	0.
85	SURFACE PRO TABLET	010114	200DB	5.00	600.		600.	600.	0.
86	SURFACE PRO TABLET	010114	200DB	5.00	600.		600.	600.	0.
87	SURFACE PRO TABLET	010114	200DB	5.00	600.		600.	600.	0.
102	LAPTOP NEW	070814	200DB	5.00	929.		929.	929.	0.
103	BUILDING SIGNAGE (TKO GRAPHIX)	082815	200DB	7.00	2,982.		2,982.	2,982.	0.
112	DENTAL AMALGAMATOR	070116	200DB	5.00	276.		276.	276.	0.
120	LAPTOP	010117	200DB	5.00	800.		800.	800.	0.
121	HP LAPTOP	032218	200DB	5.00	800.		800.	800.	0.
130	LAPTOP	061819	200DB	5.00	585.		585.	585.	0.
131	AED	111920	200DB	7.00	1,495.		1,495.	1,119.	131.
132	YEALINK HD PHONE SYSTEM	070120	200DB	7.00	1,750.		1,750.	1,343.	155.
133	LAPTOP	022820	200DB	5.00	845.		845.	834.	11.
134	DIGITAL PROBE	092420	200DB	7.00	1,059.		1,059.	812.	94.
135	UNIVERSAL DESK CHARTER W/ PAN OPTICS	100520	200DB	7.00	1,950.		1,950.	1,461.	170.
136	DIGITAL PANORAMIC IMAGING MACHINE	100920	200DB	7.00	5,000.		5,000.	3,746.	437.
137	DENTAL AUTOCLAVE MIDMARK M11	121720	200DB	7.00	2,950.		2,950.	2,210.	258.
138	DENTAL IMAGING SENSOR	122920	200DB	7.00	7,807.		7,807.	5,848.	682.
139	SPIROMETER	051222	200DB	7.00	1,015.		1,015.	589.	121.
140	MONITOR, VITAL SIGNS	062822	200DB	7.00	750.		750.	436.	90.
141	MONITOR, VITAL SIGNS	062322	200DB	7.00	1,207.		1,207.	700.	144.
142	SCALER, ULTRASONIC	032322	200DB	7.00	1,999.		1,999.	1,234.	218.
144	X-RAY, INTRAORAL	112022	200DB	7.00	4,203.		4,203.	2,135.	591.
146	SERVER	010123	200DB	5.00	10,618.		10,618.	5,522.	2,039.
147	X-RAY, INTRAORAL	090823	200DB	7.00	4,500.		4,500.	1,745.	787.
148	SENSOR, IMAGING B131800	121323	200DB	7.00	4,523.		4,523.	1,754.	791.
149	CHAIRS (10)	010123	200DB	7.00	5,390.		5,390.	2,090.	943.
150	TABLE, EXAM (MODEL 204) 2	010123	200DB	7.00	1,295.		1,295.	502.	226.
151	TABLE, EXAM (MODEL 222)	010123	200DB	7.00	3,500.		3,500.	1,357.	612.
152	TABLE, EXAM (MODEL 204)	010123	200DB	7.00	900.		900.	349.	157.
153	MONITOR, SPOT VITAL BP, S02 AND TEMP	010123	200DB	7.00	2,100.		2,100.	814.	367.
154	MONITOR, SPOT VITAL BP, S02 AND TEMP, NO PROBE	010123	200DB	7.00	1,950.		1,950.	757.	341.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

KINGSWAY COMMUNITY CARE CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
155	REFRIDGERATOR (ARG18PVDL2B)	051324	200DB	7.00	3,810.		3,810.	680.	894.
156	LAPTOP 1	102424	200DB	5.00	750.		750.	38.	285.
157	LAPTOP 2	102424	200DB	5.00	750.		750.	38.	285.
158	LAPTOP 3	102424	200DB	5.00	750.		750.	38.	285.
159	DESKTOP FRONT DESK	102424	200DB	7.00	800.		800.	29.	220.
160	DESKTOP FRONT DESK	102424	200DB	7.00	800.		800.	29.	220.
161	DESKTOP, PANO	102424	200DB	7.00	800.		800.	29.	220.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				182,176.		182,176.	143,642.	11,774.
	LAND								
14	LAND	091708	L		25,000.		25,000.		0.
	* 990 PAGE 10 TOTAL LAND				25,000.		25,000.	0.	0.
	OTHER								
145	PAVEMENT PAVING	063022	SL	15.00	30,000.		30,000.	5,000.	2,000.
	* 990 PAGE 10 TOTAL OTHER				30,000.		30,000.	5,000.	2,000.
	* GRAND TOTAL 990 PAGE 10 DEPR				603,447.		603,447.	309,832.	22,729.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone