2024 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY COVE COMMUNITIES SENIOR ASSOCIATION					
CLIENT 411980 DBA THE JOSLY	95-3622332				
REVENUE	2024	2023	DIFF		
CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE	1,260,659 115,820 46,183 98,869	1,537,953 132,334 39,886 109,928	-277,294 -16,514 6,297 -11,059		
TOTAL REVENUE	1,521,531	1,820,101	-298,570		
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	980,676 493,825	964,520 509,820	16,156 -15,995		
TOTAL EXPENSES	1,474,501	1,474,340	161		
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR	47,030 3,045,255 99,508 2,945,747	345,761 2,913,281 90,775 2,822,506	-298,731 131,974 8,733 123,241		



2024	FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY	PAGE 1

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

**CLIENT 411980** 

TOTAL UNRELATED BUSINESS TAXABLE INCOME	2024	2023	DIFF
TOTAL DEDUCTIONS	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME	0	0	0
TAX COMPUTATION INCOME TAX	0	0	0
TAX AND PAYMENTS TOTAL TAX	0	0	0
TOTAL PAYMENTS AND CREDITS	0	0	0
REFUND OR AMOUNT DUE TAX DUE. OVERPAYMENT.	0	0 0	0



2024	CALIFORNIA 199 TAX SUMMARY COVE COMMUNITIES SENIOR ASSOCIATION					
CLIENT 411980	95-3622332					
RECEIPTS AND REVENUES		2024	2023	DIFF		
GROSS SALES OR RECEIPTS GROSS CONTRIBUTIONS, GROSS RECEIPTS	IFTS, & GRANTS	425,325 1,260,659 1,685,984	454,761 1,537,953 1,992,714	-29,436 -277,294 -306,730		
TOTAL GROSS INCOME		1,685,984	1,992,714	-306,730		
EXPENSES  TOTAL EXPENSES  EXCESS RECEIPTS OVER EX	XPENSES	1,638,954 47,030	1,646,953 345,761	-7,999 -298,731		
FILING FEE FILING FEE BALANCE DUE		0 0	0 0	0 0		

DO NOT MAIL

2024 CALIFORNIA 109 TAX SUMMARY						
COVE COMMUNITIES SENIOR ASSOCIATION CLIENT 411980 DBA THE JOSLYN CENTER						
		2024	2023	DIFF		
UNRELATED BUSINESS TO UNRELATED BUSINESS	TAXABLE INCOME TAXABLE INCOME	-17,636	-19,018	1,382		
LESS CREDITSBALANCE		0 0 0 0	0 0 0 0	0 0 0 0		
PAYMENTS TOTAL PAYMENTS		0	0	0		
REFUND OR AMOUNT DU TOTAL AMOUNT DUE	JE	0	0	0		



2024

## GENERAL INFORMATION

PAGE 1

**COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER** 

95-3622332

**CLIENT 411980** 

## FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, 990-T, SCH A (990-T), 4562 CALIFORNIA: 199, SCH B, 3885, 8453-EO (199), E-FILE INSTRUCTIONS, 109, 3805Q E-FILE INSTRUCTIONS (FORM 109), 8453-EO (109), RRF-1

**TAX RATES** 

UNRELATED BUSINESS	MARGINAL	EFFECTIVE
FEDERAL	0. %	0. %
CALIFORNIA	8.8 %	0. %

## **CARRYOVERS TO 2025**

FEDERAL CARRYOVERS

POST-2017 NET OPERATING LOSS

36,654.

CALIFORNIA CARRYOVERS

DO NOT MAIL ELIGIBLE SMALL BUSINESS LOSS

36,654.

2024

## FEDERAL FILING INSTRUCTIONS

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

**CLIENT 411980** 

95-3622332

## **ELECTRONICALLY FILED:**

FORM 990 - 2024 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE SIGNATURE AUTHORIZATION.

### **PAYMENT:**

NO PAYMENT IS REQUIRED.



2024

## FEDERAL FILING INSTRUCTIONS

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

95-3622332

## **CLIENT 411980**

## **ELECTRONICALLY FILED:**

FORM 990-T - 2024 EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE E-FILE SIGNATURE AUTHORIZATION.

### **PAYMENT:**

NO PAYMENT IS REQUIRED.



## Form **8879-TE**

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

For calendar year 2024, or fiscal year beginning  $\underline{7/01}$  , 2024, and ending  $\underline{6/30}$  , 20  $\underline{2025}$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer COVE COMMUNITIES SENIOR ASSOCIATION EIN or SSN 95-3622332 DBA THE JOSLYN CENTER Name and title of officer or person subject to tax BARRY KAUFMAN TREASURER

Part I		d Return Information			
and For 6a, 7a, 8 6b, 7b, 8	m 5330 filers may enter dol Ba, 9a, or 10a below, and the Bb, 9b, or 10b, whichever is low. <b>Do not</b> complete more t		enter whole dollars only. If yo being filed with this form was . But, if you entered -0- on the	ou check the box on ling blank, then leave line e return, then enter -0	te <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , <b>5a</b> , te <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , to n the applicable
1a Fo	rm 990 check here	<b>b Total revenue,</b> if any (Form 99	90, Part VIII, column (A), line	12) <b>1b</b> _	1,521,531.
2a Fo	rm 990-EZ check here	<b>b Total revenue,</b> if any (Form 99	90-EZ, line 9)	2b _	
3a Fo	rm 1120-POL check here	b Total tax (Form 1120-POL, line			
4a Fo	rm 990-PF check here	b Tax based on investment inco			
5a Fo	rm 8868 check here	<b>b Balance due</b> (Form 8868, line	3c)	5b	
6a Fo	rm 990-T check here	b Total tax (Form 990-T, Part III	, line 4)	6b	
7a Fo	rm 4720 check here	<b>b Total tax</b> (Form 4720, Part III,			
8a Fo	rm 5227 check here	b FMV of assets at end of tax ye			
9a Fo	rm 5330 check here	<b>b Tax due</b> (Form 5330, Part II, li	ine 19)	9b _	
10a Fo	rm 8038-CP check here.	b Amount of credit payment rec	quested (Form 8038-CP, Part	III, line 22) <b>10b</b>	
Part II	Declaration and Sig	nature Authorization of Office	er or Person Subject to	Тах	
(name o	nalties of perjury, I declare th		ove entity or	son subject to tax with	•
electroni IRS and processir initiate a of the fe U.S. Tre financial inquiries	c return. I consent to allow to receive from the IRS (a) on the return or refund, and (on the electronic funds withdrawal deral taxes owed on this re asury Financial Agent at 1- institutions involved in the and resolve issues related	and complete. I further declare that the my intermediate service provider, that an acknowledgement of receipt or all the date of any refund. If applicable, (direct debit) entry to the financial institution to the financial institution to the financial institution to the financial institution to the payment. I have selected a put to electronic funds withdrawal.	ransmitter, or electronic returnesson for rejection of the tra- leason for rejection of the tra- leason for rejection of the tra- leason for the u.S. Treasury a subtitude account indicated in the debit the entry to this account ess days prior to the payment and of taxes to receive confide	n originator (ERO) to s nsmission, (b) the reas nd its designated Financ tax preparation software it. To revoke a paymer (settlement) date. I al- ntial information neces	send the return to the son for any delay in ial Agent to for payment at, I must contact the so authorize the esary to answer
PIN: che	ck one box only				_
Χla	uthorize <u>MARYANOV MA</u>	OSEN GORDON CAMPBELL	to enter my PIN	41198	as my signature
		ERO firm name		Enter five numbers, but do not enter all zeros	
ag	the tax year 2024 electroniency(ies) regulating charities urn's disclosure consent so	cally filed return. If I have indicated as part of the IRS Fed/State program, reen.	I within this return that a copy I also authorize the aforemention	of the return is being oned ERO to enter my Pl	filed with a state IN on the
ret	urn. If I have indicated within	o tax with respect to the entity, I will e this return that a copy of the return is I enter my PIN on the return's disclosu	being filed with a state agency(	the tax year 2024 electries) regulating charities	ronically filed as part of
Signature of	of officer or person subject to tax			Date	
Part III	Certification and	Authentication			
	FIN/PIN. Enter your six-digi (EFIN) followed by your five	t electronic filing identification e-digit self-selected PIN.	331162 Do not ente		
am s		ry is my PIN, which is my signature or ordance with the requirements of <b>P</b> ເ			
ERO's sign	ature		Date		
		ERO Must Retain Th Do Not Submit This Form to	nis Form — See Instruct the IRS Unless Reques		

## Form **8879-TE**

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

For calendar year 2024, or fiscal year beginning  $\underline{7/01}$  , 2024, and ending  $\underline{6/30}$  , 20  $\underline{2025}$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer COVE COMMUNITIES SENIOR ASSOCIATION EIN or SSN 9<u>5-3622332</u> DBA THE JOSLYN CENTER Name and title of officer or person subject to tax

BARRY KAUFMAN TREASUR	ER			
	nd Return Information			
and Form 5330 filers may enter do <b>6a, 7a, 8a, 9a,</b> or <b>10a</b> below, and th		whole dollars only. If y filed with this form wa if you entered -0- on t	you check the box on line 1a, 2a, 3a, 4a, 4 is blank, then leave line 1b, 2b, 3b, 4b, 5 he return, then enter -0- on the applicab	<b>ib,</b> ole
1a Form 990 check here	<b>b Total revenue,</b> if any (Form 990, Pa	art VIII, column (A), line	e 12) <b>1b</b>	
2a Form 990-EZ check here	<b>b Total revenue,</b> if any (Form 990-EZ	, line 9)	2b	
3a Form 1120-POL check here			3b	
4a Form 990-PF check here	b Tax based on investment income (	Form 990-PF, Part V, Ii	ne 5) <b>4b</b>	
5a Form 8868 check here	<b>b Balance due</b> (Form 8868, line 3c).		5b	
6a Form 990-T check here	<b>b</b> Total tax (Form 990-T, Part III, line	4)	6b	0.
7a Form 4720 check here	<b>b Total tax</b> (Form 4720, Part III, line 1	)	7b	
8a Form 5227 check here			8b	
9a Form 5330 check here	<b>b Tax due</b> (Form 5330, Part II, line 19	))	9b	
10a Form 8038-CP check here.	b Amount of credit payment requeste			
Death Death and Charles		. D	- T	
	gnature Authorization of Officer o			
Under penalties of perjury, I declare to iname of entity)	hat $X$ I am an officer of the above e	ntity or 📗 I am a pe	rson subject to tax with respect to	
and belief, they are true, correct, a electronic return. I consent to allow RS and to receive from the IRS (a processing the return or refund, and (notice an electronic funds withdrawa of the federal taxes owed on this roles. Treasury Financial Agent at 1 inancial institutions involved in the nquiries and resolve issues related eturn and, if applicable, the consent of the consen	of the 2024 electronic return and accomparand complete. I further declare that the arm way intermediate service provider, transmit) an acknowledgement of receipt or leaso (c) the date of any refund. If applicable, I author (direct debit) entry to the financial institution eturn, and the financial institution to debit -888-353-4537 no later than 2 business date processing of the electronic payment of doto the payment. I have selected a personent to electronic funds withdrawal.  ADSEN GORDON CAMPBELL ERO firm name	to unt in Part I above is after, or electronic return for rejection of the trajection of the trajection of the trajection of the U.S. Treasury as account indicated in the the entry to this account ays prior to the paymentaxes to receive confidental identification number to enter my PIN to enter my PIN	The amount shown on the copy of the irn originator (ERO) to send the return to ansmission, (b) the reason for any delay and its designated Financial Agent to a tax preparation software for payment int. To revoke a payment, I must contact it (settlement) date. I also authorize the ential information necessary to answer er (PIN) as my signature for the electron as my signature for the electron enter five numbers, but do not enter all zeros	the in the
agency(ies) regulating charities return's disclosure consent s	s as part of the IRS Fed/State program, I also creen.	authorize the aforement	oned ERO to enter my PIN on the	
return. If I have indicated within	to tax with respect to the entity, I will enter non this return that a copy of the return is being will enter my PIN on the return's disclosure control of the return of the retu	filed with a state agency	on the tax year 2024 electronically filed ((ies) regulating charities as part of	
Signature of officer or person subject to tax			Date	
Part III Certification and	Authentication			
ERO's EFIN/PIN. Enter your six-dignumber (EFIN) followed by your fix	ve-digit self-selected PIN.	Do not en	253410 ter all zeros	
	ntry is my PIN, which is my signature on the 2 cordance with the requirements of <b>Pub. 41</b>			ile
ERO's signature		Date		
	ERO Must Retain This F Do Not Submit This Form to the			

# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Δ	For t	he 2024 calen	dar year, or tax year beginning 7/01 , 2024, and end	ina 6/	'30		<b>20</b> 2025	
B		if applicable:	C	<b>9</b> 07	_		fication number	
Ь								
		ddress change	COVE COMMUNITIES SENIOR ASSOCIATION		95-3622332 E Telephone number			
	N	ame change	DBA THE JOSLYN CENTER					
	Ir	nitial return	73750 CATALINA WAY PALM DESERT, CA 92260-2906		760	-340	-3220	
	Fi	nal return/terminated	FALM DESERT, CA 92200-2900					
	Α	mended return			G Gross	receipts \$	1,685	,984.
	А	pplication pending	F Name and address of principal officer: BARRY KAUFMAN	H(a) Is this	a group retu	rn for sub	ordinates? Yes	X <sub>No</sub>
	ш		SAME AS C ABOVE	H(b) Are al	II subordinates	s included	? Yes	No
$\overline{}$	Тах	-exempt status:	X   501(c)(3)   501(c) ( ) (insert no.)   4947(a)(1) or   527	If "No,	," attach a list	t. See ins	tructions.	
<u>'</u>			W.JOSLYNCENTER.ORG	LIV-> Croun	. avamentian n			
K					exemption n			
		n of organization:	X Corporation Trust Association Other L Year of form	ation: 198	T IM	State of le	egal domicile: CA	
Pa	rt I	Summar				****		
	1		be the organization's mission or most significant activities: $\mathtt{THE}$ $\mathtt{JOSL}$					
ဗ္ပ		HEALTH, R	ECREATIONAL, EDUCATIONAL, AND SOCIAL PROGRAMS	ALONG	<u> </u>	TNFOF	RMATION,	- == -
ă		REFERRAL	, VOLUNTEER, AND SUPPORT SERVICES FOR ADULTS	AGE 50	+ IN TI	HE CC	DWWONTLIES	<u> OF </u>
E			ELLS, PALM DESERT, RANCHO MIRAGE, AND SURROUN					
Governance	2	Check this bo	3				sets.	1.0
	3		oting members of the governing body (Part VI, line 1a)			3		13
ŝ	4		dependent voting members of the governing body (Part VI, line 1b)			5		13
Ě	5		of individuals employed in calendar year 2024 (Part V, line 2a) of volunteers (estimate if necessary)			6		29
Activities &	72		ed business revenue from Part VIII, column (C), line 12			7a		80 600.
⋖			I business taxable income from Form 990-T, Part I, line 11			7a 7b		0.00.
	U	Net unrelated	a business taxable income from 1 orni 550-1,1 art i, line 11		Prior Year		Current Ye	
	8	Contributions	and grants (Part VIII, line 1h)		4			
Revenue	9		rice revenue (Part VIII, line 2g)		1,537,9		1,260	
			ncome (Part VIII, column (A), lines 3, 4, and 7d)		132,3			<u>,820.</u>
ě	10		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,8			<u>,183.</u>
_	11 12		e (Part VIII, Columni (A), lines 5, 6d, 6c, 9c, 10d, and 11e)e — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		109,9			<u>,869.</u>
					1,820,1	LUI.	1,521	<u>, 531.</u>
	13		imilar amounts paid (Part IX, column (A), lines 1-3)					
	14		to or for members (Part IX, column (A), line 4)					
S	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)		964,5	520.	980	<u>,676.</u>
Se	16a	Professional	fundraising fees (Part IX, column (A), line 11e)					
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 116,681					
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	509,8	220	103	,825.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,474,3			
	19	•	s expenses. Subtract line 18 from line 12				1,474	
_ (		Neveriue less	s expenses. Subtract line 18 non line 12	<del> </del>	345,7			,030.
Net Assets or Fund Balances	20	Total accets	(Part X, line 16)		ng of Curre		End of Ye	
sset 3ala	21		rart X, line 16).		2,913,2		3,045	
A P	21				90,			,508.
			fund balances. Subtract line 21 from line 20	2	2,822,5	506.	2,945	<u>,747.</u>
Pa	ırt II	Signatur	e Block					
Und	er pena	Ities of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and arer (other than officer) is based on all information of which preparer has any knowledge.	to the best of r	my knowledge	and beli	ef, it is true, correct	, and
COIII	piete. L	eciaration of prepa	iter (other than officer) is based on an information of which preparer has any knowledge.					
Sig	gn	Signature of	officer	Date				
He	re		KAUFMAN	TREASU	RER			
		Type or print	name and title					
		Preparer's r	name Preparer's signature Date		Check	if	PTIN	
Pa	id	JOSE I	L. SANTOS, CPA		self-employ	red .	P01660780	
	epar				1	1.		
Us	e Or	ily Firm's addre			Firm's EIN	95-	-3178278	
		, initis additi	PALM SPRINGS, CA 92263		Phone no.	(760		12
Ma	y tha	IRS discuss th	is return with the preparer shown above? See instructions			(100	X Yes	l∠ No
ivia	y uic	ii vo uiscuss li	ins return with the preparer shown above: See instructions				.  A  162	140

Par	t III		ervice Accomplishments a response or note to any line in this I	David III	<u>X</u>
1	Briefly	y describe the organization's mi		Part III	
•		SCHEDULE O	35.611.		
	<u> </u>				
2			ficant program services during the year v		
					Yes X No
_		s," describe these new services on			
3		ne organization cease conducting s." describe these changes on Sch	g, or make significant changes in how	it conducts, any program services?	Yes X No
4		,	equie O. service accomplishments for each of it	to three largest program convices on	maggired by evenences
7	Section	on 501(c)(3) and 501(c)(4) organ	nizations are required to report the am	nount of grants and allocations to other	ers, the total expenses,
	and re	evenue, if any, for each progran	service reported.		
4-	(Cada	) (Eveneses C	0.20 4.62 including grants of	Ć \(\sum_{\text{Payarus}}\)	Ċ
4a	(Code		932,463. including grants of VIDES RECREATIONAL ACTIV		
			AL OPPORTUNITIES TO SENI		
		MUNITIES.	AL OITOKIONITIES TO SENT	TOR CITIZENS IN THE SORT	OONDING
	0011				
	WEL	LNESS CENTER - THE W	ELLNESS CENTER PROVIDES	A HOLISTIC APPROACH TO	SENIOR WELLNESS
			D CLASSES INCLUDING AGIN		
			4LIFE EXCERCISE PROGRAMS		LSO HAS A
	<u>FIT</u>	<u>NESS CENTER WITH PRO</u>	<u>FESSIONAL STYLE EXCERCIS</u>	<u>SE_MACHINES.</u>	
					. – – – – – – – – –
<b>1</b> h	(Code	e: ) (Expenses \$	267,647. including grants of	\$ (Revenue	Ċ \
40	(Code		PROVIDES UP TO TWO MEALS		
			OF THE SURROUNDING COMMO		
		VED PER MONTH.	VI 1112 SOLUTION 1	<u> </u>	,
					. – – – – – – – – –
					. – – – – – – – – –
4c	(Code	e: ) (Expenses \$	including grants of	\$ ) (Revenue	\$ )
	,				·
					. – – – – – – – – – – – – – – – – – – –
4d	Other	program services (Describe on			
	(Ехре			) (Revenue \$	)
4e	Total	program service expenses	1,200,110.		

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

# Form 990 (2024) COVE COMMUNITIES SENIOR ASSOCIATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	• • • • • • • • • • • • • • • • • • • •			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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Form 990 (2024) COVE COMMUNITIES SENIOR ASSOCIATION

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Λ_
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14D		<u> </u>
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 <b>-</b>	If "Yes," complete Form 4720, Schedule O.			
	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
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			1	/

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. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?....SEE.SCHEDULE.O..... 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... Χ **b** 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...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* ... .SEE .SCHEDULE . O ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O...... 15a 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

DIANE SYLVESTER 73750 CATALINA WAY PALM DESERT CA 92260-2906 760-340-3220

# 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 employees."
- 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.

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.												
				(C	;)					_		
(A) Name and title	(B) Average hours	box,	unles er an	heck i ss pei d a d	rson i irecto	than o s both r/trust	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W.2/1099- MISC/1099-NEC)	compensation from the organization and related organizations		
(1) JACK NEWBY	40											
EXECUTIVE DIR.	0			Χ				71,926.	0.	0.		
(2) JAY G SELLER	40					1						
EXECUTIVE DIR.	0	-		X	1	1		65,452.	0.	0.		
(3) BARBARA J MITCHELL PRESIDENT	$-\frac{1}{0}$	X		X	1			0.	0.	0.		
(4) HUGO A AGUAS	$\Box$											
VICE PRESIDENT	0	X		Χ				0.	0.	0.		
(5) BARRY KAUFMAN	11											
TREASURER	0	X		Χ				0.	0.	0.		
(6) CHARLES ALFARO	11							_	_			
DIRECTOR	0	Х						0.	0.	0.		
	1											
DIRECTOR	0	Χ						0.	0.	0.		
(8) LINDA BLANK	1							0	0	0		
DIRECTOR	0	X						0.	0.	0.		
(9) DIANE P HAAGA	11							0	0	0		
DIRECTOR (10) BARBARA ROGERS	1	Х						0.	0.	0.		
DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.		
(11) ANN SIMLEY	1	Λ						0.	0.	0.		
DIRECTOR		Х						0.	0.	0.		
(12) GILLETT HENRY WELLES	1	71						0.	0.	<u> </u>		
DIRECTOR		Х						0.	0.	0.		
(13) MICHAEL O'KEEFE	1	† <del></del>										
DIRECTOR	0	Х						0.	0.	0.		
(14) EVE FROMBERG EDELSTEIN	1											
DIRECTOR	0	Χ						0.	0.	0.		

Part VII   Section A. Officers, Directors, 1rt	(C)			a riigilest con	ipensateu Emp	oyce.	• (conti	писи)				
<b>(A)</b> Name and title	Average hours per week (list any hours for related organiza-	box,	unles er an	ss pei d a d	more rson i irecto	than os both r/truste employe	an ee)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the o an	(F) ated am of other nsation rganizat d related anization	from tion d
	tions below dotted line)	Individual trustee or director	nal trustee		oloyee	Highest compensated employee						
<u>(15)</u> <u>JAN HARNIK</u> DIRECTOR	1	Х						0.	0.			0.
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)							. 1	111				
(24)					1			1				
(25)		N			1							
1b Subtotal	<b>U</b>							137,378.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 137,378. more than \$100.00	0. 0. 0 of reportable comm	ensatio	า	0.
from the organization 0								,				1
3 Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste	ee, ke	ey ei	mplo	oyee	e, or	high	nest compensated	employee	3	Yes	No X
<ul> <li>For any individual listed on line 1a, is the sum of the organization and related organizations greate</li> </ul>	reportab	le co	aam	ensa	ition	and	oth	er compensation	from	. 3		Λ
such individual										. 4		X
<ul> <li>5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> </ul>	s," comple	ete S	che	dule	Jfo	or su	ch p	person		. 5		X
Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated indes	epen	dent	t cor	ntrad	ctors	tha	t received more the	nan \$100,000 of			
(A)  Name and business address								(B) Description		r. (C) Compensation		n
Total number of independent contractors (including b \$100,000 of compensation from the organization)	out not limi O	ited to	o tho	se I	istec	l abo	ve)	who received more	than			

		Check if Schedule O contains a response or note to a	any line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns	<u>-</u> -			
Contril and O	g h	Noncash contributions included in lines 1a-1f	1,260,659.			
ø		Business Code	2/200/0001			
Program Service Revenue	2a b	NUTRITIONAL SERVICES SENIOR ACTIVITIES	71,162. 41,380.	71,162. 41,380.		
<u>–</u>	c	WELLNESS CENTER	2,678.	2,678.		
νić	٦			2,070.	600	
Se	u	ADVERTISING	600.		600.	
am	е	All other program service revenue				
ogr	f					
ď	g	Total. Add lines 2a-2f	115,820.			
	3	Investment income (including dividends, interest, and other similar amounts)	46,183.			46,183.
	4	Income from investment of tax-exempt bond proceeds				•
	5	Royalties				
		(i) Real (ii) Personal		MAIL		
	6a	Gross rents 6a 23,200.		- NIL		
		Less: rental expenses 6b				
		· ·				
		Rental income or (loss) 6c 23,200.	4			
	a	Net rental income or (loss)	23,200.	23,200.		
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
	b	other than inventory Less: cost or other basis and sales expenses  7b				
	С	Gain or (loss) 7c				
		Net gain or (loss)				
<u>e</u>		Gross income from fundraising events				
Other Revenu		(not including \$ 76,412. of contributions reported on line 1c).				
3e		See Part IV, line 18				
75	h					
th		101/100				
0		Net income or (loss) from fundraising events	75,669.			
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	Iua	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
(A)	-	Business Code				
<u>ت</u> و	11a					
\$ 3	h					
<u>e</u> <u>a</u>						
ව ව	11a b c d	All other revenue				
Miscellaneous Revenue		· · · · · · · · · · · · · · · · · · ·				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	1.521.531.	138.420.	600	46.183.

Par	t IX	Statement of Functional Expens	ses			
Sect	ion 50 î	(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must co	omplete column (A).	
		Check if Schedule O contains a r				
Do n 6b, 7	ot inc 7b, 8b,	lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	organ See F	s and other assistance to domestic izations and domestic governments.				
	indivi	s and other assistance to domestic duals. See Part IV, line 22				
3	organi	s and other assistance to foreign izations, foreign governments, and for- ndividuals. See Part IV, lines 15 and 16				
4 5	Comp	fits paid to or for members bensation of current officers, directors, les, and key employees	137,378.	107,618.	14,229.	15,531.
6	Comp disqui section	pensation not included above to alified persons (as defined under on 4958(f)(1)) and persons described etion 4958(c)(3)(B)	0.	0.	0.	0.
7		salaries and wages	703,272.	550,924.	72,839.	79,509.
8	Pensi (inclu	on plan accruals and contributions de section 401(k) and 403(b) yyer contributions)	13,597.	10,651.	1,409.	1,537.
9		employee benefits	57,345.	44,924.		
10		oll taxes		54,119.	5,939. 7,155.	6,482.
11	,	for services (nonemployees):	69,084.	54,119.	1,155.	7,810.
		gement				
		gement				
		ınting				
		/ing			4	
	-	sional fundraising services. See Part IV, line 17				
		tment management fees				
g	Other. (A), an	(If line 11g amount exceeds 10% of line 25, column nount, list line 11g expenses on Schedule 0.)	47,020.	42,318.	4,702.	400
		rtising and promotion	77,097.	76,607.	4 014	490.
13		e expensesnation technology	33,503.	29,289.	4,214.	
14 15		ties	,—			
16	Occup	pancy				
17	Trave	L				
18	exper	lents of travel or entertainment nses for any federal, state, or local c officials				
19 20		erences, conventions, and meetings				
21		ents to affiliates				
22	Depre	eciation, depletion, and amortization				
23	Insura	ance	43,789.	30,782.	13,007.	
24	on line	expenses. Itemize expenses not ed above. (List miscellaneous expenses e 24e. If line 24e amount exceeds 10% e 25, column (A), amount, list line 24e ases on Schedule O.).				
а	<u>DEP</u>	RECIATION EXPENSE	76,451.	73,171.	2,882.	398.
b	REP.	AIRS & MAINTENANCE	61,958.	57,032.	4,926.	
С		LITIES	44,811.	40,330.	4,481.	
d	<u>WE</u> L	LNESS_CENTER	35,808.	35,808.		
		her expenses	73,388.	46,537.	21,927.	4,924.
25	Total f	unctional expenses. Add lines 1 through 24e	1,474,501.	1,200,110.	157,710.	116,681.
26	the or joint of camp Check	costs. Complete this line only if rganization reported in column (B) costs from a combined educational aign and fundraising solicitation.  k here  if following 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line	e in this Part X	<u> </u>	<u></u>	·
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			198,429.	1	183,446.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			100,000.	4	45,000.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribursons	tor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		, , ,		7	
Ø	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			12,445.	9	3,484.
As	_				12,445.		5, 404.
	Tua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,608,486.			
		Less: accumulated depreciation		1,191,566.	1,245,155.	10c	1,416,920.
	11	Investments – publicly traded securities			1,310,327.	11	1,178,070.
	12	Investments – other securities. See Part IV, line 11		l l	= / = = - / = = - ·	12	= / = : : / : : : :
	13	Investments – program-related. See Part IV, line 11.			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			46,925.	15	218,335.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,913,281.	16	3,045,255.
	17	Accounts payable and accrued expenses			90,775.	17	99,508.
	18	Grants payable		18			
	19	Deferred revenue	MIL	19			
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor or 3	5%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			90,775.	26	99,508.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	· [	X			
<u>a</u>	27	Net assets without donor restrictions			2,497,237.	27	2,572,419.
Ř	28	Net assets with donor restrictions		<u></u>	325,269.	28	373,328.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fund			30	
(SS	31	Retained earnings, endowment, accumulated income,	or other	funds		31	
) t /	32	Total net assets or fund balances			2,822,506.	32	2,945,747.
ž	33	Total liabilities and net assets/fund balances	<u></u> .	<u></u>	2,913,281.	33	3,045,255.
RΔ	Δ	<del></del>	TEEA0111L	09/05/24	<del></del>		Form <b>990</b> (2024)

Par	rt 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)	I	1,52	21,5	31.
2	Total expenses (must equal Part IX, column (A), line 25)			74,5	
3	Revenue less expenses. Subtract line 2 from line 1			17,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1			06.
5	Net unrealized gains (losses) on investments			76,2	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain on Schedule O)	)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
<b>D</b>	column (B)) 10	)	2,94	45 <b>,</b> 7	<u>47.</u>
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unif Guidance, 2 C.F.R. Part 200, Subpart F?	torm	3a		X
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	TEFA0112L 09/05/24		Earm	aan (	2024

### **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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name	Name of the organization COVE COMMUNITIES SENIOR ASSOCIATION Employer identification number										
			DBA THE J	OSLYN CENTER				95-362233	2		
Par					organizations must				ctions.		
The c	rga	nization is	not a private fou	indation because it is:	(For lines 1 through 12,	check o	nly one	box.)			
1					hurches described in sec		b)(1)(A)(	(i).			
2					tach Schedule E (Form						
3		A hospital	or a cooperative	e hospital service orgar	nization described in <b>sec</b>	ction 17	)(b)(1)(A	۸)(iii).			
4			-	zation operated in conj	unction with a hospital	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii). E	nter the hospital's		
		name, city	, and state:								
5		An organiz	zation operated t <b>70(b)(1)(A)(iv).</b> (	for the benefit of a colle Complete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in		
6		A federal,	state, or local g	overnment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7		An organization	ation that normall 170(b)(1)(A)(vi).	ly receives a substantial ¡ (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described		
8		A commur	nity trust describ	ed in <b>section 170(b)(1)</b>	(A)(vi). (Complete Part	l.)					
9	An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> 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	X	from activi	ities related to it t income and un	s exempt functions, sul	than 33-1/3% of its supposed to certain exception le income (less section Part III.)	ns; and	(2) no r	more than 33-1/3% of r	ts support from gross		
11		-			ely to test for public saf	ety. See	section	1 509(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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A si organizatio	upporting organiz	ation operated, supervise regularly appoint or elec	ed, or controlled by its suret a majority of the directo	ported o	manizat	ion(s) typically by giving	the supported on. <b>You must</b>		
b		Type II. A manageme must com	supporting organist of the supportion	nization supervised or on one organization vested in ections A and C.	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>		
С		Type III fu organization	nctionally integron(s) (see instru	rated. A supporting org	anization operated in coplete Part IV, Sections	onnectio <b>A, D, an</b>	n with, a <b>d E.</b>	and functionally integra	ted with, its supported		
d	L	functionall	v integrated. The	e organization denerall	g organization operated y must satisfy a distribu ns A and D, and Part V.	in conne tion req	ection w uiremen	vith its supported organ t and an attentiveness	ization(s) that is not requirement (see		
е		Check this	box_if the organ	nization received a writ	ten determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally		
	Fr				supporting organization						
q				tion about the supporte							
					(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
(A)											
<u>(B)</u>											
(C)											
(D)											
(E)											
Total											

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			T W	AIL		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		7 19	), ,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ט					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						
	Public support percentage from 2						%
16a	<b>33-1/3% support test—2024.</b> If the and <b>stop here.</b> The organization						
b	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	, and line 15 is 33	3-1/3% or more,	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in Part	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstances	s test, check this b	oox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	eck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see in	structions

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.)

Sec	tion A. Public Support		· · · · · ·	·						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> 2024	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	907,893.	890,308.	402 361	1,484,312.	1 184 247	4,869,121.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	132,894.	348,934.	385,068.			1,498,732.			
3	Gross receipts from activities that are not an unrelated trade	132,094.	340,934.	303,000.	313,302.	310,334.				
4	or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
	The value of services or facilities furnished by a governmental unit to the organization without charge	60,000.	60,000.	60,000.	60,000.	60,000.	300,000.			
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,100,787.	1,299,242.	847,429.	1,859,614.	1,560,781.	6,667,853.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.			
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
	<b>Public support.</b> (Subtract line 7c from line 6.)	0.	0.	- 1	All	0.	6,667,853.			
Sec	tion B. Total Support			14			,			
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total			
9	Amounts from line 6	1,100,787	1,299,242.	847,429.	1,859,614.	1,560,781.	6,667,853.			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,550.	16,904.	12,811.	39,886.	46,183.	131,334.			
c	Add lines 10a and 10b	15,550.	16,904.	12,811.	39,886.	46,183.	131,334.			
-	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13,330.	10, 504.	12,011.	33,000.	40,103.	0.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,116,337.			1,899,500.		6,799,187.			
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)				
	tion C. Computation of Pul									
	Public support percentage for 20	•	.,,		•		98.07 %			
	Public support percentage from					16	98.48 %			
	tion D. Computation of Inv									
	Investment income percentage f	•	• • •	-			1.93 %			
	Investment income percentage f						1.52 %			
	<b>33-1/3% support tests—2024.</b> If t is not more than 33-1/3%, check <b>33-1/3% support tests—2023.</b> If t	this box and <b>sto</b> l the organization d	<b>p here.</b> The organi id not check a box	ization qualifies a c on line 14 or lir	as a publicly supp ne 19a, and line 1	orted organization 6 is more than 33-	1 <u>X</u> -1/3%, and			
20	line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									

95-3622332

## Part IV Supporting Organizations

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

## **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	0-		
b	o Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/30/24 Schedule A (Form 990) 2024

	edule A (Form 990) 2024 COVE COMMUNITIES SENIOR ASSOCIATION 95-362233	2	F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
а	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?	11a		
h	A family member of a person described on line 11a above?	11b		
	Thamily member of a person described on line tha above.			
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
1	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? If "No," describe in <b>Part VI</b> 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.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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>	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а				
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
t	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in <b>Part VI.</b></i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

95-3622332

Schedule A (Form 990) 2024 COVE COMMUNITIES SENIOR ASSOCIATION

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

Pa	rt v   Type in Non-Functionally integrated 505(a)(5) Supporting Orga	aiiiZa	110115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain ir ist complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
ä	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	4.1	
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally inte	egrate	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2024 Schedule A (Form 990) 2024 COVE COMMUNITIES SENIOR ASSOCIATION 95-3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 95-3622332

Section D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <i>Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2024	ions	(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 — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
_	From 2020				
	From 2021				
	From 2022				
	From 2023				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
ł	Applied to 2024 distributable amount				
	i Carryover from 2019 not applied (see instructions)	141.			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
-	Excess from 2024				

BAA Schedule A (Form 990) 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.)



## Schedule B (Form 990)

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

# PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization COVE COMMUNITIES SENIOR ASSOCIATION  Employer identification number				
DBA THE	JOSLYN CENTER	95-3622332		
Organization type (check one)				
Filers of: Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	วท		
	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 <b>General Rule</b> or a <b>Special Rule</b> .  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  To ran organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000				
or more (in money or a contributor's total o	property) from any one contributor. Complete Parts Land II. See instructions for deficient ributions.	ermining		
Special Rules	חטיי			
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.				
	sn't covered by the General Rule and/or the Special Rules doesn't file Schedu e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9			

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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COVE	COMMUNITIES	DENTOR	UDDOCTUTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$246,041.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$91,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 24,961.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,055.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>175,000</u> .	Person X Payroll

Name of organization						
COVE	COMMUNITIES	SENIOR	ASSOCIATION			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>12,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization						
COVE CO	MMUNITIES	SENIOR	ASSOCIATION			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _		\$150,070.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _		\$120,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _		\$ 5,000.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _		\$ 5,000.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _		\$ <u>75,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$ 37,500.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)
Name of organization

COVE COMMUNITIES SENIOR ASSOCIATION 95-	5-3622332
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raiti	Contributors (see instructions). Use duplicate copies of Part Fil additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _		\$ <u>10,200.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _		\$ <u>13,719.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$5,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_		\$ 25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$45,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _		\$ <u>5,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _		\$ 45,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Occash Complete Part II for noncash contributions.)

95-3622332

Name of organization

COVE COMMUNITIES SENIOR ASSOCIATION

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
	N/A 	د	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	00-47-	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
RΛΛ	TEFA0703L 01/02/25	Schadula B (For	m 990) (Pey 12-202)

Page 4

Name of organization
COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number 95-3622332

Part III	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 <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	N/A										
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	Transferencis name address	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee									
	Transferee 5 maine, address, and Zir + 4 Relationship of transferor to transferee										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	(e) Transfer of gift										
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		(e) Transfer of gift									
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee								
BAA		TEEA0704L 01/02/25	Schedule B (Form 990) (Rev. 12-2024)								

#### 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER 95-3622332 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 Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year) . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included on line 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. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 \$ 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)?..... 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..... 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 Main	anning Conecut	IIIS UI AI I, IIIS	torical freasures,	or Guier Similar As	33C13 (	COLILII	nu <del>c</del> u)
3 Using the organization's acquisition items (check all that apply).	, accession, and other	r records, check ar	ny of the following that m	nake significant use of its	collection	า	
a Public exhibition		<b>d</b> Loan o	or exchange program				
<b>b</b> Scholarly research		e Other					
c Preservation for future generation	ations						
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they	further the organization'	s exempt purpose in			
<b>5</b> During the year, did the organizar to be sold to raise funds rather the	nan to be maintained	d as part of the o	t, historical treasures, or rganization's collection	or other similar assets	Yes		X No
Part IV Escrow and Custod Complete if the orga Form 990, Part X, lir	nization answer	t <b>s</b> ed "Yes" on F	orm 990, Part IV, I	ine 9, or reported a	ın amo	unt o	n
1a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or o	ther intermediary	for contributions or oth	ner assets not included	Yes		No
<b>b</b> If "Yes," explain the arrangement in	Part XIII and comple	te the following tal	ble.		<u>.</u>	_	
					Amount		
<b>c</b> Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a				·		-	No
<b>b</b> If "Yes," explain the arrangement	I III Part AIII. CHECK	nere ii the explai	nation has been provid	eu III Part XIII			
Part V Endowment Funds							
Complete if the orga	nization answer	ed "Yes" on F	orm 990. Part IV. I	ine 10.			
		1			+		
4 5	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our year	s back
<b>1a</b> Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses  d Grants or scholarships			7 141.		+		
e Other expenditures for facilities							
and programs		1110					
f Administrative expenses	nl	, -					
<b>g</b> End of year balance	V						
2 Provide the estimated percentage	e of the current year	end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endow	vment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
<b>b</b> Permanent endowment	<del></del> %						
c Term endowment	%						
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.					
3a Are there endowment funds not in the	he possession of the	organization that a	re held and administered	I for the			1
organization by:						Yes	No
(i) Unrelated organizations?					3a(i)		
(ii) Related organizations?					3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the relative to the second of the secon					. 3b		
4 Describe in Part XIII the intended  Part VI Land. Buildings. and		Laudii S elludwiffle	ant iulius.				
Land, Buildings, and Complete if the organization		n Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.			
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
<b>1a</b> Land							
<b>b</b> Buildings			639,060.	411,900.		227	,160.
c Leasehold improvements			1,373,262.	461,902.	-		,360.
<b>d</b> Equipment			296,365.	201,653.		94	,712.
e Other			299,799.	116,111.		183	,688.
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X, I	ine 10c, column (B))				,920.
				Cohodula D /Faur	000\ /E	10	2024

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

Part VII	Complete if the organization answered "Yes" or	n Form 990 Part IV lin	N/A na 11h Saa Form 990 Part Y lina 12	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	al derivatives	(4)	(O) mounds or tunnation cost of one	
	held equity interests.			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	n Form 990 Part IV lin	N/A 11c See Form 990 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			,,	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" or	n Form 990 Part IV lin	e 11d See Form 990 Part Y line 15	
	(a) De	escription	ic 11d. Sco 101111 930, 1 drt X, IIIIc 13.	(b) Book value
	LECTIONS			46,925.
	STRUCTION IN PROGRESS	NO		171,410.
(3)		1 -		
<u>(4)</u> (5)				
(6)				
(7)				
(8)	_			
(9)				
	umn (b) must equal Form 990, Part X, line 15, o	column (B))		218,335.
Part X	Other Liabilities	. Form 000 Dort IV lin	a 11a av 11f Can Farm 000 Dart V line	. OF
1.	Complete if the organization answered "Yes" or	ription of liability	le Tre of Tri. See Form 990, Part X, line	(b) Book value
	ral income taxes	ription of hability		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	·			
	umn (b) must equal Form 990, Part X, line 25, c	olumn (B))		
	uncertain tax positions. In Part XIII, provide the text of the fo			's liability for uncertain
-	inder FASB ASC 740. Check here if the text of the footnote ha	=		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,597,742.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	211.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		76,211.
3 Subtract line 2e from line 1		1,521,531.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,521,531.
		<u> </u>
		<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	s per Returi	<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2a  2b	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	s per Returi	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	s per Returi	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.	s per Returi	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	s per Returi 1 2e 3	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.	s per Returi	1,474,501.

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

#### SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COVE COMMUNI! DBA THE JOSL!		R ASSO	CIATIO	N		Employer identification 95-362233		
F 1 ' ' A 1' ' ! O		nization a	nswered "	Yes" on Form 990. Par	t IV. line		<u> </u>	—
Form 990-EZ filers are not re	equired to comp	lete this p	art.					
1 Indicate whether the organization	raised funds th	rough any		*				
a Mail solicitations			е	<u>'</u>	-	-		
<b>b</b> Internet and email solicitations	S		f	Solicitation of gove		grants		
c Phone solicitations			g	Special fundraising	events			
<b>d</b> In-person solicitations								
2a Did the organization have a written employees listed in Form 990, Par	n or oral agree	ment with	any individ	dual (including officers,	director	s, trustees, or	key Yes XI	١
<b>b</b> If "Yes," list the 10 highest paid indiv				_				10
compensated at least \$5,000 by the	ne organization		ors) pursua	nt to agreements under v	WITHCIT LITE	Turiuraiscr is to	DC	
		(III) Did	£		<b>(v)</b> An	nount paid to	(vi) Amount paid t	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r	etained by)	(or retained by)	J
or criticy (rundralisor)		of contr	ibutions?	nom activity	fundraiser listed in col. (i)		organization	
		Yes	No					
1								
2								
•								
3				1	. 1			
4								
4			. 0	1 /A				
								—
5			1					
6								
7								
8								
9								
10								
10								
					-			—
Гоtal								0.
3 List all states in which the organizati				ontributions or has been	notified i	t is exempt from		<u></u>
or licensing.	-						-	

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.

ne			(a) Event #1  FASHION SHOW (event type)	(b) Event #2 WINE PAIRING (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	160,836.	102,177.	53,521.	316,534.			
~	2	Less: Contributions	36,700.	33,052.	6,660.	76,412.			
	3	Gross income (line 1 minus line 2)	124,136.	69,125.	46,861.	240,122.			
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs							
Expe	7	Food and beverages							
Direct Expenses	8	Entertainment							
莅	9	Other direct expenses	59,626.	76,006.	28,821.	164,453.			
	10		nse summary. Add lines 4 through 9 in column (d)						
<u> </u>	11	Net income summary. Subtract line 10 fro				75,669.			
Par		<b>Gaming.</b> Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye: e 6a.	s" on Form 990, Pa	irt IV, line 19, or re	ported more			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
ž	1	Gross revenue	.10	7 141					
ses	2	Cash prizes.	ONC						
Direct Expenses	3	Noncash prizes	, –						
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)					
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo," explain:	g activities in each of th						
	O a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Sche	edule G (Form 990) (Rev. 12-2024) COVE COMMUNITIES SENIOR ASSOCIATION 95-3622332	Page 3
	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
á	a The organization's facility	%
	<b>b</b> An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
	Name	1
	Address	 
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□No
ŀ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v);

#### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-3622332

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

DBA THE JOSLYN CENTER

COVE COMMUNITIES SENIOR ASSOCIATION

THE JOSLYN CENTER PROVIDES HEALTH, RECREATIONAL, EDUCATIONAL, AND SOCIAL PROGRAMS ALONG WITH INFORMATION, REFERRAL, VOLUNTEER, AND SUPPORT SERVICES FOR ADULTS AGE 50+ IN THE COMMUNITIES OF INDIAN WELLS, PALM DESERT, RANCHO MIRAGE, AND SURROUNDING COMMUNITIES.

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS PAY \$30 PER YEAR IN RETURN FOR RECEIPT OF THE ORGANIZATION'S NEWSLETTER OF UPCOMING EVENTS AND MAY RECEIVE REDUCED RATES TO EVENTS AND CLASSES AS A MEMBERSHIP BENEFIT.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT COPIES OF THE TAX RETURN ARE PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING OF THE RETURN

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

AN ANNUAL QUESTIONNAIRE IS USED TO DISCLOSE ANY CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE FINANCE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR COMPENSATION ANNUALLY AND BASED
UPON COST OF LIVING ADJUSTMENTS, COMPENSATION OF SIMILAR POSITIONS AT OTHER
ORGANIZATIONS, AND PERFORMANCE, RECOMMENDS ANY CHANGES TO THE BOARD OF DIRECTORS.
THE BOARD OF DIRECTORS APPROVES THE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ORGANIZATION RESEARCHES SALARIES FOR COMPARABLE POSITIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS CAN BE OBTAINED BY REQUEST TO THE BOARD OF DIRECTORS.

Form **990-T** 

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

, 2025 \_, 2024, and ending <u>6/</u>30 For calendar year 2024 or other tax year beginning  $\frac{7/01}{}$ 

OMB No. 1545-0047

		Go	to www.irs.gov/Form990T for instructions and the latest information.		_
Depar Intern	tment of the Treasury al Revenue Service	Do not en	ter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Check box if name changed and see instructions.)	D En	nployer identification number
R F			COVE COMMUNITIES SENIOR ASSOCIATION		95-3622332
_		or	DBA THE JOSLYN CENTER	E G	roup exemption number ee instructions)
Ľ		Туре	73750 CATALINA WAY  PALM DESERT, CA 92260-2906	,	,
L	408(e)220(		PALM DESERI, CA 92200-2900	F	Check box if an amended return.
Ļ	408A530(			_	an amenaea retam.
	529(a) 529A		value of all assets at end of year. 3,045,255.		
G (	Check organization	type X	501(c) corporation 501(c) trust 401(a) trust Other trust	Sta	ate college/university
			6417(d)(1)(A) Applicable entity		
H (	Check if filing only t	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective paym	ent ar	mount from Form 3800
I	Check if a 501(c)(3)	organization f	iling a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attached Sch	edules A (Form 990-T)		1
K	During the tax year,	was the corpo	oration a subsidiary in an affiliated group or a parent-subsidiary controlled gro	up?	Yes X No
I	f "Yes," enter the n	ame and ident	ifying number of the parent corporation		
			SYLVESTER 73750 CATALINA WAY PALM DESERT CA 9Telephone number	76	0-340-3220
Pai	t I Total Unr	elated Busi	ness Taxable Income		
1	Total of unrelated	business taxal	ble income computed from all unrelated trades or businesses (see instructions)	1	0.
2				2	
3				3	0.
4	Charitable contribu	utions (see ins	tructions for limitation rules)	4	
5			income before net operating losses. Subtract line 4 from line 3	5	0.
6			. See instructions	6	
7	Total of unrelated	business taxal	ble income before specific deduction and section 199A deduction.	_	
_				7	0.
8			,000, but see instructions for exceptions)	8	1,000.
9			See instructions	9	
10 11	I otal deductions.	Add lines 8 ar	nd 9	10	1,000.
• • •				11	0.
Pai	t II Tax Com	putation			
1			rations. Multiply Part I, line 11, by 21% (0.21)	1	0.
2	Trusts taxable at t	rust rates. See	e instructions for tax computation. Income tax on the amount on		
			schedule or Schedule D (Form 1041)	2	
3	-			3	
4 a	Amount from Form	n 4255, Part I,	line 3, column (q)	4a	
4 b	Other tax amounts	s. See instructi	ions	4b	
5				5	
6	-	_	come. See instructions	6	
		through 6 to I	ine 1 or 2, whichever applies	7	0.
Pa	rt III Tax and F	Payments			
1 a	Foreign tax credit	(corporations	attach Form 1118; trusts attach Form 1116) 1a		
b	•	•			
C			Form 3800 (see instructions)		
C			ax (attach Form 8801 or 8827)		
e			ugh 1d	1e	0.
2		•	e 7	2	0.
			line 3, column (r) (see instructions)		
			3b		
			3c		
			3d		
		•	ions)	~-	_
	Total tax. Add lines		a through 3einstructions). Check if includes tax previously deferred under	3f	0.
7			here	4	0.

		(2024) COVE COMMUNITIES S			95	-362	22332	Г	aye Z
Par	t III	Tax and Payments (continued)	)						
5	Curre	nt net 965 tax liability paid from Form	965-A, Part II, column (k)			5			
6a	Paym	ents: Preceding year's overpayment c	redited to the current year	6a					
b		nt year's estimated tax payments. Che							
		es		□ 6b					
		eposited with Form 8868							
		gn organizations: Tax paid or withheld							
e		up withholding (see instructions)							
1 ~		t for small employer health insurance properties to be payment election amount from Form	•						
y h									
n ;	-	ent from Form 2439t from Form 4136							
;		(see instructions)		<del> </del>					
, 7		payments. Add lines 6a through 6j				7			0
8		nated tax penalty (see instructions). Ch				7 8			0.
9		lue. If line 7 is smaller than the total of				9			
10		payment. If line 7 is smaller than the total of				10			
11		the amount of line 10 you want: <b>Cred</b>		unt overpaid	Refunded	11			
		Statements Regarding Certain							
1		time during the 2024 calendar year, did					114	Yes	No
		cial account (bank, securities, or other) in a			e to file FinCE	N Forr	m 114,		
		t of Foreign Bank and Financial Accounts							X
2		g the tax year, did the organization red		t the grantor of, or	transferor to, a	a fore	ign trust?.		X
	If "Yes	s," see instructions for other forms the	e organization may have to file.						
3	Enter	the amount of tax-exempt interest rec	ceived or accrued during the tax y	ear	\$		0.		
4	Enter	available pre-2018 NOL carryovers he	ere s . Do	not include any p	ost-2017 NOL o	carryo	ver		
		n on Schedule A (Form 990-T). Don't r	•	- · · ·					
5		2017 NOL carryovers. Enter the Busine							
•		nts shown below by any NOL claimed on a				, , , , ,			
		Business Acti			ble post-2017 N	JOI c	arryover		
	5418		ivity code	\$	bic post 2017 1				
	3410	,00		-		<del>-</del> -	9 <u>,018.</u>		
			<del></del>						
				Þ					
		ved for future use							
b	Reser	ved for future use							
Par	t V	Supplemental Information							
Prov	ide an	y additional information. See instruction	ons.						
<b>:</b>		Under penalties of perjury, I declare that I have ex belief, it is true, correct, and complete. Declaration	camined this return, including accompanying n of preparer (other than taxpayer) is based	schedules and statemen on all information of which	ts, and to the best on the preparer has any	f my kn knowle	owledge and dge.		
Sigr Here	1		ī			May the	e IRS discuss the parer shown bel	is returr	n with
1616	-	Circulation of affice	Data.	TREASURER		instruct	tions)? X Ye	_	No
		Signature of officer Print/Type preparer's name	Date Preparer's signature	Title Date	Charle Die	P	TIN	· <u>L</u>	
Paic	1		1 Toparor 3 Signature	Date	Check if			^	
	arer	JOSE L. SANTOS, CPA Firm's name MARYANOV MADSF	IN CORDON CAMPBELL		self-employed		0166078	U	
Jse		THINTINOV THIDDL	IN GORDON CAMPBELL		Firm's EIN	95-	3178278		
)nlv		Firm's address PO BOX 1826							

Phone no.

(760) 320-6642

PALM SPRINGS, CA 92263

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

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

2024

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

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

A	Name of the organization COVE COMMUNITIES SENIOR ASSOC DBA THE JOSLYN CENTER	95-362233	332			
<b>C</b> U	nrelated business activity code (see instructions) 541800			<b>D</b> Sequence	e: 1	of 1
E De	escribe the unrelated trade or business ADVERTISING					
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sales					
_	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or	4.				
h	Form 1120)). See instructions	4a				
L.	instructions	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation					
	(attach statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8	- 11			
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10	/a.			
11	Advertising income (Part IX).	11				
12	Other income (see instructions; attach statement) \$TM		600.			600.
13	Total. Combine lines 3 through 12	13	600.			600.
Part	Deductions Not Taken Elsewhere See instructions for connected with the unrelated business income.	limitat	ions on deductions	. Deductions r	nust be	e directly
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance.				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on retui				8b	
9	Depletion		L		9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	18,236.
15	Total deductions. Add lines 1 through 14				15	18,236.
16	Unrelated business income before net operating loss deduc					
	line 13, column (C)				16	-17,636.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from		18	-17,636.		

Part	III Cost of Goods Sold	Enter method of inventory valuation	n		
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attack	ch statement)		4	
5	Other costs (attach statement)			5	
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7		•	<u> </u>	
9	Do the rules of section 263A (with respect	to property produced or acquired for	r resale) apply to the org	ganization?	Yes No
Part	IV Rent Income (From Real Pro	perty and Personal Prope	rty Leased With F	Real Property)	
1	Description of property (property str	reet address, city, state, ZIP c	ode). Check if a dua	al-use. See instructi	ons.
	<b>А</b> П				
	вП				
	с				
	D 🗍				
2	Rent received or accrued	A	В	С	D
	From personal property (if the perco	entage of			
а	rent for personal property (if the personal property is more than 50%)	han 10%			
b	From real and personal property (if percentage of rent for personal propexceeds 50% or if the rent is based on profit	perty			
С	Total rents received or accrued by p Add lines 2a and 2b, columns A thr	oroperty ough D			
3	Total rents received or accrued. Add lin	e 2c, columns A through D. Ente	r here and on Part I, li	ne 6, column (A)	
4	Deductions directly connected with income in lines 2a and 2b (attach s		MA		
5	Total deductions. Add line 4, colun	nns A through D. Enter here a	nd on Part I, line 6,	column (B)	
Part	V Unrelated Debt-Financed In	come (see instructions)		-	
1	Description of debt-financed proper		7IP code) Chack if	a dual-use. See ins	tructions
•		ty to rect address, city, state,	Zii code). Oncer ii	a dual asc. occ ins	di delloris.
	A H				
	B				
	p				
_		А	В	С	D
2	Gross income from or allocable to c financed property				
3	Deductions directly connected with allocable to debt-financed property				
а	Straight line depreciation (attach st	atement)			
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and columns A through D)				
4	Amount of average acquisition debt on or allocable financed property (attach statement)				
5	Average adjusted basis of or allocable to debroperty (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2	2 by line 6.			
8	Total gross income (add line 7, column	ns A through D). Enter here and c	n Part I, line 7, colum	n (A)	
9	Allocable deductions. Multiply line 3c by	/ line 6		ĺ	
10	Total allocable deductions. Add line 9,	columns A through D. Enter here	and on Part I, line 7,	column (B)	
11	Total dividends - received deduction				

Pai	t VI 🛮 Ir	iterest, Annui	ities, F	Royalties, a	nd Rents F	rom Co	ntrolled Orga	nizat	ions (see ins	tructions	s)		
	•						Exempt Con	trolled	Organizations				
	organization ide		ide	Employer ntification number	3 Net unrelated income (loss) (see instructions)		<b>4</b> Total of spec payments ma	cified ade	<b>5</b> Part of column 4 that is included in the controlling organization's gross income			reductions directly connected with come in column 5	
(1)													_
(2)													
(3)													
(4)													
					Nonexen	npt Contro	lled Organization	ns					
	<b>7</b> Taxal	ble income	ine	let unrelated come (loss) instructions)		f specified its made	included	in the c	n 9 that is controlling oss income		necte	ctions directly d with income olumn 10	
(1)													
(2)													_
(3)													
(4)													
Tota	Add columns 5 and 10. Enter here and on Part I, line 8, column (A).  Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)												
Par		ription of income		2 Amount			Deductions	ion (s	ee instructions  4 Set-asides	S)	E Tak	al deductions and	
	i Desc	ription of income		Z AMOUNT	directly		tly connected the statement)	(a	attach statement)		set-asides (add columns 3 and 4)		
(1)													
(2) (3)													_
(4)													_
Tota	ls			Add amounts Enter here ar line 9, col	nd on Part I, umn (A).	<b>10</b>	TM	<b> </b>		E	nter h	ounts in column sere and on Part I 9, column (B).	
		xploited Exer	-		ne, Other	han Ad	vertising Inc	ome (	see instructior	ns)			
	•	tion of exploited		-									
		elated business inc								2			
3	•	es directly conr ine 10, column		•						3			
4		ome (loss) from through 7											
5	Gross in	ncome from act	ivity th	at is not unre	elated busin	ess incor	ne			5			
6	Expens	es attributable	to inco	me entered o	n line 5					6			
7		exempt expens Enter here and								n			_

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.  A B B C D D  Enter amounts for each periodical listed above in the corresponding column.  2 Gross advertising income. A B C D  a Add columns A through D. Enter here and on Part I, line 11, column (A).  3 Direct advertising costs by periodical. A Add columns A through D. Enter here and on Part I, line 11, column (B).  4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0 on line 8.  5 Readership costs. 6 Circulation income. 7  Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0.  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or 4 here and on Part II, line 13.  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name 2 Title 3 Percentage of time devoted to business business  1 Name 2 Title 3 Percentage of time devoted to unrelated business  1 Name 3 Title 4 Compensation of United business  1 Name 5 Title 8 Title 6 Title	Part	IX Advertising Income				
Enter amounts for each periodical listed above in the corresponding column.  2 Gross advertising income	1	Name(s) of periodical(s). Check box if reporting	g two or more perio	dicals on a conso	olidated basis.	
Enter amounts for each periodical listed above in the corresponding column.  2 Gross advertising income.  a Add columns A through D. Enter here and on Part I, line 11, column (A).  3 Direct advertising costs by periodical.  a Add columns A through D. Enter here and on Part I, line 11, column (B).  4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0 on line 8.  5 Readership costs.  6 Circulation income.  7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0.  8 Exxess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0 bere and on Part II, line 13  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name  2 Title  3 Percentage of time devoted business  1 Name  2 Title  3 Percentage of time devoted business  4 Compensation attributable to unrelated business  1 Name  3 Portion (B).		Α 🗌				
Enter amounts for each periodical listed above in the corresponding column.  2 Gross advertising income.  a Add columns A through D. Enter here and on Part I, line 11, column (A).  3 Direct advertising costs by periodical.  a Add columns A through D. Enter here and on Part I, line 11, column (B).  4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.  5 Readership costs.  6 Circulation income.  7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0.  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or 3 here and on Part II, line 13.  Part X Compensation of Officers, Directors, and Trustees (see instructions)  4 Compensation attributable to unrelated business  8 8  8 10  1 Name  2 Title  3 Percentage of time deviced to husiness  8 8  1 Name 2 Title  3 Percentage of time deviced to husiness  8 8  1 Name 2 Title  3 Percentage of time deviced to husiness		В 🔲				
Enter amounts for each periodical listed above in the corresponding column.  2 Gross advertising income						
A B C D  a Add columns A through D. Enter here and on Part I, line 11, column (A).  3 Direct advertising costs by periodical		- L				
a Add columns A through D. Enter here and on Part I, line 11, column (A)	Ente	r amounts for each periodical listed above in the				
a Add columns A through D. Enter here and on Part I, line 11, column (A).  3 Direct advertising costs by periodical	2 (	Gross advertising income	Α	В	С	D
a Add columns A through D. Enter here and on Part I, line 11, column (B).  4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter ·0· on line 8.  5 Readership costs.  6 Circulation income.  7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter ·0·.  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or ·1· here and on Part II, line 13.  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name  2 Title  3 Percentage of time devoted to husiness  4 Compensation attributable to unrelated business  5 Total. Enter here and on Part II, line 1		_	rt Llino 11 polymr	. (^)		
a Add columns A through D. Enter here and on Part I, line 11, column (B).  4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.  5 Readership costs.  6 Circulation income.  7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7			t i, line i i, columi	I (A)	T	
Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.  5 Readership costs.  6 Circulation income.  7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13.  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name  2 Title  3 Percentage of time devoted to business  4 Compensation attributable to unrelated business  8  8  8  8  7  Total. Enter here and on Part II, line 1.		, , , , <u>, , , , , , , , , , , , , , , </u>	ļ			
For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	a /	Add columns A through D. Enter here and on Par	rt I, line 11, columr	ı (B)		
lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.  5 Readership costs. 6 Circulation income. 7 Excess readership costs, If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  a Add line 8, columns A through D. Enter the greater of the line 8a, columns lotal or -0- here and on Part II, line 13.  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name 2 Title 3 Percentage of time devoted to husiness 8  1 Compensation attributable to unrelated business  8  Total. Enter here and on Part II, line 1						
a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8						
and enter -0- on line 8						
5 Readership costs. 6 Circulation income. 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0. 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13.  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name 2 Title 3 Percentage of time devoted to business 4 Compensation attributable to unrelated business 8 8 1 Total. Enter here and on Part II, line 1		,				
6 Circulation income	5	Readership costs				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0  8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13  Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name  2 Title  3 Percentage of time devoted to business 8 8 8 8 1 Name 8 8 8 1 Name 8 8 8 1 Name 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		<u> </u>				
line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0	<b>7</b> [	Excess readership costs. If line 6 is less than				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13						
deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13		, , , , , , , , , , , , , , , , , , ,				
line 4, enter the lesser of line 4 or line 7  a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13	(	deduction. For each column showing a gain on				
Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name 2 Title 3 Percentage of time devoted to business 4 Compensation attributable to unrelated business 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	I	ine 4, enter the lesser of line 4 or line 7				
Part X Compensation of Officers, Directors, and Trustees (see instructions)  1 Name 2 Title 3 Percentage of time devoted to business %  8  7  Total. Enter here and on Part II, line 1				olumns total or -0	- here and on	
1 Name 2 Title 3 Percentage of time devoted to business % % % % Total. Enter here and on Part II, line 1		•				· · · · · · · · · <u> </u>
1 Name 2 Title of time devoted to business % % % % % Total. Enter here and on Part II, line 1	Part	X Compensation of Officers, Directors, a	and Trustees (see		Damasatana	4.0
business % % % % % Total. Enter here and on Part II, line 1		1 Name	<b>2</b> Title	!	of time	attributable to
% % % % % % % % % % % % % % % % % % %		nu		(		unrelated business
% % % % % % % % % % % % % % % % % % %						
Total. Enter here and on Part II, line 1						
Total. Enter here and on Part II, line 1						
	Total	Enter here and on Part II, line 1				
Part XI Supplemental Information (see instructions)	Part	XI Supplemental Information (see instruction	ns)		<u>'</u>	

# Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

Identifying number 95-3622332

Business or activity to which this form relates

Par	t I Election To Exp	ense Certain	Property Under Sec complete Part V before	ction 179	Part I			
1	Maximum amount (see ins						1	
2	Total cost of section 179 p	•						
3	Threshold cost of section 1		•	•				
4	Reduction in limitation. Su			•			_	
5	Dollar limitation for tax year							
	separately, see instructions	S					5	
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Elected co	st	
7	Listed property. Enter the	amount from line	20		7		-	
8	Total elected cost of section						8	
9	Tentative deduction. Enter							
10	Carryover of disallowed de							
11	Business income limitation							
12	Section 179 expense dedu						12	
13	Carryover of disallowed de				13			
	: Don't use Part II or Part II							
Par	t II Special Depreci	<u>ation Allowan</u>	ce and Other Depre	eciation (Don'	t include	listed property. S	See inst	ructions.)
14	Special depreciation allows tax year. See instructions.					ervice during the	14	
15	Property subject to section				1		15	
16	Other depreciation (includi	na ACRS)			V		16	
Par	t III MACRS Depred	iation (Don't in	clude listed property. Se	e instructions.)				
		•	Section					
17	MACRS deductions for ass	ets placed in ser	vice in tax years beginni	ng before 2024			17	
18	If you are electing to group asset accounts, check here	any assets plac	ed in service during the	tax year into on	e or mor	e general		
			in Service During 2024				ı Svstei	m
	(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) Conver	) (f)	_	<b>(g)</b> Depreciation deduction
19 a	3-year property							
Ŀ	5-year property							_
	7-year property							
	10-year property							
	15-year property							
f	20-year property							
	25-year property			25 yrs		S/L		
ŀ	Residential rental			27.5 yrs	MN			
	property			27.5 yrs	MN			
i	Nonresidential real			39 yrs	MN			
	property				MN	, -		
		Assets Placed in	n Service During 2024 T	ax Year Using t	he Altern			em
	Class life					S/L		
	12-year			12 yrs	_	S/L		
	30-year			30 yrs	MN			
	140-year	1		40 yrs	MN	M S/L	1	
	•				-1	•	•	
	t IV Summary (See in					· -		
21	t IV Summary (See in Listed property. Enter amo	ount from line 28.					21	
21	t IV Summary (See in	ount from line 28.	lines 19 and 20 in column (g),	and line 21. Enter h	ere and on		21 22	

7	n	9	
_	u	_	Z
_	u	_	_

#### **FEDERAL STATEMENTS**

PAGE 1

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

**CLIENT 411980** 

STATEMENT 1 SCHEDULE A, PART I, LINE 12 OTHER INCOME

PROGRAM SERV	ICE REVENUE	\$ 600.
	TOTAL	\$ 600.

#### STATEMENT 2 SCHEDULE A, PART II, LINE 14 OTHER DEDUCTIONS

POSTAGE	\$ 4,748.
PRINTING	13,488.
TOTAL	\$ 18,236.

#### STATEMENT 3 SCHEDULE A, PART II, LINE 17 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/24 NET OPERATING LOSS AV	\$ 19,018. AILABLE	\$ <b>7</b> 0.	\$ 19,018. \$ 19,018.
TAXABLE INCOME 80% OF TAXABLE INCOME			\$ -17,636. \$ -14,109.
NET OPERATING LOSS DE	DUCTION (LIMITED TO T	FAXABLE INCOME)	<u>\$</u>

**CLIENT 411980** 

# 2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BASI REDUC	S	DEPR. BASIS	PRIOR DEPR.	METHOD	_ LIEE	RATE	CURRENT DEPR.
DEPR.	. SCHEDULE ONLY																
AUT	TO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609					-	-· ·		29,609	27,335	200DB H	Υ .	7 .08930	2,274
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	0	)	0	29,609	27,335				2,274
BUI	ILDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537								156,537	156,537	S/L H	Υ 3	3	(
2	BUILDING #2 PP & E	VARIOUS		18,838					• 1			18,838	18,838	S/L H	Υ !	5	(
3	ART CENTER	4/01/98		91,569				• 1	$\Delta \Lambda$			91,569	61,538	S/L MM	M 39	.02564	2,348
4	WELLNESS CENTER	5/31/06		259,107				TN	1			259,107	127,068	S/L MN	M 39	.02564	6,644
63	IRRIGATION METER	10/18/12		7,283			MC	TN				7,283	5,589	S/L H	Y 15	5 .06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484	1	nO)	1-					3,484	2,668	S/L H	Y 15	5 .06670	232
67	WATER METER BLDG #2	10/18/12		2,413	'	D -						2,413	1,878	S/I	L 15	j	161
75	ROOF	6/30/14		97,954								97,954	25,120	S/I	L 39	}	2,512
136	WATER HEATER	5/10/21		1,875								1,875	213	S/L MN	/1 27.!	5 .03636	68
	TOTAL BUILDINGS			639,060		0	0	0	0	)	0	639,060	399,449				12,451
FUF	RNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165								8,165	8,165	S/L H	Υ 7	7	C
6	10 ROUND TABLES	3/01/98		4,234								4,234	4,234	S/L H	Υ 7	1	C
7	STAGE & POSTERS	3/26/03		22,840								22,840	22,840	200DB H	Υ 7	1	0
8	AUDITORIUM CHAIRS	1/01/05		12,560								12,560	12,560	200DB H	Υ !	5	0
9	STACKING CHAIRS	3/21/06		4,861								4,861	4,861	S/L H	Υ !	j	0
10	STORAGE CABINET	9/09/05		901								901	901	S/L H	Υ 7	1	0

**CLIENT 411980** 

# 2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST		SUS.	CUR 179 ONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPI	DEC	. BAL	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
11	THEATER DRAPES	6/20/06		1,152								1,152	1,152	S/L HY	5		0
12	DESK - DIANE	6/11/07		1,570								1,570	1,570	S/L HY	7		0
13	EXIT SIGNAGE	7/10/06		2,033								2,033	2,033	S/L HY	5		0
14	CARPOST/MONUMENT LIGHTING	1/10/07		5,242								5,242	5,242	S/L HY	7		0
15	DESK - DANIEL'S	3/10/08		2,089								2,089	2,089	S/L HY	7		0
16	KAWAI BABY GRAND PIANO	11/01/07	1	0,000								10,000	9,731	200DB HY	7		0
17	BINGO EQUIPMENT	4/20/09		2,694								2,694	2,694	S/L HY	7		0
82	LEE'S OFFICE FURNITURE	11/30/14		1,745								1,745	1,549	S/L	5		0
83	EXTERIOR LIGHTING	12/31/14		5,350								5,350	3,213	S/L	15		357
84	LOBBY FURNITURE	5/01/15	1	0,105						- 10		10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749						(1)		749	553	S/L	7		107
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749				1	M	4,,		749	553	S/L	7		107
118	LOBBY FURNITURE	5/31/19	1	0,260	_		N	י דכ				10,260	8,885	200DB HY	7	.08930	916
	TOTAL FURNITURE AND FIXTURE		10	7,299	C	Q	C	)	0	0	(	107,299	102,593				1,487
IMF	PROVEMENTS																
18	GROUND IMPROVEMENTS	VARIOUS	3	3,989								33,989	33,989	S/L MM	39	.02564	0
19	GROUND IMPROVEMENTS	1/01/96		4,640								4,640	4,640	S/L HY	5		0
20	BUILDING #1 IMPROVEMENTS	1/01/96	2	28,070								28,070	28,070	S/L HY	5		0
21	BUILDING #2 IMPROVEMENTS	1/01/96		6,051								6,051	6,051	S/L HY	5		0
22	GROUND IMPROVEMENTS - PAV	9/01/98		9,634								9,634	6,371	S/L MM	39	.02564	247
23	BLDG 1 - CARPETING	4/22/00		6,195								6,195	6,195	200DB HY	7		0
24	BLDG 1 - 8 CEILING FANS	6/05/01		2,065								2,065	2,065	200DB HY	7		0
25	GROUND IMPROV SIDEWALKS	6/18/01		3,500								3,500	3,500	150DB HY	15		0
26	LIGHTING INDOOR	9/18/01		2,872								2,872	2,872	200DB HY	7		0
27	REMODELING	1/08/02	2	2,300								22,300	13,046	S/L MM	39	.02564	572

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

_NO	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METH	IOD	1155	_RATE	CURRENT DEPR.
<u> </u>	REMODELING	2/07/02			<u> BUNUS</u> .	ALLUW.	SF. DEFR.	UEFK	KEDUUT	4,970	2,842		MM	39	.02564	<u>DEFR.</u> 127
	LIGHTING - INDOOR	4/09/02	1,230							1,230	1,230	200D		7	.02304	127
30	LIGHTING - OUTDOOR	4/03/02	1,280							1,280	1,280	200D		7		0
31	CARPORTS	2/07/02	11,665							11,665	7,839		MM	39	.02564	299
	PARKING LOT CONCRETE	4/09/02	4,687							4,687	3,042	S/L		39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02	1,222							1,222	870		MM	39	.02564	31
	CARPORTS	4/26/02	12,690							12,690	8,227		MM	39	.02564	325
	CARPORTS	6/07/02	2,990							2,990	1,949		MM	39	.02564	77
36	CARPORTS	7/09/02	3,200							3,200	1,882		MM	39	.02564	82
37	PARKING LOT ISLANDS	8/08/02	4,615							4,615	2,709		MM	39	.02564	118
38	BATHROOM REMODELS	10/10/02	14,116					- ~ 1		14,116	8,308	S/L	MM	39	.02564	362
39	SOUND SYSTEM	12/09/03	5,623				- N	יאו		5,623	5,623	200D	ВНҮ	7		0
40	PARKING LOT EXPANSION & L	3/16/04	69,013			110	TN			69,013	35,887	S/L	MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06	8,440		20	Mc				8,440	3,897	S/L	MM	39	.02564	216
42	ART CENTER & OFFICE A/C	12/28/05	3,944		U					3,944	1,873	S/L	MM	39	.02564	101
43	MP3 CENTER FLOORING	10/20/05	5,896							5,896	4,834	S/L	HY	10		0
44	NEW LIGHTING	8/10/05	2,772							2,772	2,772	S/L	HY	7		0
45	OUTSIDE LIGHTING	5/10/06	1,823							1,823	1,823	S/L	HY	7		0
46	SUB PANEL	6/20/06	2,495							2,495	2,495		S/L	5		0
47	NEW A/C - CLARK	7/20/06	3,200							3,200	1,473	S/L	MM	39	.02564	82
48	NEW A/C - AGEING	8/10/06	3,400							3,400	1,555	S/L	MM	39	.02564	87
49	BATHROOM REMODEL	7/20/06	5,600							5,600	2,586	S/L	MM	39	.02564	144
50	9 A/C UNITS	8/10/07	52,500							52,500	51,055	S/L	HY	10		0
51	THEATER SI	4/10/08	2,725							2,725	1,135	S/L	MM	39	.02564	70
52	KITCHEN REMODEL	2/10/09	26,770							26,770	26,770	S/L	HY	15		0
74	CARPET	9/26/13	8,724							8,724	1,018		S/L	5		0
76	LIGHTING FIXTURES EXTERIOR	6/05/14	1,285							1,285	867		S/L	15		86

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE .	CURRENT DEPR.
77	SOLATUBES-SKYLIGHTS	5/28/14	2,175							2,175	1,462	S/L	15		145
86	DRIP IRRIGATION VALVES	6/13/16	3,605							3,605	2,142	150DB HY	15	.05900	213
87	TURF CONVERSION	10/20/15	49,244							49,244	30,703	150DB HY	15	.05900	2,905
88	BUILDING #1 FLOORING	6/27/16	41,423							41,423	10,567	S/L	39		1,062
89	BUILDING #2 FLOORING	6/27/16	33,779							33,779	8,617	S/L	39		866
90	GRNDS IMPV (TREE REMOVAL)	11/16/16	7,925							7,925	4,004	S/L	15		528
91	COURTYARD TURF	6/19/17	26,230							26,230	12,243	S/L	15		1,749
92	SURVEILLANCE EQUIPMENT	5/01/17	9,639							9,639	9,639	S/L	5		0
93	ART CENTER REFURB	6/21/17	14,150							14,150	2,541	S/L	39		363
94	EXIT SIGN REPLACEMENT	8/01/16	1,788				TN			1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17	4,350					4 N N		4,350	830	S/L	39		112
96	GREEN ROOM REFURB	6/21/17	1,199				7	Wh.		1,199	217	S/L	39		31
97	GAS LINE METER	6/05/17	4,970			MIC	),,			4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16	6,780		$\sim$ 0	14				6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17	6,140	'	DO					6,140	1,080	S/L MM	39	.02564	157
108	PARKING LOT RESURFACE	12/12/17	10,488							10,488	4,549	S/L HY	15	.06670	700
109	EXTERIOR PAINT & CONCRETE	6/13/18	25,120							25,120	3,891	S/L MM	39	.02564	644
113	METAL EDGING - COURTYARD	2/28/19	3,465							3,465	1,270	S/L HY	15	.06670	231
114	PARKING LOT LIGHTING	6/26/19	5,969							5,969	2,189	S/L HY	15	.06670	398
117	HEAT & A/C - LOBBY	1/14/19	7,479							7,479	1,048	S/L MM	39	.02564	192
126	DECOMP GRANITE REFRESH	3/31/20	10,000							10,000	3,001	S/L HY	15	.06670	667
129	OFFICE A/C	3/13/20	33,885							33,885	3,730	S/L MM	39	.02564	869
130	THEATER LIGHTING	5/31/21	8,309							8,309	5,124	S/L	5		1,662
131	A/C HEAT	12/30/20	8,200							8,200	744	S/L MM	39	.02564	210
132	PARTITION WALL-DEV OFFICE	2/03/21	4,875							4,875	422	S/L MM	39	.02564	125
	SIGNAGE	6/30/21	2,022							2,022	1,212	S/L	5		404
137	WATER PUMP	6/30/22	1,674							1,674	280	S/L HY	15	.06670	112

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O. DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 <u>BONUS</u>	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL <u>DEPR.</u>	SALVA( _ /BASIS 	DEPR.	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
38 POST INDICATOR VALVE	11/29/21	2,8	94						2,894	482	S/L HY	15	.06670	
39 A/C RECEPTION AREA #3	9/14/21	8,8	75						8,875	636	S/L MM	39	.02564	
45 A/C #10 BOARDROOM	2/03/23	11,2	88						11,288	398	S/L MM	39	.02564	
46 A/C #5B CLARK	4/27/23	13,8	88						13,888	430	S/L MM	39	.02564	
47 SMART THERMOSTATS (13)	11/15/22	5,9	15						5,915	1,267	S/L HY	7	.14290	
49 BATHROOM REMODEL BLDG #1	5/16/24	377,9	59						377,959	2,275	S/L MM	39	.02564	Ç
53 ROOFING-BLDG #2	12/06/23	38,3	60						38,360	534	S/L MM	39	.02564	
55 FIRE/ALARM SYSTEM	6/26/24	3,7	17						3,717	4	S/L MM	39	.02564	
60 BUILDING SIGNAGE	9/05/24	3,1	19						3,119		S/L HY	7	.07140	
63 EXIT DOOR	4/18/25	3,6	83					4	3,683		S/L MM	39	.00535	
64 PICKLEBALL COURTS	6/26/25	151,4	50				- 11		151,450		S/L HY	15	.03330	
65 THEATRE DRAPES/DOORS	6/05/25	11,1	25			-T 1			11,125		S/L MM	39	.00107	
66 WINDOW COVERINGS - BLDG #1	6/05/25	8,5	29		210	),,			8,529		S/L HY	7	.07140	
67 EAST GATE	3/17/25	4,7	25	$\sim$ 0	La				4,725		S/L HY	15	.03330	
69 KITCHEN IMPROVEMENTS #1	10/01/24	10,3	45	<u> </u>		DT N			10,345		S/L MM	39	.01819	
TOTAL IMPROVEMENTS		1,376,9		0	(				0 1,376,946	423,709				3
MACHINERY AND EQUIPMENT														
53 STAGE LIGHTING	8/01/98	Ę	85						585	585	S/L HY	7		
54 PIANO DOLLY	3/01/99	5	50						550	550	S/L HY	7		
55 BABY GRAND PIANO-THEATER	1/01/05	8,7	40						8,740	8,740	200DB HY	7		
56 NEW MICROPHONES	1/31/06	1,2	54						1,254	1,254	S/L HY	7		
57 WIRELESS MICS	12/20/06	2,0	00						2,000	2,000	S/L HY	7		
58 WIRELESS MICS	8/21/06	2,0	00						2,000	2,000	S/L HY	7		
59 AC CONDENSOR	7/02/10	3,2	50						3,250	3,250	S/L HY	7		
60 PHONE SYSTEM	4/20/11	8,9	24						8,924	8,255	S/L HY	5		

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED .	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
61	FREEZER	5/15/11	41,213							41,213	39,003	S/L HY	7	0
62	DIGITAL TELEVISION	6/25/12	2,400							2,400	2,400	S/L HY	7	0
65	DEV DIR COMPUTER	6/30/13	779							779	312	S/L	5	0
66	LR COMPUTER	6/30/13	779							779	312	S/L	5	0
68	LV COMPUTER	8/01/13	1,138							1,138	437	S/L	5	0
69	SERVER DRIVES	12/31/13	1,975							1,975	593	S/L	5	0
70	DS COMPUTER	4/30/14	825							825	193	S/L	5	0
71	DC COMPUTER	4/30/14	825							825	193	S/L	5	0
72	EW COMPUTER	4/30/14	825							825	193	S/L	5	0
73	BE COMPUTER	4/30/14	825					41	١	825	193	S/L	5	0
78	KITCHEN WARES	6/02/14	1,151							1,151	1,151	S/L	5	0
79	SERVER & SOFTWARE UPGRADE	3/31/15	5,395				7	112.		5,395	5,395	S/L	5	0
80	COMMERCIAL MICROWAVES	10/30/14	5,067			NIC	TN			5,067	5,067	S/L	5	0
81	DRINKING FOUNTAIN	10/24/14	1,461		$^{\circ}$	14.				1,461	938	S/L	15	97
99	20 CARD TABLE	9/03/16	1,245		D					1,245	1,245	S/L	5	0
100	20 ARMED CHAIRS	9/03/16	1,665							1,665	1,665	S/L	5	0
101	CONDENSOR FAN	10/31/16	588							588	588	S/L	5	0
102	UTILITY CARTS	2/03/17	1,315							1,315	1,315	S/L	5	0
103	OFFICE CHAIRS DS & LV	3/03/17	739							739	739	S/L	5	0
104	EXHAUST FANS	6/30/17	1,333							1,333	1,333	S/L	5	0
105	DRINKING FOUNTAIN	2/03/17	2,558							2,558	2,558	S/L	5	0
106	REFRIGERATOR	1/31/17	2,223							2,223	2,223	S/L	5	0
110	PROJECTOR & SCREEN	4/30/18	2,298							2,298	2,298	S/L HY	5	0
111	DONOR PERFECT SOFTWARE	9/13/17	2,595							2,595	2,595	S/L HY	3	0
112	WIFI KIT FOR SERVER	5/15/18	1,206							1,206	1,206	S/L HY	5	0
119	EX. EQUIP - WELLNESS CNTR	4/23/19	20,980							20,980	20,980	S/L	5	0
120	LIGHTING/SOUND EQ-THEATER	6/27/19	2,952							2,952	2,952	S/L	5	0

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<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u> _	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	_ LIFE	_RATE_	CURRENT DEPR.
121	FRIDGE FREEZER - MOW	6/30/19	4,505	i						4,505	4,505	S/	L 5		0
124	7 ALL IN ONE COMPUTER	10/03/19	9,000	1						9,000	8,100	S/L H	Y 5	.10000	900
125	CONDENSER/COIL #11	6/25/20	4,687							4,687	4,217	S/L H	Y 5	.10000	470
128	EXERCISE EQUIPMENT	4/20/20	4,721							4,721	3,036	S/L H	Y 7	.14280	674
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21	8,444	•						8,444	5,911	S/L H	Y 5	.20000	1,689
134	ICE MACHINE	9/10/20	3,189	ı						3,189	2,446	S/	L 5		638
140	3 LAPTOPS	9/16/21	1,954							1,954	977	S/L H	Y 5	.20000	391
141	SQUARE & IPADS	2/03/22	1,039	ı						1,039	520	S/L H	Y 5	.20000	208
142	3 COMPUTER-W/C	2/03/22	3,823	1						3,823	1,912	S/L H	Y 5	.20000	765
144	THEATER PROJECTOR	5/01/22	5,379							5,379	2,152	S/L H	Y 5	.20000	1,076
148	2 LAPTOPS	10/03/22	1,033					- ~ 1		1,033	310	S/L H	Y 5	.20000	207
150	LASER PROJECTOR CLARK	6/19/24	5,319				T N	יאון		5,319	532	S/L H	Y 5	.20000	1,064
151	THEATER EQUIPMENT	7/06/23	2,739			210	) / '	•		2,739	274	S/L H	Y 5	.20000	548
152	A/C #1 & #13	6/04/24	18,343		$\sim$ 0	14.				18,343	20	S/L MM	M 39	.02564	470
156	WIFI	10/29/24	2,736	,	V					2,736		S/L H	Y 5	.10000	274
157	MY SENIOR	12/17/24	10,442							10,442		S/L H	Y 5	.10000	1,044
158	COMPUTER - JAY	3/31/25	3,204	•						3,204		S/L H	Y 5	.10000	320
159	W/C COMPUTERS	5/03/25	5,209	ı						5,209		S/L H	Y 5	.10000	521
161	AC UNIT #11	5/15/25	14,138	:						14,138		S/L MM	M 39	.00321	45
162	AC UNIT #5A	2/07/25	14,388	1						14,388		S/L MM	M 39	.00963	139
168	KITCHEN EQUIPMENT	8/06/24	8,806	; -						8,806		S/L H	Y 5	.10000	881
	TOTAL MACHINERY AND EQUIPME		266,756	i	0	0	(	) 0	0	266,756	159,623				12,421
RIG	GHT OF USE ASSET														
154	RIGHT OF USE ASSET (SOLAR)	3/18/24	192,500	) -						192,500	2,406	S/	L 20		9,625
	TOTAL RIGHT OF USE ASSET		192,500	)	0	0	(	) 0	0	192,500	2,406				9,625

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NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS _	PRIOR DEPR.	_METHODLIE	E RATE _	CURRENT DEPR.
TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,115,115		-	76,451
GRAND TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,115,115			76,451



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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BASI REDUC	IS	DEPR. BASIS	PRIOR DEPR.	METHOD	_ LIEI	RATE_	CURRENT DEPR.
DEPR.	. SCHEDULE ONLY																
AU	TO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609								29,609	29,609	200DB H	Y	7 .04460	(
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	(	)	0	29,609	29,609				(
BUI	LDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537								156,537	156,537	S/L H	Y	3	(
2	BUILDING #2 PP & E	VARIOUS		18,838					• 1			18,838	18,838	S/L H	Y	5	(
3	ART CENTER	4/01/98		91,569				• 1	n DI			91,569	63,886	S/L MN	Л 3	9 .02564	2,348
4	WELLNESS CENTER	5/31/06		259,107				TN	11.			259,107	133,712	S/L MN	<b>/</b> 1 3	9 .02564	6,644
63	IRRIGATION METER	10/18/12		7,283			MC	TN				7,283	6,075	S/L H	Y 1	5 .06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484	1	nO)	1-					3,484	2,900	S/L H	Y 1	5 .06670	232
67	WATER METER BLDG #2	10/18/12		2,413	'	D -						2,413	2,039	\$/	L 1	5	161
75	ROOF	6/30/14		97,954								97,954	27,632	S/	L 3	9	2,512
136	WATER HEATER	5/10/21		1,875								1,875	281	S/L MN	A 27.	5 .03636	68
	TOTAL BUILDINGS			639,060		0	0	0	(	)	0	639,060	411,900				12,451
FUF	RNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165								8,165	8,165	S/L H	Y	7	0
6	10 ROUND TABLES	3/01/98		4,234								4,234	4,234	S/L H	Y	7	C
7	STAGE & POSTERS	3/26/03		22,840								22,840	22,840	200DB H	Y	7	0
8	AUDITORIUM CHAIRS	1/01/05		12,560								12,560	12,560	200DB H	Y	5	0
9	STACKING CHAIRS	3/21/06		4,861								4,861	4,861	S/L H	Y	5	0
10	STORAGE CABINET	9/09/05		901								901	901	S/L H	Y	7	0

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST SOLD BASI			SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	_RATE	CURRENT DEPR.
11	THEATER DRAPES	6/20/06		,152						1,152	1,152	S/L HY	5		0
12	DESK - DIANE	6/11/07		,570						1,570	1,570	S/L HY	7		0
13	EXIT SIGNAGE	7/10/06	:	2,033						2,033	2,033	S/L HY	5		0
14	CARPOST/MONUMENT LIGHTING	1/10/07		,242						5,242	5,242	S/L HY	7		0
15	DESK - DANIEL'S	3/10/08	:	2,089						2,089	2,089	S/L HY	7		0
16	KAWAI BABY GRAND PIANO	11/01/07	10	,000						10,000	9,731	200DB HY	7		0
17	BINGO EQUIPMENT	4/20/09	:	2,694						2,694	2,694	S/L HY	7		0
82	LEE'S OFFICE FURNITURE	11/30/14		,745						1,745	1,549	S/L	5		0
83	EXTERIOR LIGHTING	12/31/14		,350						5,350	3,570	S/L	15		357
84	LOBBY FURNITURE	5/01/15	10	,105				- 1	•	10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749				- VI		749	660	S/L	7		89
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749			-T N			749	660	S/L	7		89
118	LOBBY FURNITURE	5/31/19	1	,260		N	DT N			10,260	9,801	200DB HY	7	.04460	459
	TOTAL FURNITURE AND FIXTURE		10	,299	DQ		) (	) (	0 (	107,299	104,080				994
IMI	PROVEMENTS														
18	GROUND IMPROVEMENTS	VARIOUS	3	,989						33,989	33,989	S/L MM	39	.02564	0
19	GROUND IMPROVEMENTS	1/01/96		,640						4,640	4,640	S/L HY	5		0
20	BUILDING #1 IMPROVEMENTS	1/01/96	2	3,070						28,070	28,070	S/L HY	5		0
21	BUILDING #2 IMPROVEMENTS	1/01/96	1	,051						6,051	6,051	S/L HY	5		0
22	GROUND IMPROVEMENTS - PAV	9/01/98	!	,634						9,634	6,618	S/L MM	39	.02564	247
23	BLDG 1 - CARPETING	4/22/00	1	5,195						6,195	6,195	200DB HY	7		0
24	BLDG 1 - 8 CEILING FANS	6/05/01	:	2,065						2,065	2,065	200DB HY	7		0
25	GROUND IMPROV SIDEWALKS	6/18/01	;	,500						3,500	3,500	150DB HY	15		0
26	LIGHTING INDOOR	9/18/01	:	2,872						2,872	2,872	200DB HY	7		0
27	REMODELING	1/08/02	2	2,300						22,300	13,618	S/L MM	39	.02564	572

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

_NO	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METI	10 <i>D</i>	1155	RATE .	CURRENT DEPR
	REMODELING	2/07/02	4,970	TUI.	BUNUS	ALLUW.	SF. DEFR.	UEFK	KEDUUT	4,970	2,969		MM		.02564	127
	LIGHTING - INDOOR	4/09/02	1,230							1,230	1,230		IVIIVI B HY	7	.02304	0
	LIGHTING - OUTDOOR	4/03/02	1,280							1,280	1,280		В НҮ	7		0
31	CARPORTS	2/07/02	11,665							11,665	8,138		MM	39	.02564	299
	PARKING LOT CONCRETE	4/09/02	4,687							4,687	3,162		MM	39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02	1,222							1,222	901		MM	39	.02564	31
	CARPORTS	4/26/02	12,690							12,690	8,552		MM	39	.02564	325
	CARPORTS	6/07/02	2,990							2,990	2,026		MM		.02564	77
36		7/09/02	3,200							3,200	1,964		MM	39	.02564	82
	PARKING LOT ISLANDS	8/08/02	4,615							4,615	2,827		MM	39	.02564	118
38	BATHROOM REMODELS	10/10/02	14,116					- ~ 1		14,116	8,670	S/L	MM	39	.02564	362
39	SOUND SYSTEM	12/09/03	5,623				- N	יאו		5,623	5,623	2000	В НҮ	7		0
40	PARKING LOT EXPANSION & L	3/16/04	69,013			-10	TN			69,013	37,656	S/L	MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06	8,440		0	Mc				8,440	4,113	S/L	MM	39	.02564	216
42	ART CENTER & OFFICE A/C	12/28/05	3,944							3,944	1,974	S/L	MM	39	.02564	101
43	MP3 CENTER FLOORING	10/20/05	5,896							5,896	4,834	S/L	. HY	10		0
44	NEW LIGHTING	8/10/05	2,772							2,772	2,772	S/L	. HY	7		0
45	OUTSIDE LIGHTING	5/10/06	1,823							1,823	1,823	S/L	. HY	7		0
46	SUB PANEL	6/20/06	2,495							2,495	2,495		S/L	5		0
47	NEW A/C - CLARK	7/20/06	3,200							3,200	1,555	S/L	MM	39	.02564	82
48	NEW A/C - AGEING	8/10/06	3,400							3,400	1,642	S/L	MM	39	.02564	87
49	BATHROOM REMODEL	7/20/06	5,600							5,600	2,730	S/L	MM	39	.02564	144
50	9 A/C UNITS	8/10/07	52,500							52,500	51,055	S/L	. HY	10		0
51	THEATER SI	4/10/08	2,725							2,725	1,205	S/L	MM	39	.02564	70
52	KITCHEN REMODEL	2/10/09	26,770							26,770	26,770	S/L	. HY	15		0
74	CARPET	9/26/13	8,724							8,724	1,018		S/L	5		0
76	LIGHTING FIXTURES EXTERIOR	6/05/14	1,285							1,285	953		S/L	15		86

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE .	CURRENT DEPR.
77	SOLATUBES-SKYLIGHTS	5/28/14	2,17	<u>.</u>						2,175	1,607	S/L	15		145
86	DRIP IRRIGATION VALVES	6/13/16	3,60	5						3,605	2,355	150DB HY	15	.05910	213
87	TURF CONVERSION	10/20/15	49,24	1						49,244	33,608	150DB HY	15	.05910	2,910
88	BUILDING #1 FLOORING	6/27/16	41,42	3						41,423	11,629	S/L	39		1,062
89	BUILDING #2 FLOORING	6/27/16	33,77	)						33,779	9,483	S/L	39		866
90	GRNDS IMPV (TREE REMOVAL)	11/16/16	7,92	5						7,925	4,532	S/L	15		528
91	COURTYARD TURF	6/19/17	26,23	)						26,230	13,992	S/L	15		1,749
92	SURVEILLANCE EQUIPMENT	5/01/17	9,63	)						9,639	9,639	S/L	5		0
93	ART CENTER REFURB	6/21/17	14,15							14,150	2,904	S/L	39		363
94	EXIT SIGN REPLACEMENT	8/01/16	1,78	3			TN			1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17	4,35	)				4 N N		4,350	942	S/L	39		112
96	GREEN ROOM REFURB	6/21/17	1,19	)			7	Wh.		1,199	248	S/L	39		31
97	GAS LINE METER	6/05/17	4,97	)		MIC	),,			4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16	6,78	)	$\sim 0$	14				6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17	6,14	) '	V					6,140	1,237	S/L MM	39	.02564	157
108	PARKING LOT RESURFACE	12/12/17	10,48	3						10,488	5,249	S/L HY	15	.06670	700
109	EXTERIOR PAINT & CONCRETE	6/13/18	25,12	)						25,120	4,535	S/L MM	39	.02564	644
113	METAL EDGING - COURTYARD	2/28/19	3,46	5						3,465	1,501	S/L HY	15	.06670	231
114	PARKING LOT LIGHTING	6/26/19	5,96	9						5,969	2,587	S/L HY	15	.06670	398
117	HEAT & A/C - LOBBY	1/14/19	7,47	9						7,479	1,240	S/L MM	39	.02564	192
126	DECOMP GRANITE REFRESH	3/31/20	10,00	)						10,000	3,668	S/L HY	15	.06670	667
129	OFFICE A/C	3/13/20	33,88	5						33,885	4,599	S/L MM	39	.02564	869
130	THEATER LIGHTING	5/31/21	8,30	9						8,309	6,786	S/L	5		1,523
131	A/C HEAT	12/30/20	8,20	)						8,200	954	S/L MM	39	.02564	210
132	PARTITION WALL-DEV OFFICE	2/03/21	4,87	5						4,875	547	S/L MM	39	.02564	125
135	SIGNAGE	6/30/21	2,02	2						2,022	1,616	S/L	5		406
137	WATER PUMP	6/30/22	1,67	1						1,674	392	S/L HY	15	.06670	112

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
138 POST	INDICATOR VALVE	11/29/21		2,894	ļ						2,894	675	S/L HY	15	.06670	1
139 A/C R	RECEPTION AREA #3	9/14/21		8,875	j						8,875	864	S/L MM	39	.02564	2
145 A/C #	≠10 BOARDROOM	2/03/23		11,288	3						11,288	687	S/L MM	39	.02564	2
146 A/C #	≠5B CLARK	4/27/23		13,888	3						13,888	786	S/L MM	39	.02564	3
147 SMAR	T THERMOSTATS (13)	11/15/22		5,915	)						5,915	2,112	S/L HY	7	.14280	8
149 BATH	ROOM REMODEL BLDG #1	5/16/24		377,959	)						377,959	11,966	S/L MM	39	.02564	9,6
153 <b>ROOF</b> I	ING-BLDG #2	12/06/23		38,360	)						38,360	1,518	S/L MM	39	.02564	Ć
155 FIRE/	ALARM SYSTEM	6/26/24		3,717	,						3,717	99	S/L MM	39	.02564	
160 BUILD	ING SIGNAGE	9/05/24		3,119	)						3,119	223	S/L HY	7	.14290	
163 EXIT [	DOOR	4/18/25		3,683	}						3,683	20	S/L MM	39	.02564	
164 PICKL	EBALL COURTS	6/26/25		151,450	)				- ~ 1		151,450	5,043	S/L HY	15	.06670	10,
165 THEA	TRE DRAPES/DOORS	6/05/25		11,125	j			1	יאו		11,125	12	S/L MM	39	.02564	
166 WIND	OW COVERINGS - BLDG #1	6/05/25		8,529	)		210	)			8,529	609	S/L HY	7	.14290	1,
167 EAST	GATE	3/17/25		4,725		$\sim$	140				4,725	157	S/L HY	15	.06670	;
169 KITCH	HEN IMPROVEMENTS #1	10/01/24	_	10,345	-			TN			10,345	188	S/L MM	39	.02564	
TOTA	L IMPROVEMENTS			1,376,946		0	0	(			1,376,946	461,902				44,
MACHINE	RY AND EQUIPMENT															
53 STAGI	E LIGHTING	8/01/98		585	j						585	585	S/L HY	7		
54 PIANO	) DOLLY	3/01/99		550	)						550	550	S/L HY	7		
55 BABY	GRAND PIANO-THEATER	1/01/05		8,740	)						8,740	8,740	200DB HY	7		
56 NEW I	MICROPHONES	1/31/06		1,254	ļ						1,254	1,254	S/L HY	7		
57 WIREL	ESS MICS	12/20/06		2,000	)						2,000	2,000	S/L HY	7		
58 WIREL	ESS MICS	8/21/06		2,000	)						2,000	2,000	S/L HY	7		
59 AC CC	ONDENSOR	7/02/10		3,250	)						3,250	3,250	S/L HY	7		
60 PHON	E SYSTEM	4/20/11		8,924	ļ						8,924	8,255	S/L HY	5		

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

_NO	DESCRIPTION	DATE ACQUIRED .	DATE COST/ SOLD BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	CURRENT RATE DEPR.
61	FREEZER	5/15/11	41,213							41,213	39,003	S/L HY	7	0
62	DIGITAL TELEVISION	6/25/12	2,400							2,400	2,400	S/L HY	7	0
65	DEV DIR COMPUTER	6/30/13	779							779	312	S/L	5	0
66	LR COMPUTER	6/30/13	779							779	312	S/L	5	0
68	LV COMPUTER	8/01/13	1,138							1,138	437	S/L	5	0
69	SERVER DRIVES	12/31/13	1,975							1,975	593	S/L	5	0
70	DS COMPUTER	4/30/14	825							825	193	S/L	5	0
71	DC COMPUTER	4/30/14	825							825	193	S/L	5	0
72	EW COMPUTER	4/30/14	825							825	193	S/L	5	0
73	BE COMPUTER	4/30/14	825							825	193	S/L	5	0
78	KITCHEN WARES	6/02/14	1,151				TN	- N		1,151	1,151	S/L	5	0
79	SERVER & SOFTWARE UPGRADE	3/31/15	5,395				7	112		5,395	5,395	S/L	5	0
80	COMMERCIAL MICROWAVES	10/30/14	5,067			MIC	),,			5,067	5,067	S/L	5	0
81	DRINKING FOUNTAIN	10/24/14	1,461	1	$\sim 0$	14.				1,461	1,035	S/L	15	97
99	20 CARD TABLE	9/03/16	1,245	,	V					1,245	1,245	S/L	5	0
100	20 ARMED CHAIRS	9/03/16	1,665							1,665	1,665	S/L	5	0
101	CONDENSOR FAN	10/31/16	588							588	588	S/L	5	0
102	UTILITY CARTS	2/03/17	1,315							1,315	1,315	S/L	5	0
103	OFFICE CHAIRS DS & LV	3/03/17	739							739	739	S/L	5	0
104	EXHAUST FANS	6/30/17	1,333							1,333	1,333	S/L	5	0
105	DRINKING FOUNTAIN	2/03/17	2,558							2,558	2,558	S/L	5	0
106	REFRIGERATOR	1/31/17	2,223							2,223	2,223	S/L	5	0
110	PROJECTOR & SCREEN	4/30/18	2,298							2,298	2,298	S/L HY	5	0
111	DONOR PERFECT SOFTWARE	9/13/17	2,595							2,595	2,595	S/L HY	3	0
112	WIFI KIT FOR SERVER	5/15/18	1,206							1,206	1,206	S/L HY	5	0
119	EX. EQUIP - WELLNESS CNTR	4/23/19	20,980							20,980	20,980	S/L	5	0
120	LIGHTING/SOUND EQ-THEATER	6/27/19	2,952							2,952	2,952	S/L	5	0

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR . 179 . BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
121	FRIDGE FREEZER - MOW	6/30/19		4,50	5						4,505	4,505	S/	L 5		
124	7 ALL IN ONE COMPUTER	10/03/19		9,000	)						9,000	9,000	S/L H	Y 5		
125	CONDENSER/COIL #11	6/25/20		4,687	7						4,687	4,687	S/L H	Y 5		
128	EXERCISE EQUIPMENT	4/20/20		4,72	l						4,721	3,710	S/L H	Y 7	.14290	67
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21		8,444	1						8,444	7,600	S/L H	Y 5	.10000	84
134	ICE MACHINE	9/10/20		3,189	9						3,189	3,084	S/	L 5		10
140	3 LAPTOPS	9/16/21		1,954	1						1,954	1,368	S/L H	Y 5	.20000	39
141	SQUARE & IPADS	2/03/22		1,039	9						1,039	728	S/L H	Y 5	.20000	20
142	3 COMPUTER-W/C	2/03/22		3,823							3,823	2,677	S/L H	Y 5	.20000	76
144	THEATER PROJECTOR	5/01/22		5,379	9			TN	- 1		5,379	3,228	S/L H	Y 5	.20000	1,0
148	2 LAPTOPS	10/03/22		1,033	3				- N		1,033	517	S/L H	Y 5	.20000	20
150	LASER PROJECTOR CLARK	6/19/24		5,319	9			71	Wh.		5,319	1,596	S/L H	Y 5	.20000	1,0
151	THEATER EQUIPMENT	7/06/23		2,739	9		MIC	),,			2,739	822	S/L H	Y 5	.20000	54
152	A/C #1 & #13	6/04/24		18,343	3 ,	$\sim 0$	14.				18,343	490	S/L MI	<b>M</b> 39	.02564	47
156	WIFI	10/29/24		2,736	5	V					2,736	274	S/L H	Y 5	.20000	54
157	MY SENIOR	12/17/24		10,442	2						10,442	1,044	S/L H	Y 5	.20000	2,08
158	COMPUTER - JAY	3/31/25		3,204	1						3,204	320	S/L H	Y 5	.20000	64
159	W/C COMPUTERS	5/03/25		5,209	9						5,209	521	S/L H	Y 5	.20000	1,04
161	AC UNIT #11	5/15/25		14,138	3						14,138	45	S/L MI	<b>M</b> 39	.02564	36
162	AC UNIT #5A	2/07/25		14,388	3						14,388	139	S/L MI	<b>M</b> 39	.02564	36
168	KITCHEN EQUIPMENT	8/06/24	_	8,800	<u>-</u>						8,806	881	S/L H	Y 5	.20000	1,76
	TOTAL MACHINERY AND EQUIPME			266,756	6	0	0	(	0 (	0	266,756	172,044				13,2
RIG	HT OF USE ASSET															
154	RIGHT OF USE ASSET (SOLAR)	3/18/24		192,500	)						192,500	12,031	\$/	L 20		9,6
	TOTAL RIGHT OF USE ASSET		-	192,500	_ )	0	0		0 (	0	192,500	12,031			•	9,6

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,191,566			80,865
GRAND TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,191,566			80,865



2024

# **CALIFORNIA FILING INSTRUCTIONS**

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

**CLIENT 411980** 

#### **ELECTRONICALLY FILED:**

FORM 199 - 2024 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM 8453-E0.

#### **PAYMENT:**

NO PAYMENT IS REQUIRED.



2024

# **CALIFORNIA FILING INSTRUCTIONS**

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

**CLIENT 411980** 

#### **ELECTRONICALLY FILED:**

FORM 109 - 2024 CALIFORNIA EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE FRANCHISE TAX BOARD.

#### **PAYMENT:**

NO PAYMENT IS REQUIRED.



2024

#### **CALIFORNIA FILING INSTRUCTIONS**

**COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER** 

**CLIENT 411980** 

95-3622332

#### **FORM TO FILE:**

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

#### SIGNATURE:

SIGN AND DATE FORM RRF-1.

#### **PAYMENT:**

THERE IS A FEE DUE OF \$200 WHICH IS PAYABLE BY NOVEMBER 17, 2025. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF JUSTICE" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

#### WHEN TO FILE:

ON OR BEFORE NOVEMBER 17, 2025.

REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4420

# 2024 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2024 or fiscal	year beginning (mm/dd/yyyy)	7/01/202	, and ending (	mm/dd/yyyy) 6/30/	202	5 ·	_
Corporation/Or	ganization name	OVE COMMUNITIES S				C	California corporation number	_
		BA THE JOSLYN CEN	TER				L024112	
Additional info	rmation. See instructi	ons.					EIN 95-3622332	
	(suite or room)						MB no.	_
73750 City	CATALINA W	AY			State	7	IP code	
PALM DE	ESERT				CA		92260-2906	
Foreign country	y name				Foreign province/state/county		oreign postal code	_
				1				
A First retu	ırn		Yes X No		tion have any changes to its g		es 🗖, 🛂,	
				not reported to t	he FTB? See instructions		● Yes X N	0
					R&TC Section 23701d, has the aged in political activities?	9		
<b>D</b> Final info	rmation return?		<u> </u>				• Yes X N	0
		Surrendered (Withdrawn)	Merged/Reorganized					
	e: (mm/dd/yyyy) • counting method:			K Is the organization	on exempt under R&TC Sectio	n 23701	lg? ● Yes X N	0
		rual <b>3</b> Other		If "Yes," enter the	e gross receipts from rces	\$	 ;	
<b>F</b> Federal re		990T <b>2</b> ● 990-PF			on a limited liability company?			n
	Sch H (990) 4 X		□	M Did the organiza	tion file Form 100 or Form 109	o to rep	ort	•
<b>G</b> Is this a (	group filing? See ins	tructions	Yes X No	taxable income?			● X Yes N	0
<b>H</b> Is this ord	nanization in a group	exemption	Yes X No	N Is the organization	on under audit by the IRS or h r year?	as the	IRS ····· ● Yes XN	•
	what is the parent's i				1023/1024 pending?			
			_	Date filed with If			Yes N	0
				Date fried with h				
Part I		I unless not required to file					T	
		es or receipts from other sou				2	425,325	<u>.</u>
							1 260 650	
							1,260,659	•
Receipts and		This line must be completed. If the result is less than \$50,000, see General Information B •				4	1,685,984	
Revenues								
	6 Cost or ot							
	7 Total cost	7 Total costs. Add line 5 and line 6						
		ss income. Subtract line 7 fro				8	1,685,984	
Expenses		enses and disbursements. Fi				9 10	1,638,954	
	10 Excess of 11 Total pay	receipts over expenses and			m iine &	11	47,030	<u>,  •                                   </u>
		See General Information K			•	12		_
Daymonto	13 Payments	balance. If line 11 is more	than line 12, subti	ract line 12 from I	ine 11 •	13		_
Payments	14 Use tax b	alance. If line 12 is more tha	an line 11, subtrac	ct line 11 from line	e 12 •	14		
	15 Penalties	and interest. See General Ir	nformation J			15		
	16 Balance due	e. Add line 12 and line 15. Then sub	tract line 11 from the	result		16	0	).
Sign	Under penalties of p	erjury, I declare that I have examined	this return, including ac	ccompanying schedules	and statements, and to the bes	t of my	knowledge and belief, it is true	÷,
Here	Signature	te. Declaration of preparer (other than	Title	all information of which	Date	I	Telephone	
	of officer		TREAS				760-340-3220	
	Preparer's ►			Date	Check if self-	٦ l;	• PTIN	
Paid Preparer's	signature	MARYANOV MADSEN	GORDON CAM	PRET.T.	employed	<u> </u>	P01660780 ● Firm's FEIN	
Use Only	(or yours, if	PO BOX 1826	CONDON CAM.			$\neg \mid$	95-3178278	
	self-employed) and address		92263				Telephone	
						-	(760) 320-6642	
CACA1112L 0	May the FTB o	discuss this return with the p	reparer shown ab	ove? See instruct	ions	(	• X Yes No	
UNUNTITE U	1/17/43							

#### COVE COMMUNITIES SENIOR ASSOCIATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		rcgai	uless of annount of gross receipts -	complete raren or lumis	on Subs	ditate information	•			
		1	Gross sales or receipts from all I	business activities. See	instruc	tions		. •	1	
		2	Interest					. •	2	
		3	Dividends					. •	3	46,183.
Rece		4	Gross rents					<b>—</b>	4	23,200.
from Othe		5	Gross royalties					<b>—</b>	5	20/2001
Sour		6	Gross amount received from sale					_	6	
		7	Other income. Attach schedule.						7	255 042
		-	Total gross sales or receipts from other s						8	355,942.
		8	- · · · · · · · · · · · · · · · · · · ·	-						425,325.
		9	Contributions, gifts, grants, and similar an						9	
		10	Disbursements to or for member						10	
		11	Compensation of officers, director						11	137,378.
Evne		12	Other salaries and wages						12	703,272.
and	enses	13	Interest					. •	13	
Disb	urse-	14	Taxes					. • '	14	69,084.
men	ts	15	Rents					. • ·	15	
		16	Depreciation and depletion (See	instructions)				. •	16	
		17	Other expenses and disburseme	nts. Attach schedule		SEE ST	ATEMENT 3	3 • ┌	17	729,220.
		18	Total expenses and disbursements. Add I					_	18	1,638,954.
Sch	edule		Balance Sheet	Beginning of				End of	tavah	
		, <u>L</u>	Balance Sheet	(a)	taxabi	(b)	(c)	Liid Oi	taxab	(d)
Asse 1				(a)		198,429.	(0)		•	183,446.
2			receivable			100,000.			•	45,000.
3			eivable			100,000.			•	43,000.
4									•	
5			tate government obligations						•	
6			n other bonds				11		•	
7			n stock						•	
_						NIL	-		•	
8	_	-	18		7	210 207			•	1 170 070
9			nents. Attach schedule	0.000	7 3	L,310,327.	0.606			1,178,070.
			ssets	2,360,271.			2,608			
b			ated depreciation	1,115,116.	]	L,245,155.	1,191	. <b>,</b> 566	•	1,416,920.
11	Land		· · · · · · · · · · · · · · · · · · ·						•	
12	Other a	ssets.	Attach schedule			59 <b>,</b> 370.			•	221,819.
13	Total a	ssets .			2	2,913,281.				3,045,255.
Liabi	ilities a	and n	et worth							
14	Accoun	ts paya	able			90,775.			•	99,508.
15	Contrib	utions,	, gifts, or grants payable						•	
16	Bonds	and no	tes payable						•	
17			yable						•	
18	Other li	abilitie	es. Attach schedule							
19	Capital	stock	or principal fund		2	2,822,506.			•	2,945,747.
20			pital surplus. Attach reconciliation			•			•	<u> </u>
21			ings or income fund						•	
22	Total I	iabiliti	es and net worth		2	2,913,281.				3,045,255.
Sch	edule	: M-1	Reconciliation of income per	books with income per						
			Do not complete this schedule				(d), is less th	an \$50	,000.	
1	Net inc	ome pe	er books	47,030	. 7	Income recorded on	books this year no	t include	d	
			ne tax	,		in this return. Attac	-		_	
3			ital losses over capital gains		8	Deductions in this r	eturn not charged			
4			corded on books this year.		against book income this year.					
			ıle			Attach schedule				
5			orded on books this year not deducted		9	Total. Add line 7 ar	nd line 8			
	in this return. Attach schedule									
6	Total. A	ldd lin	e 1 through line 5	47,030	•	Subtract line 9	from line 6	<u></u> .		47,030.

Side 2 Form 199 2024 059 3652244 CACA1112L 01/14/25

#### Schedule B (Form 990)

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

## CA PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization COVE COMMUNITIES SENIOR ASSOCIATION  Employer identification						
DBA THE JOSLYN CENTER 95-3622332  Organization type (check one):						
):						
Section:						
X 501(c)( 3 ) (enter number) organization	$\overline{X}$ 501(c)( 3 ) (enter number) organization					
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
527 political organization						
501(c)(3) exempt private foundation	501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation						
ered by the <b>General Rule</b> or a <b>Special Rule.</b> o, (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.					
. 11						
filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II See instructions for decontributions.						
no 14						
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
	Section:    Section:					

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).

$\alpha \alpha \tau \tau \pi$	$\alpha \alpha M M M M T T T T T T T T T T T T T T $		3 00000T3 MT031
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COVE	COMMUNITIES	DENTOR	UDDOCTUTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$246,041.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$91,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 24,961.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,055.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>175,000</u> .	Person X Payroll

Name of organization							
COVE	COMMUNITIES	SENIOR	ASSOCIATION				

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>12,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization							
COVE CO	MMUNITIES	SENIOR	ASSOCIATION				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _		\$150,070.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _		\$120,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _		\$ 5,000.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _		\$ 5,000.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _		\$ <u>75,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$ 37,500.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)						
Name of organization						
COVE	COMMUNITIES	SENIOR	ASSOCIATION			

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1 7.)	)	() Z.	1.	. )	. )	/

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>19</u> _		\$10,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>20</u> _		\$ <u>_13,719.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>21</u> _		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>22</u> _		\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>23</u> _		\$45,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>24</u> _		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _		\$45,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

COVE COMMUNITIES SENIOR ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		S	
(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$ 	
(a) No.	(b)  Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>		
		\$	
RΛΛ	TEEA0703L 01/02/25	Schadula B (For	m 990) (Pay 12-202

Page 4

Name of organization
COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number 95-3622332

Part III	<b>Exclusively</b> religious, charitable, et or (10) that total more than \$1,000 the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	for the year from any one co ompleting Part III, enter the total of (Enter this information once. See in								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	N/A									
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	_ ,	(e) Transfer of gift								
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift								
	Transferee's name, addres	Relationship of transferor to transferee								
BAA		TEEA0704L 01/02/25	Schedule B (Form 990) (Rev. 12-2024)							

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		•	•											
	ch to Form 100 or For	m 100W. FORI	M 3885	ONLY										
Corpo	ration name COVE C	OMMUNITIES S	SENIOR	ASSOC	IATIC	N				Califor	nia cor	poratio	n number	
		E JOSLYN CEI								102	411:	2		
Par	t I Election To Ex	cpense Certain Pro	perty Un	der IRC S	ection 1	79								
1	Maximum deduction										1		\$25 <b>,</b> 00	0
2	Total cost of IRC Se		•								2			
3	Threshold cost of IR		-								3		\$200,00	0
4	Reduction in limitation										<u>4</u>			
5	Dollar limitation for t		act line 4	from line							5	_		
6	(a)	Description of property			<b>(b)</b> C	ost (business i	use only)	(c)	Elected	cost				
_	Listed property (elec		-											
8	Total elected cost of										8 9	-		
9	Tentative deduction.										10			
10 11	Carryover of disallow Business income lim			-							11			_
12	IRC Section 179 exp					•					12	1		_
13	•													
Par		nd Election of Addit							n 243	56				_
14	(a)	(b)		c)	1	(d)	(e)	(f			g)		(h)	
1-7	Description	Date acquired		st or	Depr	eciation	Depreciation			Depreci	ation	for	Additional first	
	of property	(mm/dd/yyyy)	other	basis		wed or vable in	method	rat	:e	this	year		year	
						er years							depreciation	
BUI	LDING #1 PP	VARIOUS	15	6,537.	1.	56,537.	S/L	1	3					
	LDING #2 PP	VARIOUS		8,838.		18,838.	S/L		5	1				
	CENTER	4/01/1998		1,569.		61,538.	S/L		39		2,34	18.		
	LLNESS CENTER			9,107.		27,068.	S/L		39		6,64			
	O-FOLDING TAB	4/13/1998		8,165.		8,165.	S/L		7					
	Add the amounts in				of oolus			4						_
13	\$2,000. See instruct								15	7	6,45	51.		
Par		,							- 1	•	-,	,		_
	Total: If the corporat	tion is electing:												_
	IRC Section 179 exp	ense, add the amo	ount on li	ne 12 and	line 15,	column (g)	) or		,					
	Additional first year Depreciation (if no e											16		
17	Total depreciation cl	•									$\simeq$ $\vdash$	17		_
	Depreciation adjustn	nent. If line 17 is g	reater tha	an line 16,	, enter t	he differenc	e here and	d on For	m 100	or or				
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less thar	n line 16, e	enter th	e difference	here and	on Forn	า 100	or				
	state adjustments or	n Form 100 or Forn	na uepre n 100W. i	no adiustn	nent is r	necessary).					$\odot$	18		
Par			,	,										_
19	(a)	(b)		(c)		((	d)	(e	)	(f)			(g)	
	Description	Date acquire		Cost o		Amorti allowed or	ization	R&1	С	Period			Amortization	
	of property	(mm/dd/yyyy	"	other bas	515	in earlie		Sect (see in		percent	aye		for this year	
									1			1		_
									1			1		_
									1			1		_
									1			1		_
20	Total. Add the amou	ints in column (a)				<u> </u>		1	1		20	1		
21	Total amortization cl	(0)									21	1		
22		·									<del></del>	1		
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than	n line 20,	enter th	e difference	here and	on Forn	1 100	or _		1		
	Form 100W, Side 2,	line 12								🔘	22	1		

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSO	CIATIO	N			Calif	ornia corpo	oration number
		E JOSLYN CEN			1024112					
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California						1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.						2	
3	Threshold cost of IR	C Section 179 prop	erty before reduct	tion in lin	nitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	o or less,	enter -0				4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	e 1. If ze	ro or less,	enter -0			5	
6	(a)	Description of property		<b>(b)</b> Co	ost (business	use only)	(c) Elect	ed cost		
7	Listed property (elec	ted IRC Section 17	79 cost)			7			+	
8	Total elected cost of						ine 7		8	
9	Tentative deduction.									
10	Carryover of disallov									
11	Business income lim		,							
12	IRC Section 179 exp				•	•			12	
13	Carryover of disallow					_			<del>' '-</del>	
Par		nd Election of Additi						356		
14	(a)	(b)	(c)		(d)	(e)	(f)	1	(g)	(h)
14	Description	Date acquired	Cost or		eciation	Depreciation			ciation fo	
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		s year	year
					vable in er years					depreciation
10	ROUND TABLES	3/01/1998	4,234.		4,234.	S/L	111:	7		
		3/26/2003	•		•	200DB				
	AGE & POSTERS		22,840.		22,840.			<u> </u>		
	DITORIUM CHAI	1/01/2005	12,560.	+ -	12,560.		5			
	ACKING CHAIRS	3/21/2006	4,861.	1	4,861.	S/L	-	5		
STO	DRAGE CABINET	9/09/2005	901.	M.	901.	S/L		/		
15	Add the amounts in									
	\$2,000. See instruct	ions for line 14, co	lumn (h)				15			
Par										
16	Total: If the corporat IRC Section 179 exp		ount on line 12 and	d line 15	column (a)	\ <b>0</b> r				
	Additional first year	depreciation under	R&TC Section 24	356, add	the amoun	its on line 1	15, columns	(g) and (	h) <b>or</b>	
	Depreciation (if no e	,,			•	(3)			= =	6
	Total depreciation cl								. 🔘 1	7
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter th	ne difference	ce here and	d on Form 1	00 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation ar	nounts a	re used to	determine i	on Form To	before		
	state adjustments or								. 🔘 1	8
Par	t IV Amortization									
19	(a)	(b)	(c)		(	d)	(e)	(f)		(g)
	Description	Date acquire				ization allowable	R&TC	Perio		Amortization
	of property	(mm/dd/yyyy	v) other ba	ISIS		er years	Section (see instr)	percen	itage	for this year
					50.110	, , , , , , ,	(230 1100)	1		
							+	+		
								+	+	
							+	1		
								1	1	
20	Total. Add the amou	(0)							20	
21	Total amortization cl		•						21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	), enter tl	ne differend	ce here and	d on Form 1	00 or		
	Form 100W, Side 1,	line 6. It line 21 is	less than line 20,	enter the	e difference	here and	on Form 10	0 or (•	33	
	Form 100W, Side 2,	IIIIE 12							) 22	

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY								
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSO	CIATIO	N			Califo	ornia corp	oration	number
	DBA TH	E JOSLYN CEN	NTER		1024112						
Par	t I Election To Ex	pense Certain Pro	perty Under IRC	Section 1	79						_
1	Maximum deduction	under IRC Section	179 for California	3							\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service.						2		
3	Threshold cost of IR		-								\$200,000
4	Reduction in limitation										
5_	Dollar limitation for t		act line 4 from lin						5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) Electe	ed cost			
7	Listed property (elec		•								
8	Total elected cost of										
9	Tentative deduction.								_		
10 11	Carryover of disallov Business income lim		,								
12	IRC Section 179 exp				•	•			12		
13	Carryover of disallow					_			12		
Par		nd Election of Addit						356			
14	(a)	(b)	(c)		(d)	(e)	(f)	1	(g)		(h)
'	Description	Date acquired	Cost or	Depi	eciation	Depreciation		Deprec		or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year		year
					vable in er years						depreciation
тнг	EATER DRAPES	6/20/2006	1,152.		1,152.	S/L	5	;			
	SK - DIANE	6/11/2007	1,570.		1,570.	S/L					
	IT SIGNAGE	7/10/2006	2,033.		2,033.	S/L	5				
	RPOST/MONUMEN	1/10/2007	5,242.		5,242.	S/L	7	1			
	SK - DANIEL'S	3/10/2008	2,089.		2,089.	S/L	1 7	+		-	
15	Add the amounts in \$2,000. See instruct										
Par		10110 101 11110 1 1, 00	Iditio (II) :					1			
16	Total: If the corporat	tion is electina:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	d line 15	column (g)	or					
	Additional first year Depreciation (if no e									6	
17	Total depreciation cl	• • • • • • • • • • • • • • • • • • • •			•	107			$\simeq$ $-$	7	
	Depreciation adjustn										
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or ofere			
	state adjustments or								. ① 1	8	
Par			,		,,.						
19	(a)	(b)	(c)		((	d)	(e)	(f)			(g)
	Description	Date acquire	d Cost		Amorti allowed or		R&TC	Perio			Amortization
	of property	(mm/dd/yyy)	() other ba	asis	in earlie		Section (see instr)	percen	lage		for this year
						<i>y</i> <del>-</del>	(2.2.2)				
20	Total. Add the amou	ints in column (a)	1		<u> </u>		_1	I.	20		
21	Total amortization cl	107							H		
22			•						<del></del>		
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form 100	or _			
	Form 100W, Side 2,	line 12						<u>©</u>	22		

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	ch to Form 100 or For	m 100W. FORI	M 3885	ONLY									
Corpo	ration name COVE C	OMMUNITIES S	SENIOR	ASSOC	IATIC	N			Califo	rnia corp	oratio	n number	
		E JOSLYN CEN	NTER						102	4112	)		_
Par	t I Election To Ex	cpense Certain Pro	perty Un	ider IRC S	ection 1	79							_
1	Maximum deduction									1		\$25 <b>,</b> 000	)
2	Total cost of IRC Se	' ' '	'							2			
3	Threshold cost of IR		-							3		\$200,000	<u>)</u>
4	Reduction in limitation									4			_
5	Dollar limitation for t		act line 4	4 from line	1					5			
6	(a)	Description of property			<b>(b)</b> C	ost (business i	use only)	(c) Electe	d cost				
										_			
										-			
_	Listed property (elec		-										
8	Total elected cost of									8			_
9	Tentative deduction.									9			_
10	Carryover of disallov		•	-						10 11			_
11 12	Business income lim IRC Section 179 exp					•	,			12			_
13	·									12			
Par		nd Election of Addit							856				-
14		(b)				(d)	1			۵)		(b)	=
14	<b>(a)</b> Description	Date acquired		<b>c)</b> st or		eciation	(e) Depreciation	(f) Life or	Depreci	<b>g)</b> ation f	or	<b>(h)</b> Additional first	
	of property	(mm/dd/yyyy)	other	basis		wed or	method	rate		year		year	
						vable in er years						depreciation	
KV	VAI BABY GRAN	11/01/2007	1	0,000.		9,731.	200DB	7					=
	NGO EQUIPMENT	4/20/2009		2,694.		2,694.	S/L	7	•				=
	OUND IMPROVEM			3,989.		33,989.	S/L	39					-
	OUND IMPROVEM			4,640.		4,640.	S/L	5					-
	LDING #1 IMP	1/01/1996		8,070.		28,070.	S/L	5					-
					1			•					=
15	Add the amounts in \$2,000. See instruct												
Par		10115 101 11116 14, 00	iumii (ii)					13					-
	Total: If the corporat	tion is electing:											_
	IRC Section 179 exp	ense, add the amo	ount on li	ne 12 and	line 15,	column (q)	) or						
	Additional first year										_		
17	Depreciation (if no e Total depreciation cl	•								$\overline{}$	7		_
	Depreciation adjustn									<u> </u>	,		_
	Form 100W, Side 1,	line 6. If line 17 is	less that	n line 16.	enter the	e difference	e here and o	on Form 100	or				
	Form 100W, Side 2,	line 12. (If Californ	nia depre	ciation an	nounts a	re used to	determine r	net income b	efore	① 1			
Par	state adjustments or tV Amortization	TOTILIOU OF FOIL	11 10000,	no aujusti	nent is i	iecessary).					0		_
19		(b)		(a)		-	d)	(0)	<i>(</i> A)			(a)	_
13	<b>(a)</b> Description	(b) Date acquire	ed	(c) Cost o	r	Amorti	ization	(e) R&TC	<b>(f)</b> Period	d or		<b>(g)</b> Amortization	
	of property	(mm/dd/yyyy	/)	other bas	sis	allowed or	allowable	Section	percent	tage		for this year	
						ırı earile	er years	(see instr)					_
													_
													_
													_
													_
													_
20	Total. Add the amou	107								20			_
21	Total amortization cl									21			_
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater th	an line 20	, enter t	he difference	ce here and	on Form 100	00 or				
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess ma	n iine zu,	enter th	e umerence	e nere and (	טוו דטוווו 100	or 	22			
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Attac	ch to Form 100 or For	m 100W. FOR	M 3885 ONLY							
Corpo	ration name COVE CO	OMMUNITIES S	SENIOR ASSOC	CIATIO	N			Califo	rnia corpor	ation number
		E JOSLYN CEN						102	4112	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction	under IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						2	
3	Threshold cost of IRO		-						3	\$200 <b>,</b> 000
4	Reduction in limitation								4	
5	Dollar limitation for t		act line 4 from line						5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) Electe	d cost		
									_	
7	Listed property (elec		•							
8	Total elected cost of								8	
9	Tentative deduction.								9	
10 11	Carryover of disallow Business income lim								11	
12	IRC Section 179 exp				•				12	
13	Carryover of disallow			-		_			1	
Par			ional First Year Dep					356		
14	(a)	(b)	(c)		(d)	(e)	(f)	(	g)	(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	n Life or	Depreci	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	this	year	year depreciation
					er years					doprodiation
BUI	LDING #2 IMP	1/01/1996	6,051.		6,051.	S/L	5			
GRO	OUND IMPROVEM	9/01/1998	9,634.		6,371.	S/L	39		247	•
BLI	OG 1 - CARPET	4/22/2000	6,195.		6,195.	200DB	7			
BLI	OG 1 - 8 CEIL	6/05/2001	2,065.		2,065.	200DB	7			
GRO	OUND IMPROV S	6/18/2001	3,500.		3,500.	150DB	15			
15	Add the amounts in	column (g) and co	lumn (h). The total	of colur	nn (h) may	not excee	d			
	\$2,000. See instructi									
	t III Summary									
16	Total: If the corporat IRC Section 179 exp	ion is electing:	unt on line 12 and	Llino 15	column (a)	۸ ۵۲				
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line	15, columns	(g) and (h	ı) <b>o</b> r	
	Depreciation (if no e	, .			•	107				
	Total depreciation cl		•						17	
18	Depreciation adjustments form 100W, Side 1,	nent. If line 1 / is g line 6  If line 17 is	reater than line 16 less than line 16	, enter the	he difference e difference	te here and here and	d on Form 10 on Form 100	00 or Lor		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to	determine	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is r	necessary).				<ul><li>18</li></ul>	
Par	-	4.5				IN.	1 ()	- 40		
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or .	Amorti	<b>d)</b> ization	(e) R&TC	(t) Period	1 or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section	percent		for this year
					in earlie	er years	(see instr)			
20	Total. Add the amou	(0)							20	
21	Total amortization cl		'		,				21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	ce here and	d on Form 10	00 or		
	Form 100W, Side 1,								22	
	· · · · · · · · · · · · · · · · · · ·									

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONI	ıΥ						
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASS	OCIATIO	ON			Californ	nia corpora	ation number
	DBA TH	E JOSLYN CEN	NTER		1024112					
Par		pense Certain Pro								
1	Maximum deduction							ŀ	1	\$25 <b>,</b> 000
2	Total cost of IRC Se							ŀ	2	
3	Threshold cost of IR		-						3	\$200,000
4	Reduction in limitation								4	
	Dollar limitation for t		act line 4 from						5	
6	(a)	Description of property		(b) (	ost (business ı	use only)	(c) Elected	d cost		
	1111		70 "							
7	Listed property (elec		•				: 7		8	
8 9	Total elected cost of Tentative deduction.								9	
10	Carryover of disallow								10	
11	Business income lim		,						11	
12	IRC Section 179 exp				•	-			12	
13	Carryover of disallow					_				
Par		nd Election of Addit						56		
14	(a)	(b)	(c)		(d)	(e)	(f)	<b>(</b> g	1)	(h)
	Description	Date acquired	Cost or		reciation	Depreciation	1 Life or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this y	year	year depreciation
					er years					doprosiation.
LIC	GHTING INDOOR	9/18/2001	2,87	2.	2,872.	200DB	7			
REI	MODELING	1/08/2002	22,30	0.	13,046.	S/L	39		572	
REI	MODELING	2/07/2002	4,97	0.	2,842.	S/L	39		127	
LIC	GHTING - INDO	4/09/2002	1,23	0.	1,230.	200DB	7			
LIC	GHTING - OUTD	4/27/2002	1,28	0.	1,280.	200DB	7			
15	Add the amounts in	column (a) and co	lumn (h). The to	otal of colu	mn (h) mav	not exceed	d			
	\$2,000. See instruct									
Par	t III Summary									
16	Total: If the corporat									
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 a R&TC Section	and line 15 24356. add	, column (g) I the amoun	) <b>or</b> ts on line 1	15. columns (	(a) and (h)	) or	
	Depreciation (if no e								16	
	Total depreciation cl								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line	16, enter t	he difference	e here and	d on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation	amounts a	re used to	determine r	net income b	efore		
	state adjustments or	n Form 100 or Form	n 100W, no adji	ıstment is ı	necessary).				18	
Par					T .				-	
19	<b>(a)</b> Description	(b) Date acquire	(c	st or	Amorti		(e) R&TC	<b>(f)</b> Period	or	(g)
	of property	(mm/dd/yyyy		basis	allowed or		Section	percenta		Amortization for this year
					in earlie	er years	(see instr)			
20	Total. Add the amou	107							20	
21	Total amortization cl		•					1	21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line	20, enter t	he difference	e here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. II IINE ZI IS	iess man line 2	20, enter th	e umerence	nere and	on Form 100	or	22	
	. J									

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Attac	ch to Form 100 or For	m 100W. FORI	4 3885 ONLY									
Corpo	ration name	OMMUNITIES S	SENTOR ASSOC	TATTO	N				Califor	nia corpor	ation number	
		E JOSLYN CEN							102	024112		
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1	\$2	5,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in lin	nitation					3	\$20	0,000
4	Reduction in limitation									4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim				•	-				11 12		
12 13	IRC Section 179 exp Carryover of disallov					_				12		
Parl		nd Election of Additi						n 243	56			
14	•		·	1			1	. 1		٠,	(b)	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		( <b>d)</b> reciation	<b>(e)</b> Depreciation	(f 1 Life		Deprecia	رو ation for	(h) Addition	al first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rat	:e	this	year	yea	r
					vable in er years			_			depreci	ation
CAF	RPORTS	2/07/2002	11,665.		7,839.	S/L	1	39		299		
	RKING LOT CON	4/09/2002		3,042.	S/L		39	1	120			
	RKING LOT PLA	7/10/2002		870.	S/L		39		31			
	RPORTS	4/26/2002	1,222. 12,690.		8,227.	S/L		39		325		
	RPORTS	6/07/2002	2,990.	N. 11	1,949.	S/L		39		77		
	Add the amounts in			of colur			4					
13	\$2,000. See instruct							15				
Parl	III Summary	,					ı.				1	
	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	1E oolu	mne (	a) and (h'	\		
	Depreciation (if no e									<b>(6</b> ) 16		
17	Total depreciation cl	•				,				<ul><li>17</li></ul>		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter tl	he differend	e here and	d on_For	m 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or									18		
Parl	t IV Amortization									•	•	
19	(a)	(b)	(c)			d)	(е	)	_ (f)		(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&T Sect		Period percenta		Amortizat for this ye	
	or property	(IIIIII/aa/yyyy	) Other bas	313	in earlie		(see in		percent	age	ioi tilis ye	aı
20	Total. Add the amou	ints in column (g).								20		
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	n 4562, line	44				21		
22	Amortization adjustn	nent. If line 21 is a	reater than line 20	, enter t	he differenc	e here and	d on For	m 100	or l			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forn	า 100	or	00		
	Form 100W, Side 2,	line 12							🕥	22		

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	ch to Form 100 or For	m 100W. FORI	4 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	N			Califor	nia corporati	on number
		E JOSLYN CEN						102	4112	
Par	Election To Ex	kpense Certain Pro	perty Under IRC S	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.						2	
3	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in Iir	nitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	enter -0				4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	e 1. If ze	ro or less,	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	19 cost)	I		7				
8	Total elected cost of		•				ine 7		8	
9	Tentative deduction.								9	_
10	Carryover of disallov								10	
11	Business income lim		,						11	
12	IRC Section 179 exp				•	•			12	
13	Carryover of disallow									
Par	,	nd Election of Addit						356		
14	(a)	(b)	(c)		(d)	(e)	(f)	1	g)	(h)
• •	Description	Date acquired	Cost or	Depr	eciation	Depreciation		Depreci	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year	year
					vable in er years					depreciation
CAF	RPORTS	7/09/2002	3,200.	04	1,882.	S/L	39		82.	
	RKING LOT ISL	8/08/2002	4,615.		2,709.	S/L	39		118.	
	THROOM REMODE		14,116.		8,308.	S/L	39		362.	
	IND SYSTEM	12/09/2003	5,623.		5,623.		7		302.	
	RKING LOT EXP	3/16/2004	69,013.		35,887.	S/L	39		1,769.	
									1, 109.	
15	Add the amounts in \$2,000. See instruct									
Par		10115 101 11116 14, 00	iumm (m)				13			
16	Total: If the corporal	tion is electing:								
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15.	column (g	) or				
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	its on line 1				
4-	Depreciation (if no e	, ,			,	(3)			=	
	Total depreciation cl								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g line 6. If line 17 is	reater than line 16. Tess than line 16.	enter the	ne aitterence e difference	ce nere and here and o	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to	determine r	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	ment is r	necessary).				18	
Par							T		-	
19	(a)	(b) Date acquire	(c)	\r		<b>d)</b> ization	<b>(e)</b> R&TC	<b>(f)</b> Period	Lor	(g)
	Description of property	(mm/dd/yyyy				allowable	Section	percent		Amortization for this year
		, , , , , , ,	<b>,</b>		in earlie	er years	(see instr)	'	J	Tor this your
20	Total. Add the amou	ints in column (a)	1				1		20	
21	Total amortization cl	107							21	
			•							
22	Amortization adjustr Form 100W, Side 1,	nent. II line 21 IS g line 6. If line 21 is	reater than line 20 less than line 20	, enter t enter th	ne aiπerena e difference	e here and a	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12		· · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<b>o</b>	22	

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY								
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	ON			Cal	ifornia coi	poratio	on number
		E JOSLYN CEI	NTER					10	2411	2	
<u>Par</u>		cpense Certain Pro								1	
1	Maximum deduction										\$25,000
2	Total cost of IRC Se		•								
3	Threshold cost of IR		-								\$200,000
4	Reduction in limitation for the control of the cont										
<u> 5</u>			act line 4 from line	1					. 3		
	(a)	Description of property		(0)	ost (business i	ise only)	(c) Elec	teu cost	_		
									_		
7	Listed property (elec	stad IDC Section 1	79 cost)			7					
8	Total elected cost of		•				ine 7		8	T	
9	Tentative deduction.										
10	Carryover of disallov										
11	Business income lim										
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line	10, but c	lo not enter	more than	line 11		. 12		
13	Carryover of disallov										
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section 2	4356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)	,	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate		ciation is year	tor	Additional first year
	or property	(IIIIII aaryyyy)	01101 54515	allov	wable in	mounou	rato		io your		depreciation
		5 / 5 5 / 5 5 5 5	0.440	earii	er years	- /-					
	THROOM REMODE	6/20/2006	8,440.		3,897.	S/L	3			16.	
	CENTER & OF		3,944.		1,873.	S/L	3		10	01.	
	3 CENTER FLOO		5,896.		4,834.	S/L	1	-			
	V LIGHTING	8/10/2005	2,772.	- 11	2,772.	S/L		7			
	SIDE LIGHTIN	5/10/2006	1,823.	M.	1,823.	S/L	•	7			
15	Add the amounts in \$2,000. See instruct										
Par	t III Summary										
16	Total: If the corporat										_
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 24	i iine 15, 356. add	, column (g) I the amoun	) <b>or</b> ts on line 1	5. columns	s (a) and	(h) <b>or</b>		
	Depreciation (if no e									16	
	Total depreciation cl								⊚_	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	i, enter t	he difference	e here and	l on Form 1	00 or			
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation an	nounts a	re used to	determine r	net income	before			
	state adjustments or	n Form 100 or Forn	n 100W, no adjusti	ment is r	necessary).				💿	18	
Par		1 45				ь.	1 .		•	1	
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or	Amorti		(e) R&TC		<b>f)</b> od or		<b>(g)</b> Amortization
	of property	(mm/dd/yyy)			allowed or	allowable	Section	perce	ntage		for this year
					in earlie	er years	(see instr	)		1	
							1			-	
							1			-	
							1			-	
-00	T-1-1 A ! ! !!						1			1	
20	Total. Add the amou	(0)								-	
21	Total amortization cl	·	·						. 21	-	
22	Amortization adjustr Form 100W, Side 1,	nent. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	), enter t enter th	ne difference e difference	te here and	i on Form 1 on Form 10	100 or 10 or			
	Form 100W, Side 2,	line 12		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<b>22</b>		
	· · · · · · · · · · · · · · · · · · ·	-	<del></del>								

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		<u></u>	<u> </u>							
	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATION				Califor	nia corpora	ation number
		E JOSLYN CEN						102	4112	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	Section 179	)					
1	Maximum deduction	under IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	<u> </u>
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limit	ation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, e	nter -0				4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	e 1. If zero	or less, e	enter -0			5	
6	(a)	Description of property		(b) Cost	(business	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7				
8	Total elected cost of		•				ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim	nitation. Enter the s	smaller of business	s income (	not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do	not enter	more than	line 11		12	
13	Carryover of disallow	ved deduction to 20	025. Add line 9 and	d line 10, l	ess line 1	2	13			
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation D	eduction	Under R&TO	C Section 243	56		
14	(a)	(b)	(c)	(0	d)	(e)	(f)	(	g)	(h)
	Description	Date acquired	Cost or	Depred		Depreciation		Depreci	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowa allowa		method	rate	this	year	year depreciation
				earlier			. •			aopi ociation
SUI	B PANEL	6/20/2006	2,495.	2	2,495.	S/L	5			
NEV	W A/C - CLARK	7/20/2006	3,200.		L,473.	S/L	39		82	
NEV	N A/C - AGEIN	8/10/2006	3,400.		L,555.	S/L	39		87	
	THROOM REMODE	7/20/2006	5,600.		2,586.	S/L	39		144	
9 2	A/C UNITS	8/10/2007	52,500.		055.	S/L	10			
	Add the amounts in									
13	\$2,000. See instructi									
Par		,					<u>I</u>	I.		_ <u> </u>
16	Total: If the corporat	ion is electing:								
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, c	olumn (g)	or	E salumana	ما/ امصمارات	\	
	Additional first year Depreciation (if no e									
17	Total depreciation cl	• • • • • • • • • • • • • • • • • • • •				107			<ul><li>17</li></ul>	
	Depreciation adjustn									
	Form 100W. Side 1.	line 6. If line 17 is	less than line 16.	enter the	difference	here and o	on Form 100	or		
	Form 100W, Side 2, state adjustments or								<ul><li>18</li></ul>	
Par	,	11 01111 100 01 1 0111	1 100vv, 110 aujusti	Herit is the	cessary).				<u> </u>	
19	(a)	(b)	(c)		- (	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas	sis a		allowable	Section	percent	age	for this year
					in earlie	er years	(see instr)			
20	Total. Add the amou	nts in column (g).							20	
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form 4	1562, line	44			21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	difference	ce here and	l on_Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and o	on Form 100	or	22	
	Form 100W, Side 2,	IIIIe 12						<u>©</u>	22	

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	ch to Form 100 or For	m 100W. FOR	M 3885 ONLY								
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATION				Califo	ornia corp	oration num	ber
	DBA TH	E JOSLYN CEN	NTER					102	24112		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179							_
1	Maximum deduction	under IRC Section	179 for California.						1		\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limita	ition				3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, er	nter -0				4		
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero	or less, e	enter -0			5		
6	(a)	Description of property		(b) Cost (	(business ı	use only)	(c) Elect	ed cost			
7	Listed property (elec	ted IPC Section 17	79 cost)			7			-		
8	Total elected cost of		•				ina 7		8		
9	Tentative deduction.								_		
10	Carryover of disallov										
11	Business income lim										
12	IRC Section 179 exp								12		
13	Carryover of disallow			•		_					
Par		nd Election of Additi						356			
14	•		·					1	(a)		(b)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreci		<b>(e)</b> Depreciation	(f) Life or		<b>(g)</b> :iation f	or Ad	<b>(h)</b> ditional first
	of property	(mm/dd/yyyy)	other basis	allowe	d or	method	rate		year		year
				allowab						de	epreciation
		4/10/0000	0.705	earlier y		0./7	100			_	
	EATER SI	4/10/2008	2,725.		<u>,135.</u>	S/L	39			0.	
	CHEN REMODEL	2/10/2009	26,770.	26	<u>,770.</u>	S/L	1 1	-			
STA	AGE LIGHTING	8/01/1998	585.		585.	S/L	7	_			
PI	ANO DOLLY	3/01/1999	550.	. 1	550.	S/L	7	7			
BAI	BY GRAND PIAN	1/01/2005	8,740.	8	740.	200DB	7	7			
15	Add the amounts in	column (g) and co	lumn (h). The total	of column	(h) may	not exceed	1				
	\$2,000. See instruct										
Par	t III Summary										
16	Total: If the corporat										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, co	lumn (g)	) or	F	(-i) - i   (	l-X		
	Additional first year Depreciation (if no e									6	
17	Total depreciation cl	,,		,		(3)			$\sim$	7	
	Depreciation adjustn								· • -	-	
	Form 100W. Side 1.	line 6. If line 17 is	less than line 16.	enter the di	ifference	here and o	on Form 100	0 or			
	Form 100W, Side 2,								. ① 1		
Par	state adjustments or t IV Amortization	TFOIII 100 OF FOIII	1 100vv, 110 aujusti	Hent is nec	essary).				<u>.                                    </u>	0	
19		(h)	(0)			٦/	(0)	(6)	. 1		(m)
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	or	Amorti	<b>d)</b> ization	(e) R&TC	(f) Perio		Δmc	<b>(g)</b> ortization
	of property	(mm/dd/yyyy			lowed or	allowable	Section	percen			this year
					in earlie	er years	(see instr)				
							<u> </u>				
					<del></del>						
20	Total. Add the amou	nts in column (a).							20		
21	Total amortization cl	(0)							21		
22			•								
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the di	ifference	here and	on Form 10	0 or _			
	Form 100W, Side 2,	line 12	<u> </u>					<u> </u>	22		

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	ch to Form 100 or For	m 100W. FORI	м 3885	ONLY										
Corpo	ration name COVE C	OMMUNITIES S	SENIOR	ASSOC	IATIC	N				Califor	nia cor	ooratio	on number	
		E JOSLYN CEI	NTER							102	4112	2		
Par		kpense Certain Pro												
1	Maximum deduction										1		\$25,000	j
2	Total cost of IRC Se										2			_
3	Threshold cost of IR		-								3		\$200,000	-
4	Reduction in limitation										5			_
<u>5</u>	Dollar limitation for t		act line 4	irom ime							3			
0	(a)	Description of property			(a) (	ost (business i	use only)	(c	) Elected	1 COST				
7	Listed property (ales	stad IDC Spation 1	70 anot)				7							
8	Listed property (electronic Total elected cost of							line 7			8	Г		
9	Tentative deduction.										9			_
10	Carryover of disallov										10			_
11	Business income lim			-							11			_
12	IRC Section 179 exp					•					12			
13	Carryover of disallov	wed deduction to 20	025. Add li	ne 9 and	d line 10	, less line 1	2	13						
Par	t II Depreciation ar	nd Election of Addit	ional First `	Year Dep	reciation	Deduction	Under R&T	C Secti	on 243	56				
14	(a)	(b)	(c)			(d)	(e)		f)	_ (	g)	,	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost other b			reciation wed or	Depreciatio method		e or te	Depreci	ation year	for	Additional first year	
	or property	(IIIII/dd/yyyy)	Other t	00313	allov	wable in	metriou	10	itC	uns	ycai		depreciation	
					earli	er years								_
	MICROPHONES	1/31/2006		,254.		1,254.	S/L		7					_
	RELESS MICS	12/20/2006		,000.		2,000.	S/L		7					_
	RELESS MICS	8/21/2006		,000.		2,000.	S/L		7					
	CONDENSOR	7/02/2010		,250.	. 1	3,250.	S/L		7					
PHO	ONE SYSTEM	4/20/2011	8	,924.		8,255.	S/L		5					
15	Add the amounts in \$2,000. See instruct	column (g) and co tions for line 14, co	lumn (h). lumn (h).	The total	of colur	mn (h) may	not excee	ed 	15					
Par	t III Summary													
16	Total: If the corporat			10										
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line R&TC Sec	e 12 and ction 243	line 15, 356. add	, column (g) the amoun	) <b>or</b> ts on line	15. colu	ımns (	(a) and (h	) or			
	Depreciation (if no e											16		
	Total depreciation cl										$\odot$	17		
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than	line 16,	, enter t	he difference	e here and	d on For	rm 100	0 or				
	Form 100W, Side 2,	line 12. (If Californ	nia depreci	iation am	nounts a	re used to	determine	net inc	ome be	efore				
	state adjustments or	n Form 100 or Forn	n 100W, no	o adjustn	nent is r	necessary).					•	18		
Par		1	1											
19	<b>(a)</b> Description	(b) Date acquire	,d	(c) Cost o	ır		<b>d)</b> ization	R&	<b>:)</b>	<b>(f)</b> Period	l or		<b>(g)</b> Amortization	
	of property	(mm/dd/yyy)		other bas		allowed or	allowable	Sec	tion	percent			for this year	
						in earlie	er years	(see	nstr)					_
														_
														_
														_
														_
														_
20	Total. Add the amou	(0)									20			_
21	Total amortization cl	·									21			_
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than	n line 20	, enter t	he difference	ce here and	d on For	rm 100	0 or				
	Form 100W, Side 1,	line 12								<b>•</b>	22			
												-		-

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpoi	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	N			Califor	nia corporation	on number
		E JOSLYN CEN						102	4112	
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California						1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.						2	
3	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in Iir	nitation				3	\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	e 1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) Elected	d cost		
7	Listed property (elec	ted IRC Section 17	79 cost)	I.		7				
8	Total elected cost of		•				ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim		'						11	
12	IRC Section 179 exp				•	•			12	
13	Carryover of disallov					_				
Parl		nd Election of Addit						56		
14	(a)	(b)	(c)		(d)	(e)	(f)	(9	1)	(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciation		Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	this	year	year depreciation
					er years					depreciation
FRE	EEZER	5/15/2011	41,213.		39,003.	S/L	7			
	GITAL TELEVIS	6/25/2012	2,400.		2,400.	S/L	7			
	RIGATION METE		7,283.		5,589.	S/L	15		486.	
	ED-LAWN BOWLI	6/03/2013	3,484.		2,668.	S/L	15		232.	
	DIR COMPUTE	6/30/2013	779.		312.	S/L	5		252.	
				77						
15	Add the amounts in \$2,000. See instruct									
Parl		10113 101 11116 14, 00	idiriti (ii)							
16	Total: If the corporal	tion is electing.								
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15,	column (g)	or or				
	Additional first year									
17	Depreciation (if no e	,,			,	(3)			16	
	Total depreciation of								17	
18	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is g	less than line 16.	enter th	e difference	here and o	on Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to	determine r	net income b	efore		
_	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	ment is r	necessary).				<ul><li>18</li></ul>	
Parl		1	1		_					
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or.		<b>d)</b> ization	(e) R&TC	<b>(f)</b> Period	or	(g)
	of property	(mm/dd/yyy)			allowed or		Section	percent		Amortization for this year
		` , , , , , , , , , , , , , , , , , , ,	,		in earlie	er years	(see instr)	<u> </u>		
				·						
20	Total. Add the amou	ints in column (a)	1		1		ı		20	
21	Total amortization cl	107							21	
			•							
22	Amortization adjustr Form 100W, Side 1,	nent. II line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter t enter th	ne aiπerence e difference	e here and a	on Form 10	or or		
	Form 100W, Side 2,	line 12						<b>•</b>	22	

TAXABLE YEAR

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	× 10

Attac	th to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpor	ration name COVE C	OMMUNITIES S		TATIO	N			Califor	nia corpora	tion number
		E JOSLYN CEN						102	4112	
Part	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction	under IRC Section	179 for California.						1	\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR		-						3	\$200 <b>,</b> 000
4	Reduction in limitation								4	
5_	Dollar limitation for t		act line 4 from line	1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	ise only)	(c) Elected	d cost		
7	Listed property (elec		•						- 1	
8	Total elected cost of								8	
9	Tentative deduction.								9	
10	Carryover of disallov								10 11	
11 12	Business income lim IRC Section 179 exp				•	-			12	
13	Carryover of disallov					_			12	
Parl		nd Election of Addit						56		
14	(a)	(b)	(c)		(d)	(e)	(f)		g)	(h)
1-4	Description	Date acquired	Cost or		eciation	Depreciation		Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year	year
					vable in er years					depreciation
LR	COMPUTER	6/30/2013	779.		312.	S/L ı	5			
	ER METER BLD		2,413.		1,878.	S/L	15		161.	
	COMPUTER	8/01/2013	1,138.		437.	S/L	5			
SEF	RVER DRIVES	12/31/2013	1,975.	4	593.	S/L	5			
	COMPUTER	4/30/2014	825.		193.	S/L	5			
	Add the amounts in			of colur			,			
	\$2,000. See instruct									
Parl	III Summary	·					<u>'</u>			•
16	Total: If the corporat									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)	or ts on line 1	5 columns (	a) and (h	) or	
	Depreciation (if no e								<b>(6)</b> 16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form	n 4562, line	22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	l on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,									
	state adjustments or								<ul><li>18</li></ul>	
Part	IV Amortization									
19	(a)	(b)	(c)			d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or		R&TC Section	Period percent		Amortization for this year
	or property	(	,		in earlie	er years	(see instr)	To	9-	Tor triis year
20	Total. Add the amou	ınts in column (g).							20	
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	d on_Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form 100	or	22	
	Form 100W, Side 2,	IIIIe IZ						<u> </u>	22	

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	ch to Form 100 or For	m 100W. FORM	M 3885 ONLY											
Corpo	COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER 1024112  Art   Election To Expense Certain Property Under IRC Section 179													
		E JOSLYN CEN	NTER					102	4112					
Par														
1	Maximum deduction								1	\$25,000				
2	Total cost of IRC Se		•						2					
3	Threshold cost of IR		-						3	\$200 <b>,</b> 000				
4	Reduction in limitation								5					
5	Dollar limitation for t		act line 4 from line						5					
6	(a)	Description of property		(b) C	ost (business ı	ise only)	(c) Electe	d cost						
7			•											
8	Total elected cost of								8					
9	Tentative deduction.								9					
10 11	Carryover of disallov Business income lim		,						10 11					
12	IRC Section 179 exp				•	•			12					
13	·								12					
Par		nd Election of Additi						856						
14	(a)	(b)	(c)		(d)	1			۳۱	(h)				
14	Description	Date acquired	Cost or	Depr	eciation	(e) Depreciation	(f) Life or	Deprecia	<b>g)</b> ation fo					
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year	year				
					vable in er years					depreciation				
חכ	COMPUTER	4/30/2014	825.		193.	S/L	5							
	COMPUTER	4/30/2014	825.		193.	S/L	5							
	COMPUTER	4/30/2014	825.		193.	S/L	5							
	RPET	9/26/2013	8,724.		1,018.	S/L	5							
ROC		6/30/2014	97,954.		25,120.	S/L	39		2,512	<u> </u>				
							1	•	Z, JIZ	4 • <u> </u>				
	Add the amounts in \$2,000. See instruct													
Par														
16	Total: If the corporat IRC Section 179 exp	tion is electing:	unt on line 12 and	Llino 15	column (a)									
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1	5, columns	(g) and (h	) or					
	Depreciation (if no e								<ul><li>16</li></ul>					
	Total depreciation cl								17	7				
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the	he difference	e here and	on Form 10	0 or						
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to a	determine r	net income b	efore						
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	ment is r	necessary).				① 18	3				
Par	t IV Amortization		1				1							
19	(a)	(b)	(c)			d)	(e) R&TC	<b>(f)</b> Period	٥٢	(g)				
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		Section	percent		Amortization for this year				
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>,</b>		in earlie	er years	(see instr)	'	J					
20	Total. Add the amou	ints in column (g).							20					
21	Total amortization cl	107							21					
22	Amortization adjustn	nent. If line 21 is a	reater than line 20	. enter t	he differenc	e here and	on Form 10	0 or						
_	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and o	on Form 100	or						
	Form 100W, Side 2,	line 12						🕑	22					

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSO	CIATIO	N			Califor	rnia corpor	ation number
		E JOSLYN CEN						102	4112	
Par	t   Election To Ex	pense Certain Pro	perty Under IRC	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California	1					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.						2	
3	Threshold cost of IR	C Section 179 prop	erty before reduct	tion in Iir	nitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	o or less	, enter -0				4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	e 1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c) Electe	d cost		
	, , ,				,		• •		-	
									-	
									-	
									-	
7	Listed property (elec	ted IRC Section 17	79 cost)			7			-	
8	Total elected cost of		•				ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim		'						11	
12	IRC Section 179 exp				•	•			12	
13	Carryover of disallov									
Par		nd Election of Addit						356		
14	(a)	(b)	(c)	<u> </u>	(d)	(e)	(f)	1	g)	(h)
1-	Description	Date acquired	Cost or		eciation	Depreciation			ation for	
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year	year
					vable in er years					depreciation
	SHTING FIXTUR	6/05/2014	1,285.		867.	S/L	15		86	
	LATUBES-SKYLI	5/28/2014	2,175.		1,462.	S/L	15		145	-
	CHEN WARES	6/02/2014	1,151.		$\frac{1,462.}{1,151.}$	S/L	5		143	•
							_			
	RVER & SOFTWA	3/31/2015	5,395.		5,395.	S/L	5			
COL	MERCIAL MICR	10/30/2014	5,067.		5,067.	S/L	5			
15	Add the amounts in \$2,000. See instruct									
Par								<u>I</u>		
16	Total: If the corporat	tion is electina:								
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	d line 15,	column (g)	or				
	Additional first year Depreciation (if no e									
17	Total depreciation cl	,,			,	(3)			17	
	Depreciation adjustn								<u>"</u>	
.0	Form 100W. Side 1.	line 6. If line 17 is	less than line 16.	enter the	e difference	here and	on Form 100	or		
	Form 100W, Side 2,								<b>a</b> 10	
Davi	state adjustments or	n Form 100 or Forn	n 100w, no adjust	ment is r	necessary).				18	
<u>Par</u>		(h)	(0)		-	۵۱	(0)	(6)		(m)
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or	(c Amorti		(e) R&TC	<b>(f)</b> Period	l or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	Section	percent		for this year
					in earlie	er years	(see instr)			
20	Total. Add the amou	ints in column (g).							20	
21	Total amortization cl	laimed for federal r	ourposes from fed	eral Forn	n 4562, line	44			21	
22			•							
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form 100	or		
	Form 100W, Side 2,	line 12						🕑	22	

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	N			Califor	nia corporati	on number
	DBA TH	E JOSLYN CEN	NTER					102	4112	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction	under IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	nitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0				4	
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	e 1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business i	use only)	(c) Elected	d cost		
7	Listed property (elec	ted IRC Section 17	79 cost)			7				
8	Total elected cost of		•				ne 7		8	
9	Tentative deduction.								9	_
10	Carryover of disallov								10	
11	Business income lim								11	
12	IRC Section 179 exp				•	•			12	
13	Carryover of disallov					_				
Par		nd Election of Addit						56		
14	(a)	(b)	(c)		(d)	(e)	(f)	(9	1)	(h)
• •	Description	Date acquired	Cost or		eciation	Depreciation		Deprecia		Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year	year
					vable in er years					depreciation
DRI	NKING FOUNTA	10/24/2014	1,461.		938.	S/L	15		97.	
	E'S OFFICE FU		1,745.		1,549.	S/L	5		<u> </u>	
	TERIOR LIGHTI		5,350.		3,213.	S/L	15		357.	
_	BBY FURNITURE	5/01/2015	10,105.		9,768.	S/L	5		337.	
_	P IRRIGATION	6/13/2016	3,605.		2,142.		15		213.	
				14.	_		1		213.	
15	Add the amounts in \$2,000. See instruct									
Par	t III Summary									
16	Total: If the corpora									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	l line 15, 356. add	the amoun	) <b>or</b> Its on line 1	5 columns (	a) and (h	Or	
	Depreciation (if no e								<b>( )</b> 16	
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form	n 4562, line	22			17	
18	Depreciation adjustr	nent. If line 17 is g	reater than line 16	, enter t	he differenc	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16.	enter the	e difference	here and c	on Form 100	or		
	state adjustments or								18	
Par									<u> </u>	
19	(a)	(b)	(c)		(	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyy)	v) other ba	SIS	allowed or in earlie		Section (see instr)	percent	age	for this year
					iii caille	or yours	(300 111311)			
20	Total. Add the amou	107							20	
21	Total amortization c		•						21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter t	he differend	ce here and	on Form 10	0 or		
	Form 100W, Side 1,	line 6. It line 21 is	iess than line 20,	enter the	e difference	nere and o	on Form 100	or •	22	
	Form 100W, Side 2,	IIIIe I∠						<b>9</b>	22	

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Attac	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY								
Corpor	ration name COVE C	OMMUNITIES S		CIATIO	N				Californ	nia corporat	ion number
		E JOSLYN CEI							1024	1112	
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						[	2	
3	Threshold cost of IR		-						-	3	\$200 <b>,</b> 000
4	Reduction in limitation									4	
5_	Dollar limitation for t		act line 4 from line	1. If ze	ro or less, e	enter -0				5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) l	lected	cost		
7	Listed property (elec		•								
8	Total elected cost of									8	
9	Tentative deduction.								l <del>-</del>	9	
10	Carryover of disallov								-	10 11	
11 12	Business income lim IRC Section 179 exp				•	-			-	12	
13	Carryover of disallov					_				12	
Parl		nd Election of Addit						2435	6		
14	(a)	(b)	(c)	l	(d)	(e)	(f)		(g	`	(h)
14	Description	Date acquired	Cost or		eciation	Depreciation		or	Deprecia	tion for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	)	this y	/ear	year
					vable in er years						depreciation
TUF	RF CONVERSION	10/20/2015	49,244.		30,703.	150DB	111	15	2	905.	
	LDING #1 FLO	6/27/2016	41,423.		10,567.	S/L		39		,062.	
	LDING #2 FLO	6/27/2016	33,779.		8,617.	S/L		39		866.	
	IDS IMPV (TRE		7,925.	4	4,004.	S/L		15		528.	
	JRTYARD TURF	6/19/2017	26,230.		12,243.	S/L		15	1	,749.	
	Add the amounts in				_		4				
	\$2,000. See instruct							15			
Parl	t III Summary						•				
16		tion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15, 856. add	column (g)	) <b>or</b> ts on line 1	15 colun	nns (n	ı) and (h)	or	
	Depreciation (if no e									<b>(i</b> ) 16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form	4562, line	22				17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter tl	ne differenc	e here and	d on_Forr	n 100	or		
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or									18	
Parl	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)		_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&T		Period percenta		Amortization for this year
	or property	(11111111111111111111111111111111111111	outer but	010	in earlie		(see in		porconte	.go	ioi tilis yeai
20	Total. Add the amou	ints in column (g).								20	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form	1 4562, line	44				21	
22	Amortization adjustr	nent. If line 21 is a	reater than line 20	, enter t	he differenc	e here and	d on Forr	n 100	or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 c	or	22	
	Form 100W, Side 2,	ııne ız							🔘	22	

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	ch to Form 100 or For	m 100W. FORI	M 3885	ONLY										
Corpo	ration name COVE CO	OMMUNITIES S	SENIOR	ASSOC	IATIC	N				Califor	nia cor	poratio	n number	
	DBA TH	E JOSLYN CEN	NTER							102	4112	2		
Par	t I Election To Ex	pense Certain Pro	perty Und	der IRC S	ection 1	79								
1	Maximum deduction										1		\$25 <b>,</b>	<u>000</u>
2	Total cost of IRC Sec		•								2			
3	Threshold cost of IR		-								3		\$200,	<u> 000</u>
4	Reduction in limitation										4			
5	Dollar limitation for t	-	act line 4	from line							5			
6	(a)	Description of property			<b>(b)</b> C	ost (business i	use only)	(c) El	ected co	st				
_	Listed property (elec											ı		
8	Total elected cost of										8			
9	Tentative deduction.										9			
10	Carryover of disallow			-							10			
11 12	Business income lim IRC Section 179 exp					•					11 12			
13							_				12			
Par	,	nd Election of Addit							24356					
14	-	(b)				(d)					~1		(h)	
14	<b>(a)</b> Description	Date acquired	(c) Cost			eciation	(e) Depreciation	(f) Life o	r D	epreci	<b>g)</b> ation	for	<b>(h)</b> Additional fi	rst
	of property	(mm/dd/yyyy)	other	basis		wed or	method	rate			year		year	_
						vable in er years							depreciatio	n
SUE	RVEILLANCE EQ	5/01/2017	Q	639.		9,639.	S/L	. 11	5					
	CENTER REFU	6/21/2017		1,150.		2,541.	S/L		39		36	53.		
	T SIGN REPLA	8/01/2016		788.		1,788.	S/L		5			<del>, , , ,</del>		
	EATER WIRING	1/31/2017		350.		830.	S/L		39		11	2.		
	EEN ROOM REFU	6/21/2017		,199.		217.	S/L		39			31.		
					14.			1 1				,		
15	Add the amounts in \$2,000. See instruction								5					
Par		10113 101 11116 14, 00	iumii (ii).					•				<u> </u>		
	Total: If the corporat	ion is electing.												
	IRC Section 179 exp	ense, add the amo	ount on lin	e 12 and	line 15,	column (g)	or or							
	Additional first year of Depreciation (if no e											16		
17	Total depreciation cl	•									$\simeq$ $\vdash$	17		
	Depreciation adjustm											•		
	Form 100W, Side 1,	line 6. If line 17 is	less than	line 16,	enter the	e difference	e here and o	on Form 1	100 or					
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	าเล deprec n 100W n	iation am	10unts a nent is r	re used to (	determine r	net incom	e beto	re	•	18		
Par		11 01111 100 01 1 0111	11 10011, 11	io aajastii	HOTIC 15 I	iccossary).								
19	(a)	(b)		(c)		(	d)	(e)		(f)			(g)	
	Description	Date acquire		Cost o		Amorti	ization	R&TC		Period			Amortization	
	of property	(mm/dd/yyyy	/)	other bas	SIS		allowable er years	Section (see ins		ercent	age		for this year	
						III Cariic	or yours	(300 1113	.,					
									+			<b> </b>		
									+			<b> </b>		
									+			<del>                                     </del>		
									+					
20	Total Add the exercise	nto in column (=)						1	1		20			
20	Total. Add the amou	107												
21	Total amortization cl										21	-		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater tha less than	n line 20 line 20	, enter t enter th	ne aitterence e difference	ce nere and here and o	on Form	100 c 00 or	or				
	Form 100W, Side 2,	line 12	····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		💿	22	L		

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Attac	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	N			Cali	fornia corpo	ration number
		E JOSLYN CEN	NTER					10	24112	
Par		cpense Certain Pro								
1	Maximum deduction									\$25,000
_	Total cost of IRC Se	1 1 2	•							2000 000
3	Threshold cost of IR									\$200,000
4 5	Reduction in limitation for the control of the cont									
6		Description of property	act line 4 from line		ost (business i		(c) Elect		. ] ]	
	(a)	Description of property		(n) 0	usi (busiliess i	ise only)	(C) Elect	eu cost		
7	Listed property (elec	ted IRC Section 17	79 cost)			7				
8	Total elected cost of						line 7		8	
9	Tentative deduction.									
10	Carryover of disallov									
11	Business income lim									
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but d	lo not enter	more than	line 11		. 12	
13	Carryover of disallov									
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)	Dam	(d)	(e)	(f)	Dames	(g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	n Life or rate		ciation fo s vear	r Additional first year
		(****** 2.2. ) ) ) )		allov	vable in				- ,	depreciation
		6 /05 /0017	4 070		er years	0 /7	-	-		
	S LINE METER	6/05/2017	4,970.		4,970.	S/L				
	RPET AND TILE	9/30/2016	6,780.		6,780.	S/L				
	CARD TABLE ARMED CHAIRS	9/03/2016	1,245.		1,245.	S/L S/L		5		
		9/03/2016 10/31/2016	1,665. 588.	-11	1,665. 588.	S/L		5		
	NDENSOR FAN				_		<u> </u>	7		
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	of colur	nn (h) may	not excee	d <b>15</b>			
Par		10113 101 11116 14, 00	iditit (ii)				13			
16	Total: If the corporat	tion is electina:								
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15,	column (g)	or	15 1		4.5	
	Additional first year Depreciation (if no e									;
17	Total depreciation cl	• •				107			$\simeq$ $-$	
	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	d on Form 1	00 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form 10	0 or before		
	state adjustments or								💿 18	:
Par	t IV Amortization		·							•
19	(a)	(b)	(c)			d)	(e)	_ (f		(g)
	Description of property	Date acquire (mm/dd/yyy)	d Cost o		Amorti allowed or	zation	R&TC Section	Perio percer		Amortization for this year
	σ. ρ. σρσ. τ	(11111111111111111111111111111111111111	,	0.0	in earlie		(see instr)	p 0. 00.	nage	ioi tilis yeal
20	Total. Add the amou	ınts in column (g).							. 20	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Forn	n 4562, line	44			. 21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	d on Form 1	00 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 10	0 or (	22	
	Form 100W, Side 2,	IIIIC 12							22	

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		-	-							
	ch to Form 100 or For	m 100W. FORI	M 3885 ON:	LY						
Corpo	ration name COVE C	OMMUNITIES :	SENIOR ASS	SOCIATIO	ON			Califor	rnia corpor	ration number
		E JOSLYN CEI						102	4112	
Par	t I Election To Ex	pense Certain Pro	perty Under IF	C Section	179					
1	Maximum deduction	under IRC Section	179 for Califor	nia					1	\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in servi	ce					2	
3	Threshold cost of IR		-						3	\$200,000
4	Reduction in limitation								4	
	Dollar limitation for t		act line 4 from						5	
6	(a)	Description of property		(b) (	Cost (business u	use only)	(c) Elected	d cost		
7	Listed property (elec		•							
8	Total elected cost of								8	
9	Tentative deduction.								9	
10 11	Carryover of disallov Business income lim								10 11	
12	IRC Section 179 exp				•	,			12	
13	Carryover of disallow					_			12	
Par		nd Election of Addit						56		
14	(a)	(b)	(c)	- op: co.u.u.o.	(d)	(e)	(f)		g)	(h)
	Description	Date acquired	Cost or	Dep	reciation	Depreciation		Depreci	ation fo	
	of property	(mm/dd/yyyy)	other basis		owed or	method	rate	this	year	year
					wable in ier years					depreciation
<u>דיינז</u>	LITY CARTS	2/03/2017	1,31		1,315.	S/L	5			
	FICE CHAIRS D	3/03/2017	•	9.	739.	S/L	5			
_	HAUST FANS	6/30/2017	1,33		1,333.	S/L	5			
_	INKING FOUNTA	2/03/2017	2,55		2,558.	S/L	5			
	RIGERATOR	1/31/2017	2,22		2,223.	S/L	5			
15	Add the amounts in \$2,000. See instruct									
Par		10110 101 11110 1 1, 00	Idirit (II)							
16	Total: If the corporat	tion is electina:								
	IRC Section 179 exp	ense, add the amo	ount on line 12	and line 15	, column (g)	or			,	
	Additional first year Depreciation (if no e									
17	Total depreciation cl	,,			,	(3)			<ul><li>17</li></ul>	
	Depreciation adjustn									
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line	<ol><li>enter th</li></ol>	e difference	here and	on Form 100	or		
	state adjustments or								18	3
Par			,		,,.				<u> </u>	
19	(a)	(b)	(	c)	((	d)	(e)	(f)		(g)
	Description	Date acquire	d Co	st or	Amorti allowed or		R&TC	Period		Amortization
	of property	(mm/dd/yyy)	() Other	basis	in earlie		Section (see instr)	percent	age	for this year
					22	<i>y</i> · <del>-</del>				
					1		1			
					1		1			
20	Total. Add the amou	ints in column (a)	I		I		1		20	
21	Total amortization cl	(0)							21	
		·	•							
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line	20, enter th	e difference	here and	on Form 100	or ~		
	Form 100W, Side 2,	line 12						🕑	22	

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Attac	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S		TATTO	N			Califo	rnia corpor	ation number
		E JOSLYN CEI		, 1111 10			102	024112		
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	· · ·
3	3 Threshold cost of IRC Section 179 property before reduction in limitation									\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> Co	ost (business ı	use only)	(c) Electe	ed cost		
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7				
8	Total elected cost of								8	
9	Tentative deduction.								9	
10	Carryover of disallov		,						10	
11	Business income lim				•	-			11 12	
12 13	IRC Section 179 exp Carryover of disallov					_			12	
Parl		nd Election of Addit						356		
14	•	ı					1	1	·~\	(b)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		<b>(d)</b> eciation	<b>(e)</b> Depreciation	(f) 1 Life or	Deprec	i <b>g)</b> iation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this	year	year
					vable in er years					depreciation
FTF	RE SYSTEM WIR	8/21/2017	6,140.		1,080.	S/L	39	1	157	
	RKING LOT RES		4,549.	S/L	15	_	700			
	ERIOR PAINT	6/13/2018	10,488. 25,120.		3,891.	S/L	39		644	
	JECTOR & SCR	4/30/2018	2,298.		2,298.	S/L	5			
	OR PERFECT S	9/13/2017	2,595.	711	2,595.	S/L	3	1		
	Add the amounts in			of colur			4			
	\$2,000. See instruct									
Parl	t III Summary						•	•		_
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	line 15, 856. add	the amoun	o <b>r</b> ts on line 1	15 columns	(a) and (h	n) or	
	Depreciation (if no e									
	Total depreciation cl		•						. 🔘 17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter th	ne differenc	e here and	on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,									
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is r	ecessary).				. 💿 18	
Parl	t IV Amortization									
19	(a)	(b)	d (c)		(c Amorti	d) Zotion	(e) R&TC	(f) Period		(g)
	Description of property	Date acquire (mm/dd/yyyy			allowed or		Section	percent		Amortization for this year
		, , , , , ,			in earlie	er years	(see instr)	,		
20	Total. Add the amou	ints in column (g).							20	
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Form	14562, line	44			21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter tl	ne differend	e here and	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,								22	
	i office 100W, Stue 2,	IIIIC 12							/ 22	

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	ch to Form 100 or For	m 100W. FORI	1 3885 ONLY							
Corpo	ration name COVE CO	OMMUNITIES S	SENIOR ASSOC	CIATIO	ON			Califor	nia corporati	on number
		E JOSLYN CEN						102	4112	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California						1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service.						2	
3	Threshold cost of IRO	C Section 179 prop	erty before reduct	ion in lir	nitation				3	\$200,000
4	Reduction in limitation		-						4	•
5	Dollar limitation for t	axable year. Subtra	act line 4 from line	e 1. If ze	ro or less, e	enter -0			5	
6		Description of property			ost (business i		(c) Electe			
		1 117		(1)	•	,,				
				1						
_			10 1)			-				
7	Listed property (elec		•				. 7			
8	Total elected cost of								9	
9	Tentative deduction.									
10	Carryover of disallow		'						10	
11	Business income lim				•	•			11 12	
12	IRC Section 179 exp					_			12	
13	Carryover of disallow	rea deduction to 20						EC		
Par	•			reciation			1			
14	(a)	(b)	(c)	Don	(d)	(e)	(f) Life or		g) ation for	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	rate	this	ation for vear	Additional first year
	o. p. op o. ty	(	511.01 Buolo	allov	wable in				<i>,</i> • • • • • • • • • • • • • • • • • • •	depreciation
				earli	er years					
WII	FI KIT FOR SE	5/15/2018	1,206.		1,206.	S/L	5			
MET	TAL EDGING -	2/28/2019	3,465.		1,270.	S/L	15		231.	
PAF	RKING LOT LIG	6/26/2019	5,969.		2,189.	S/L	15		398.	
BLI	OG 1 - FIXTUR	5/15/2019	749.		553.	S/L	7	107.		
	OG 2 - FIXTUR	5/15/2019	749.	1.11	553.	S/L	7		107.	
				1	_					
13	Add the amounts in \$2,000. See instructi									
Par		0115 101 11116 14, 001	umm (m)	<u> </u>	<u> </u>		13			
16	Total: If the corporat	ion is alastina:								T
10	IRC Section 179 exp		unt on line 12 and	d line 15	column (a)	or or				
	Additional first year	depreciation under	R&TC Section 24	356, add	the amoun	its on line 1				
	Depreciation (if no e	•			•	,				
	Total depreciation cl								17	
18	Depreciation adjustments form 100W, Side 1,	nent. It line 1 / is gi	reater than line 16	o, enter t	he difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	iia depreciation ar	nounts a	re used to	determine r	net income b	efore		
	state adjustments or	Form 100 or Form	n 100W, no adjusti	ment is r	necessary).				18	
Par	t IV Amortization									
19	(a)	(b)	(c)			d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&TC Section	Period percent		Amortization
	or property	(IIIII/dd/yyyy	) Other ba	1515		er years	(see instr)	percent	aye	for this year
					22	<i>y</i> • <del>-</del>	()			
										_
20	Total. Add the amou	107							20	
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Forn	n 4562, line	44			21	
22	Amortization adjustments Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	), enter t	he differend	ce here and	on Form 10	0 or	_	
	Form 100W, Side 1,	line 6. If line 21 iš	less than line 20,	enter th	e difference	here and o	on Form 100	or	00	
	Form 100W, Side 2,	ııne 12						<u> </u>	22	

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200	<i>,</i>
-5/5/	<b>'</b>

		•	-							
	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	N			Califo	rnia corpo	ration number
	DBA TH	E JOSLYN CEN	NTER					102	4112	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California						1	\$25 <b>,</b> 000
2	Total cost of IRC Sec	ction 179 property	placed in service.						2	
3	Threshold cost of IR	C Section 179 prop	erty before reduct	ion in lin	nitation				3	\$200 <b>,</b> 000
4	Reduction in limitation								4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	e 1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> Co	ost (business i	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7				
8	Total elected cost of								8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8						9	
10	Carryover of disallov								10	
11	Business income lim				•	,			11	
12	IRC Section 179 exp					_			12	
13	Carryover of disallow							NEC		
Par	•	nd Election of Addit	•					1		
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or		(d) eciation	(e) Depreciation	(f) Life or	Depreci	<b>g)</b> ation fo	(h) or Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		year	year
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			vable in					depreciation
	NE 6 3/G TO	1 /1 4 /0010	7 470		er years	0./7	20		100	<u> </u>
	AT & A/C - LO	1/14/2019	7,479.		1,048.	S/L	39 7		192	
	BBY FURNITURE	5/31/2019	10,260.	ļ .	8,885.	200DB			916	).
	. EQUIP - WEL	4/23/2019	20,980.	-	20,980.	S/L	5			
	GHTING/SOUND	6/27/2019	2,952.	. 11	2,952.	S/L	5			
FR.	IDGE FREEZER	6/30/2019	4,505.	M.	4,505.	S/L	5			
15	Add the amounts in									
	\$2,000. See instruct	ions for line 14, co	lumn (h)				15			
Par										
16	Total: If the corporat IRC Section 179 exp		ount on line 12 and	l line 15	column (a)	) or				
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	its on line 1				
	Depreciation (if no e	,,			*	(3)			~ _	
	Total depreciation cl								17	7
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than line 16 Tess than line 16	, enter the	ne difference	ce here and here and o	l on Form 10 on Form 100	00 or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to d	determine r	net income b	efore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	ment is r	ecessary).				① 18	3
Par			1	1				- 10		
19	<b>(a)</b> Description	(b) Date acquire	d (c)	or		<b>d)</b> ization	(e) R&TC	(f) Period	d or	(g)
	of property	(mm/dd/yyyy			allowed or		Section	percent		Amortization for this year
					in earlie	er years	(see instr)			
20	Total. Add the amou	nts in column (g).							20	
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form	1 4562, line	44			21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	ne differenc	ce here and	l on_Form 10	00 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 100	or	22	
	Form 100W, Side 2,	III I L								

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	ch to Form 100 or For	m 100W. FORI	M 3885 ON	LY						
Corpo	ration name COVE C	OMMUNITIES S	SENIOR AS:	SOCIATIO	ON			Californ	nia corporat	ion number
	DBA TH	E JOSLYN CEI	NTER					102	4112	
Par		cpense Certain Pro								
1	Maximum deduction							ŀ	1	\$25 <b>,</b> 000
2	Total cost of IRC Se		•					ŀ	2	
3	Threshold cost of IR		-						3	\$200,000
4	Reduction in limitation								4	
	Dollar limitation for t		act line 4 from						5	
6	(a)	Description of property		(b) (	Cost (business u	use only)	(c) Elected	d cost		
	1:11		10 "							
7	Listed property (elec		•				: <b>7</b>		8	
8 9	Total elected cost of Tentative deduction.								9	
10	Carryover of disallow							ŀ	10	
11	Business income lim								11	
12	IRC Section 179 exp				•	•		ŀ	12	
13	Carryover of disallov					_			-	
Par		nd Election of Addit						56	ı	
14	(a)	(b)	(c)	-	(d)	(e)	(f)	<b>(</b> g	1)	(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		owed or wable in	method	rate	this <u>y</u>	year	year depreciation
					ier years					a oprosideror.
201	18 DODGE RAM	2/22/2019	29,60	9.	27,335.	200DB	7	2	2,274.	
7 2	ALL IN ONE CO	10/03/2019	9,00	0.00	8,100.	S/L	5		900.	
COl	NDENSER/COIL	6/25/2020	4,68	37.	4,217.	S/L	5		470.	
DEC	COMP GRANITE	3/31/2020	10,00	00.	3,001.	S/L	15		667.	
EXI	ERCISE EQUIPM	4/20/2020	4,72	21.	3,036.	S/L	7		674.	
15	Add the amounts in	column (a) and co	lumn (h). The	total of colu	mn (h) mav	not exceed	d			
	\$2,000. See instruct									
Par	t III Summary									
16	Total: If the corporat			15						
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 R&TC Section	and Iine ان 24356. add	, column (g) d the amoun	) <b>or</b> ts on line 1	5. columns (	(a) and (h)	) or	
	Depreciation (if no e								16	
	Total depreciation cl								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line	e 16, enter t	the difference	e here and	l on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation	n amounts a	are used to	determine r	net income b	efore		
	state adjustments or	n Form 100 or Forn	n 100W, no ad	justment is	necessary).				18	
Par		1	•		T		1 1		1	
19	<b>(a)</b> Description	(b) Date acquire		<b>c)</b> ost or	Amorti		(e) R&TC	<b>(f)</b> Period	or	(g)
	of property	(mm/dd/yyyy		r basis	allowed or		Section	percenta		Amortization for this year
					in earlie	er years	(see instr)			
								:1		
20	Total. Add the amou	(0)							20	
21	Total amortization cl	·	•					1	21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line	e 20, enter	the difference	e here and	l on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 21 is	iess than line	∠u, enter th	ie aimerence	riere and o	on Form 100	or ( )	22	
	. J									

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Δttac	ch to Form 100 or For	m 100W FORM	4 3885 ONLY							
	ration name							Califo	rnia corpor	ation number
·		OMMUNITIES S		IATIC	ON			100	4110	
David		E JOSLYN CEN			70			1102	4112	
Part 1	Maximum deduction	pense Certain Pro							1	¢25 000
2									2	\$25,000
_										\$200,000
4	Reduction in limitation		-						4	7200,000
5	Dollar limitation for t								5	
-6		Description of property	400 1110 1 110111 11110		ost (business u		(c) Electe			
<u> </u>	(u)	Description of property		(5) 0	oot (buoiiiooo t	asc only)	(C) Licoto	0000	_	
									_	
									_	
									_	
7	Listed property (elec	stad IDC Section 17	'Q cost)			7			_	
8	Total elected cost of		•			····	ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim		,						11	
12	IRC Section 179 exp								12	
13	Carryover of disallov					_			_	
Parl	Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)		(d)	(e)	(f)	(	g)	(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life or	Depreci	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year	year depreciation
					er years		. •			doprodiation
OFE	FICE A/C	3/13/2020	33,885.		3,730.	S/L	39		869	•
THE	ATER LIGHTIN	5/31/2021	8,309.		5,124.	S/L	5		1,662	•
A/C	HEAT	12/30/2020	8,200.		744.	S/L	39		210	
PAF	RTITION WALL-	2/03/2021	4,875.		422. S/L 39				125	
	RTUAL PROGRAM	3/31/2021	8,444.		5,911.	S/L	5		1,689	
	Add the amounts in			of colu	_		1			
13	\$2,000. See instruct									
Parl	t III Summary							1		
	Total: If the corporat	tion is electing:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	column (g)	or				
	Additional first year Depreciation (if no e									
17	Total depreciation cl	• •				107			$\simeq$ $-$	
	Depreciation adjustn		•							
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or or		
	Form 100W, Side 2, state adjustments or								18	
Parl			· · · · · · · · · · · · · · · · · · ·		,,.				<u> </u>	
19	(a)	(b)	(c)		(0	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&ŤC	Period		Amortization
	of property	(mm/dd/yyyy	other bas	SIS	allowed or in earlie		Section (see instr)	percent	age	for this year
					iii dailid	or yours	(500 111511)			
							1		+	
								-	+	
									+	
20	Total Add the error	into in column (c)					1	1	20	
20	Total. Add the amou	107							21	
21	Total amortization cl								21	
22	Amortization adjustr Form 100W, Side 1,									
	Form 100W, Side 1,								22	

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONLY									
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSOC	CIATIO	N				Califor	nia corpo	ration r	number
		E JOSLYN CEN	NTER						102	4112		
Part		kpense Certain Pro										
1	Maximum deduction									1		\$25,000
_	Total cost of IRC Se									2		
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation									5		
5	Dollar limitation for		act line 4 from line							Э		
6	(a)	Description of property		(b) Co	ost (business u	use only)	(C) E	lected c	OST			
						+						
	1:1.1		70 "									
_	Listed property (elec						in a 7			8		
8 9	Total elected cost of Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lin		,							11		
12	IRC Section 179 exp				•	•				12		
13	Carryover of disallow					_						
Parl		nd Election of Addit						24356	;			
14	(a)	(b)	(c)		(d)	(e)	(f)		((	g)		(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	1 Life		Deprecia	ation fo	or .	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate		this	year		year depreciation
					er years		. =					aoprociation
ICE	E MACHINE	9/10/2020	3,189.		2,446.	S/L		5		638	3.	
SIG	SNAGE	6/30/2021	2,022.		1,212.	S/L	ZI	5		404	1.	
rAW	ER HEATER	5/10/2021	1,875.		213.	S/L		28		68	3.	
rAW	ER PUMP	6/30/2022	1,674.	. 1	280.	S/L		15		112	2.	
POS	T INDICATOR	11/29/2021	2,894.		482.	S/L		15		193	3.	
15	Add the amounts in											
D	\$2,000. See instruct	ions for line 14, co	lumn (h)					5				
Part		tiam ia alaatima.										
16	Total: If the corporal IRC Section 179 exp		ount on line 12 and	l line 15.	column (a)	or or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1					.	
17	Depreciation (if no e	• •			•	107						
	Total depreciation of Depreciation adjustr		'							17	<u>′</u>	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	100 o	ſ			
	Form 100W, Side 2,									18		
Parl	state adjustments or	TFORM TOO OF FORM	n 100vv, no aujusti	ment is n	lecessary).						<b>5</b>	
19	(a)	(b)	(c)		- (	d)	(e)		(f)			(g)
13	Description	Date acquire	d Cost o		Amorti	ization	R&T	)	Period	or	А	mortization
	of property	(mm/dd/yyyy	v) other ba	sis	allowed or		Section		percent	age		or this year
					in earlie	o years	(see ins	ou /				
							1					
							1					
								-+				
							1					
20	T-1-1 A 1 1 11									20		
	Total. Add the amou	107								20		
21	Total amortization c		•							21		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6 If line 21 is	reater than line 20	), enter the	ne difference	te here and	d on Form	າ 100 100 ດ	or			
	Form 100W, Side 1,	line 12							💿	22		
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	ch to Form 100 or For	m 100W. FORI	M 3885 ONL	7									
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSO	CIATIO	N				Califor	nia cor	ooratio	n number	
		E JOSLYN CEN	NTER						102	4112	2		
Par		pense Certain Pro											
1	Maximum deduction									1		\$25,00	0
2	Total cost of IRC Se									2		+	
3	Threshold cost of IR		-							3		\$200,00	00
4	Reduction in limitation									5			
<u>5</u>	Dollar limitation for t		act line 4 from ill			1				3			
0	(a)	Description of property		(b) (	ost (business ı	use only)	(C) E	lected co	OSI				
7	Listed property (also	stad IDC Spatian 1	70 anath			7							
8	Listed property (electoral elected cost of		•				ine 7			8	Г		
9	Tentative deduction.									9			
10	Carryover of disallow									10			
11	Business income lim									11			
12	IRC Section 179 exp				•					12			
13	Carryover of disallow	ved deduction to 20	025. Add line 9 a	nd line 10	, less line 1	2	13						
Par	t II Depreciation ar	nd Election of Addit	ional First Year De	epreciation	Deduction	Under R&T	C Section	24356	1				
14	(a)	(b)	(c)		(d)	(e)	(f)		(	g)	_	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	ı Life rate		Deprecii this		for	Additional first year	
	or property	(IIIII/dd/yyyy)	Other basis	allov	vable in	motriou	Tate		tilis	ycai		depreciation	
					er years		-						
	C RECEPTION A	9/14/2021	8,875		636.	S/L		39			28.		
	LAPTOPS	9/16/2021	1,954		977.	S/L	71	5			1.		
	JARE & IPADS	2/03/2022	1,039		520.	S/L		5			8.		
	COMPUTER-W/C	2/03/2022	3,823		1,912.	S/L		5			55.		
THE	EATER PROJECT	5/01/2022	5,379	•	2,152.	S/L		5		1,07	6.		
15	Add the amounts in \$2,000. See instruct							5					
Par	t III Summary												
16	Total: If the corporat												
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 ar R&TC Section 2	nd line 15, 4356. add	the amoun	) <b>or</b> ts on line 1	15 colum	ıns (a)	and (h	) or			
	Depreciation (if no e										16		
	Total depreciation cl									O	17		
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 1	6, enter t	he difference	te here and	d on Forn	100 0	or				
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation a	amounts a	re used to	determine r	net incon	ne befo	ore				
	state adjustments or	n Form 100 or Form	n 100W, no adjus	tment is r	necessary).					O     O    O     O     O     O     O     O     O     O     O     O     O	18		
Par			•				1				1		
19	<b>(a)</b> Description	(b) Date acquire	d (c)			d <b>)</b> ization	(e) R&T0		(f) Period	lor		(g)	
	of property	(mm/dd/yyyy			allowed or	allowable	Section		percent			Amortization for this year	
					in earlie	er years	(see ins	str)					
								_					
								_					
										T _			
20	Total. Add the amou	107								20			
21	Total amortization cl		•							21			
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 2	20, enter t	he difference	ce here and	d on Forn	100	or				
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess man line 20	, enter th	e umerence	: riere and (	on Form	iuu or	<b>•</b>	22			
									<u> </u>		1		

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	ch to Form 100 or For	rm 100W. FOR	M 3885 O	NLY							
Corpo	ration name COVE C	OMMUNITIES :	SENIOR A	SSOCIA'	TION			Califor	nia corp	oration number	
		E JOSLYN CEI	NTER					102	4112		
Par		xpense Certain Pro									
1	Maximum deduction								1	\$2	5 <b>,</b> 000
2	Total cost of IRC Se								2		
3	Threshold cost of IR		-						3	\$20	0,000
4	Reduction in limitation								<b>4</b> 5		
<u>5</u>	Dollar limitation for t		act line 4 iro						3		
-	(a)	Description of property			(b) Cost (business u	se only)	(c) Electe	u cost			
7	Listed property (elec	stad IDC Section 1	79 cost)			7					
8	Total elected cost of		•			للنبا …	ine 7		8		
9	Tentative deduction.								9		
10	Carryover of disallov								10		
11	Business income lim		•	-					11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and	line 10, b	out do not enter	more than	line 11		12		
13	· · · · · · · · · · · · · · · · · · ·										
Par	t II Depreciation ar	nd Election of Addit	ional First Yea	ar Deprecia	ation Deduction I	Jnder R&TO	C Section 243	356			
14	(a)	(b)	(c)		(d) Depreciation	(e)	(f)	Donrooi.	g)	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other bas		allowed or	Depreciation method	Life or rate	Deprecia this		or Additions	
	, , ,	, ,,,,,,			allowable in			,	,	depreci	
7 / (	#10 BOADBO	2/02/2022	11 0		earlier years	C /T	39		20	_	
	C #10 BOARDRO C #5B CLARK	2/03/2023 4/27/2023	11,2		398. 430.	S/L S/L	39		28 35		
	ART THERMOSTA		13,8	915.	1,267.	S/L	7		84		
	LAPTOPS	10/03/2022	•		310.	S/L	5		20		
	THROOM REMODE		377,9	)33.	2,275.	S/L	39		9 <b>,</b> 69		
							<u> </u>		9,09	±•	
	Add the amounts in \$2,000. See instruct	column (g) and co tions for line 14, co	lumn (h). The lumn (h)	e total of c	column (n) may	not exceed	1 15				
Par											
16	Total: If the corporat		unt on line 1	2 and line	1E solumn (a)						
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section	2 and inte	add the amount	s on line 1	5, columns	(g) and (h	) or		
	Depreciation (if no e	•							<u> 1</u>		
	Total depreciation cl								1	7	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than li	ne 16, ent e 16. ente	ter the difference or the difference	e here and here and o	on Form 10 on Form 100	0 or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciati	on amoun	its are used to c	letermine r	net income b	efore			
D	state adjustments or	n Form 100 or Forr	n 100W, no a	idjustment	is necessary).				① 1	8	
Par 19		(h)		(a)	10	IN.	(0)	(6)		(a)	
13	<b>(a)</b> Description	(b) Date acquire	ed (	<b>(c)</b> Cost or	(c Amorti	zation	(e) R&TC	<b>(f)</b> Period	or	<b>(g)</b> Amortizat	ion
	of property	(mm/dd/yyyy	/) oth	er basis	allowed or		Section	percent	age	for this ye	
					in earlie	r years	(see instr)				
			+								
20	Total. Add the amou	inte in column (a)	1				1		20		
21	Total amortization cl	(0)							21		
			•						-1		
22	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is $0$	less than lin	e 20, ente	er the difference	here and o	on Form 100	or _			
	Form 100W, Side 2,	line 12						💿	22		

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	ch to Form 100 or For	m 100W. FORI	M 3885 ONL	Y						
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSO	CIATIO	N			Californ	nia corporat	ion number
	DBA TH	E JOSLYN CEN	NTER					1024	4112	
Par		cpense Certain Pro								
1	Maximum deduction							H	1	\$25 <b>,</b> 000
2	Total cost of IRC Se		•					F	2	
3	Threshold cost of IR		-					F	3	\$200,000
4	Reduction in limitation								4	
	Dollar limitation for t		act line 4 from li						5	
6	(a)	Description of property		(b) C	ost (business i	use only)	(c) Elected	l cost		
	1:1.1		70 1)							
7	Listed property (elec		•				: <b>. 7</b>		8	
8 9	Total elected cost of Tentative deduction.								9	
10	Carryover of disallov							F	10	
11	Business income lim								11	
12	IRC Section 179 exp				•	,		F	12	
13	Carryover of disallov					_				
Par	,	nd Election of Addit						56		
14	(a)	(b)	(c)		(d)	(e)	(f)	(g	1)	(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year	year depreciation
					er years					depreciation
LAS	SER PROJECTOR	6/19/2024	5,319	١.	532.	S/L	5	1	L,064.	
THE	EATER EQUIPME	7/06/2023	2,739	١.	274.	S/L	5		548.	
A/0	C #1 & #13	6/04/2024	18,343	3.	20.	S/L	39		470.	
	OFING-BLDG #2	12/06/2023	38,360		534.	S/L	39		984.	
RIC	GHT OF USE AS	3/18/2024	192,500	. N.	2,406.	S/L	20	9	625.	
15	Add the amounts in	column (a) and co	lumn (h) The to	tal of colu	mn (h) may	not exceed	1		•	
	\$2,000. See instruct									
Par	t III Summary						•			
16	Total: If the corporat									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 a	nd line 15 24356 add	, column (g) I the amoun	) <b>or</b> ts on line 1	5 columns (	a) and (h)	or	
	Depreciation (if no e								<b>(</b> ) 16	
	Total depreciation cl								17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line	16, enter t	he difference	e here and	l on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	iess than line ii nia depreciation :	o, enter tn amounts a	e ainterence are used to a	e nere and o determine r	on Form 100 net income b	or efore		
	state adjustments or								18	
Par	t IV Amortization									
19	(a)	(b)	(c)			d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or		R&TC Section	Period percenta		Amortization for this year
		(	,		in earlie		(see instr)	p	9-	lor triis year
20	Total. Add the amou	ınts in column (g).							20	
21	Total amortization cl	laimed for federal p	ourposes from fe	deral Forn	n 4562, line	44		[	21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line	20, enter t	he difference	e here and	d on_Form 10	0 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20	D, enter th	e difference	here and	on Form 100	or (•)	22	
	Form 100W, Side 2,	IIIIE 12							22	

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Δttac	ch to Form 100 or For	m 100W FOR	4 3885 ONLY							
	ration name							Califor	rnia corporat	ion number
·		OMMUNITIES S		CIATIO	N			1,00	4110	
<u> </u>		E JOSLYN CEN			=-			102	4112	
Parl		cpense Certain Pro							1 1	<u> </u>
1	Maximum deduction									\$25,000
2	Total cost of IRC Se		•						3	6000 000
3	Threshold cost of IR		-						4	\$200,000
4	Reduction in limitation								5	
<u>5</u> 6	Dollar limitation for t	-	act line 4 from line						3	
	(a)	Description of property		(b) (	ost (business ι	ise only)	(c) Elected	I COST		
7	Listed property (elec		•				_			
8	Total elected cost of								8	
9	Tentative deduction.								9	
10	Carryover of disallov								10 11	
11 12	Business income lim				•	-			12	
13	IRC Section 179 exp Carryover of disallov					_			12	
Parl		nd Election of Additi						56		
14	•	1	·	Colucion					~\	(b)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depr	( <b>d)</b> reciation	<b>(e)</b> Depreciation	(f) Life or	Depreci	<b>g)</b> ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		year	year
					vable in er years					depreciation
FTE	RE/ALARM SYST	6/26/2024	3,717.	Carn	4.	S/L	39		95.	
WIE		10/29/2024	2,736.		7.	S/L	5		274.	
	SENIOR	12/17/2024	10,442.			S/L	5		1,044.	
	IPUTER - JAY	3/31/2025	3,204.			S/L	5		320.	
		5/03/2025		- 11		S/L	5		521.	
	COMPUTERS		5,209.	M.					321.	
15	Add the amounts in									
Dark	\$2,000. See instruct	ions for line 14, co	iumm (n)				15			<u> </u>
	Total: If the corporal	tion is alacting:								T
10	IRC Section 179 exp	nor is electing. Dense, add the amo	ount on line 12 and	line 15.	column (a)	or				
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1				
17	Depreciation (if no e	* *							$\tilde{}$	
	Total depreciation cl Depreciation adjustn								17	
10	Form 100W, Side 1,	line 6. If line 17 is g	less than line 16,	enter th	e difference	here and o	on Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to d	determine r	net income b	efore		
D	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary).				<ul><li>18</li></ul>	<u> </u>
Part		4.5				I.	1 () 1	- 40		
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r	(c Amorti		(e) R&TC	(t) Period	l or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or		Section	percent		for this year
					in earlie	er years	(see instr)			
20	Total. Add the amou	ınts in column (g).							20	
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21	
22	Amortization adjustr									
	Form 100W, Side 1,									
	Form 100W, Side 2,	III1e 12						🕑	22	

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	ch to Form 100 or For	m 100W. FOR	M 3885 ONLY							
Corpo	ration name COVE C	OMMUNITIES S	SENIOR ASSO	CIATIO	ON			Californ	ia corporation	on number
		E JOSLYN CEN						1024	112	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC	Section 1	79					
1	Maximum deduction	under IRC Section	179 for California	a					1	\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service						2	
3	Threshold cost of IR	C Section 179 prop	erty before reduc	tion in Iir	mitation				3	\$200,000
4	Reduction in limitation								4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from lir	ne 1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) Elected	cost		
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7				
8	Total elected cost of								8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8	3					9	
10	Carryover of disallov							-	10	
11	Business income lim				•	,		-	11	
12	IRC Section 179 exp					_			12	
13	Carryover of disallov									
Par	t II Depreciation ar	nd Election of Addit	ional First Year De	preciation		Under R&TC	Section 243	56		
14	(a)	(b)	(c)	Dam.	(d)	(e)	(f)	(g)	) tiam fau	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate	Deprecia this y		Additional first year
	o. p. op o. ty	(	011.01 20.010	allov	wable in	111041104	1		· ·	depreciation
					er years		- 4 -			
	LDING SIGNAG	9/05/2024	3,119			S/L	7		223.	
	UNIT #11	5/15/2025	14,138			S/L	39		45.	
	UNIT #5A	2/07/2025	14,388		-1	S/I	39		139.	
	IT DOOR	4/18/2025	3,683			S/L	39		20.	
PIC	CKLEBALL COUR	6/26/2025	151,450	• 1		S/L	15	5	,043.	
15	Add the amounts in \$2,000. See instruct									
Par	t III Summary	·					<u>'</u>			
16	Total: If the corporat									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 an	d line 15,	, column (g)	or	5 columns (	a) and (h)	0.5	
	Depreciation (if no e								<b>⊙</b> 16	
17	Total depreciation cl	aimed for federal p	ourposes from fed	leral Forn	n 4562, line	22		(		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 1	6, enter t	he differenc	e here and	on Form 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16	, enter th	e difference	here and c	on Form 100	Or ofore		
	state adjustments or								18	
Par			, ,						<u> </u>	
19	(a)	(b)	(c)		((	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost		Amorti		R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other b	asıs	allowed or in earlie		Section (see instr)	percenta	ige	for this year
					oarne	,	(300 //100)			
20	Total Add the amou	inte in column (a)							20	
	Total. Add the amou	(0)						-	21	
21	Total amortization cl		•					<b>-</b>	41	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 2	u, enter t	ne ditterence e difference	te here and there and c	on Form 100 on Form 100	J or or		
	Form 100W, Side 1,	line 12						<b>•</b>	22	

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		•	-										
	ch to Form 100 or For	m 100W. FORI	M 3885 C	NLY									
Corpo	ration name COVE C	OMMUNITIES S	SENIOR A	SSOCI	ATIO	N				Califor	nia cor	ooratio	n number
		E JOSLYN CEI	NTER							102	4112	2	
Par		cpense Certain Pro											
1	Maximum deduction										1		\$25 <b>,</b> 000
2	Total cost of IRC Se										2		
3	Threshold cost of IR		-								3		\$200,000
4	Reduction in limitation										<b>4</b> 5		
<u>5</u>	Dollar limitation for t		act line 4 in								3		
-	(a)	Description of property			(u) (d	ost (business i	use only)	(0,	) Elected	ı cost			
7	Listed property (elec	ted IRC Section 1	79 cost)				7						
8	Total elected cost of		•					line 7			8		
9	Tentative deduction.										9		
10	Carryover of disallov										10		
11	Business income lim	nitation. Enter the s	smaller of bu	ısiness iı	ncome	(not less t	han zero) d	or line 5	5		11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 an	d line 10	, but d	o not enter	more than	line 1	1		12		
13	,												
Par	t II Depreciation ar	nd Election of Addit	ional First Ye	ar Depre	ciation	Deduction	Under R&T	C Section	on 243	56			
14	(a)	(b)	(c)	_		<b>(d)</b> eciation	(e)		f)	Danrasi	g)	for	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost o other ba			wed or	Depreciation method		e or ite	Deprecial this		101	Additional first year
	, , ,	, ,,,,,,,				able in					,		depreciation
miir	AMDE DDADEC/	6/05/2025	11	105	earne	er years	C /T		39		1	2	
	EATRE DRAPES/	6/05/2025		125.			S/L S/L	$\Lambda$	7			2.	
	NDOW COVERING	6/05/2025		529.			S/L		15			9.	
	ST GATE	3/17/2025	•	725.		<del>-7</del>	S/L S/L					7.	
	CHEN EQUIPME	8/06/2024		806.	+	<del>-                                    </del>			5 39			1.	
	CHEN IMPROVE			345.			S/L		39		10	88.	
	Add the amounts in \$2,000. See instruct	column (g) and co ions for line 14, co	lumn (h). Th lumn (h)	ie total o	colur	nn (h) may	not exceed	d 	15				
Par													
16	Total: If the corporat		unt on line	10 and li	no 1E	oolumn (a)	٠						
	IRC Section 179 exp Additional first year	depreciation under	R&TC Sect	ion 2435	6, add	the amoun	ts on line 1	15, colu	ımns (	g) and (h	) or		
	Depreciation (if no e	•									$\sim$	16	
	Total depreciation cl										<b>O</b> L	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than less than lii	line 16, 6 ne 16, er	enter th	ne difference e difference	ce here and here and	d on Fo on For	rm 100 m 100	0 or or			
	Form 100W, Side 2,	line 12. (If Californ	nia deprecia	tion amo	unts a	re used to	determine i	net inco	ome b	efore			
D	state adjustments or	n Form 100 or Forn	n 100W, no	adjustme	ent is r	ecessary).					O	18	
Par 19		(h)		(0)		-	٦/	- /		(6)		1	(n)
13	<b>(a)</b> Description	(b) Date acquire	ed	(c) Cost or		Amorti	d <b>)</b> ization	R&	E) TC	<b>(f)</b> Period	or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy	/) ot	her basis	S	allowed or		Sec		percent	age		for this year
						in earlie	er years	(see i	iisti)				
20	Total. Add the amou	inte in column (a)									20		
21	Total amortization cl	(0)									21		
		·									<u> </u>		
22	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is g	less than lii	me 20, € ne 20, er	enter the	e difference	e here and	on Fori	n 100	or _			
	Form 100W, Side 2,	line 12								💿	22		

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/	u	/	4

## **CALIFORNIA STATEMENTS**

PAGE 1

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

**CLIENT 411980** 

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$ 240,122.
PROGRAM SERVICE REVENUE	115,820.
TOTAL	\$ 355,942.

#### STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### CURRENT OFFICERS

CURRENT OFFICERS:  NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
BARBARA J MITCHELL 73750 CATALINA WAY PALM DESERT, CA 92260	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
HUGO A AGUAS 73750 CATALINA WAY PALM DESERT, CA 92260	VICE PRESIDENT 1.00	0.	0.	0.
BARRY KAUFMAN 73750 CATALINA WAY PALM DESERT, CA 92260	TREASURER 1.00	MAIL.	0.	0.
CHARLES ALFARO 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
BRIAN BILHARTZ 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
LINDA BLANK 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
DIANE P HAAGA 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
BARBARA ROGERS 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
ANN SIMLEY 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.

2024

## **CALIFORNIA STATEMENTS**

PAGE 2

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GILLETT HENRY WELLES 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
MICHAEL O'KEEFE 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
EVE FROMBERG EDELSTEIN 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
JAN HARNIK 73750 CATALINA WAY PALM DESERT, CA 92260	DIRECTOR 1.00	0.	0.	0.
JACK NEWBY 73750 CATALINA WAY PALM DESERT, CA 92260	EXECUTIVE DIR. 40.00	71,926.	0.	0.
JAY G SELLER 73750 CATALINA WAY PALM DESERT, CA 92260	EXECUTIVE DIR. 40.00	65,452.	0.	0.
V	TOTAL	\$ 137,378.	\$ 0.	\$ 0.

#### STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ADVERTISING AND PROMOTION  DEPRECIATION EXPENSE  INSURANCE  NEWSLETTER  OFFICE EXPENSES  OTHER EMPLOYEE BENEFIT  OTHER EXPENSES  OTHER FEES.  PENSION PLAN CONTRIBUTIONS.  POSTAGE AND SHIPPING.  PUBLIC RELATIONS.  PUBLIC RELATIONS.  PERSON PLAN CONTRIBUTIONS.	\$ 77,097. 76,451. 43,789. 18,236. 33,503. 57,345. 24,455. 47,020. 13,597. 3,317. 21,113.
REPAIRS & MAINTENANCESECURITY	61,958.
SECURITYSPECIAL EVENT EXPENSES	4,390. 164,453.
THEATER	175.
UTILITIES	44,811.
VEHICLE	1,702.
WELLNESS CENTER	35,808.
TOTAL	\$ 729,220.

2024

### **CALIFORNIA STATEMENTS**

PAGE 3

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

**CLIENT 411980** 

95-3622332

STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

COLLECTIONS	46,925.
CONSTRUCTION IN PROGRESS	171,410.
PREPAID EXPENSES AND DEFERRED CHARGES	3,484.
TOTAL \$	221,819.



# **2024** California Exempt Organization Business Income Tax Return

FORM
109

Calendar Year	2024	or fiscal year beginning (mm/dd/yyyy) 7/01/2024	, and	d ending (r	mm/dd/yyyy) <u>6/3</u>	0/202	<u>5</u>
Corporation/Organ	nizatio	COVE COMMUNITIES SENIOR ASSOCI	ATION			Californi	a corporation number
A	-1: C	DBA THE JOSLYN CENTER				1024	1112
Additional informa	ation. S	ee instructions.					060000
Street address (su	uite/roc	m no.)				PMB no	8622332
73750 CA							
		as a foreign address, see instructions.)		State	ZIP code		
PALM DES		Foreign province/state/county		CA	92260-2906 Foreign postal code		
<ul><li>A First retur</li><li>B Is this an meaning</li><li>C Is the org</li></ul>	educ	n a non-exempt charitable to Section 4947(a)(1)? n claiming any former Ente Agency Military Base Recove	rprise	• Yes X No			
or has the D Final retu	e IRS rn?	Targeted Tax Area (TTA), o hancement Area (MEA) tax	r benefits?	• Yes X No			
		d			n a qualified pension, profi as described in IRC Section		
E Amended	retu	n? ●			s Activity (UBA) code		
F Accounting of Nature of		used: (1) Cash (2) X Accrual (3) Other or business ADVERTISING			deral Schedule H (Form 990		• Yes X No
Taxable		Unrelated business taxable income from Side 2, Part II,	line 30		•	1	-17,636.
Corporation		Multiply line 1 by the average apportionment percentage					11,000.
		Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B,				2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated California and Schedule R was not completed, enter the	d busines amount	s activity i from line	s wholly in	3	-17,636.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II,	line 30.			4	
Tax	5	Unrelated business taxable income from line 3 or line 4				5	
Compu- tation	6	EZ, LAMBRA, or TTA NOL carryover deduction	6				
	7	Net Operating Loss deduction. See General Information	7				
	8	Add line 6 and line 7				8	
	9	Net unrelated business taxable income. Subtract line 8 f				9	
	10 11	Tax % x line 9. See General Information Tax credits from Schedule B. See instructions				10 11	
Total	12	Balance. Subtract line 11 from line 10. If line 11 is great				12	0.
Tax		Alternative minimum tax. See General Information O				13	0.
		Total tax. Add line 12 and line 13				14	
Payments	15	Overpayment from a prior year allowed as a credit		15			
	16	2024 estimated tax payments. See instructions	•	16			
	17	Withholding (Form 592-B and/or 593). See instructions .	•	17			
	18	Amount paid with extension (form FTB 3539)		18			
	19	Total payments and credits. Add line 15 through line 18				19	
	20	Use tax. See instructions				20	
Use Tax/ Tax Due/	21	Payments balance. If line 19 is more than line 20, subtra				21	
Overpay-	22	Use tax balance. If line 20 is more than line 19, subtract				22	
ment	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. S				23	
	24	Overpayment. Subtract line 14 from line 21. See instruc	tions		• • • • • • • • • • • • • • • • • • • •	24	
	25	Enter amount of line 24 to be applied to 2025 estimated	tax			25	

3641244 059 CAEA9812L 01/24/25 Form 109 2024 Side 1

	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	•	26	
	a Fill in the account information to have the refund directly deposited. Routing number ●	26 a		
Refund of Amount	Dr b Type: Checking ● Savings ● c Account Number	26 c		
Due	27 Penalties and interest. See General Information M	•	27	
	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 580			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	$\sim$	29	
Unrelat	ed Business Taxable Income			
	Unrelated Trade or Business Income			
	s receipts or gross sales b Less returns and allowances c Balance		1c	
	t of goods sold and/or operations (Schedule A, line 7)		2	
	ss profit. Subtract line 2 from line 1c		3	
<b>4 a</b> Cap	oital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	•	4a	
<b>b</b> Net	gain (loss) from Schedule D-1, Part II	•	4b	
<b>c</b> Cap	oital loss deduction for trusts	•	4c	
	ome (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line ructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	•	5	
6 Rer	ntal income (Schedule C)	•	6	
	elated debt-financed income (Schedule D)		7	
	estment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		8	
	erest, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	
	ploited exempt activity income (Schedule G)		10	
	rertising income (Schedule H, Part III, Column A)		11	
	er income. Attach schedule		12	600
			13	600.
	al unrelated trade or business income. Add line 3 through line 12  Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated b			600.
		usiness		
	npensation of officers, directors, and trustees from Schedule I	•	14	
	aries and wages	•	15	
<b>16</b> Rep	pairs	•	16	
<b>17</b> Bac	d debtserest. Attach schedule	•	17	
<b>18</b> Inte	rest. Attach schedule	•	18	
<b>19</b> Tax	es. Attach schedule	•	19	
<b>20</b> Cor	ntributions. See instructions and attach schedule	•	20	
<b>21 a</b> Depr	eciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) ● 21 a			
<b>b</b> Les	s: depreciation claimed on Schedule A. See instructions		21	
<b>22</b> Dep	oletion. Attach schedule	•	22	
<b>23 a</b> Cor	ntributions to deferred compensation plans		23a	
<b>b</b> Em	ployee benefit programs. See instructions		23b	
<b>24</b> Oth	er deductions. Attach schedule SEE STATEMENT 2	•	24	18,236.
	al deductions. Add line 14 through line 24		25	18,236.
	lated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-17,636.
	ess advertising costs (Schedule H, Part III, Column B).		27	17,000.
	elated business taxable income before specific deduction. Subtract line 27 from line 26		28	-17,636.
	ecitic deduction. See instructions.		29	17,030.
•	elated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	-17,636.
<b>30</b> OH	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement,	or go to	ftb.ca.gov	//forms and search for
Sign Here	1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer  TITLE TREASURER	est of r	ny knowled Telephone	ge and belief, it is true,
	_ Date	•	PTIN	,10 0220
Paid	Preparer's Check if self- signature Check if self- employed	$\prod \prod_{i=1}^{n}$	P0166	50780
Pre-	Firm's name (or yours, if self-employed) and address	•	Firm's FEIN	
parer's	MARYANOV MADSEN GORDON CAMPBELL		95-31	178278
Use Only	PO BOX 1826	•	Telephone	
Only	PALM SPRINGS, CA 92263	_ ՜	(760)	
	May the FTB discuss this return with the preparer shown above? See instructions	•	X Yes	No

Side 2 Form 109 2024 059 3642244 CAEA9812L 01/24/25

# COVE COMMUNITIES SENIOR ASSOCIATION Schedule A Cost of Goods Sold and/or Operations.

	I of inventory valuation (specify)			
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor			3
	Additional IRC Section 263A costs. Attach schedule			4a
b	Other costs. Attach schedule			4b
5	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 fr			7
	Do the rules of IRC Section 263A (with respect to property;	produced or acquired for res	ale) apply to this organization?	Yes X No
Sch	edule B Tax Credits.		,	
1		•	1	
2	Enter credit name code •	•	2	
3	Enter credit name code ●		3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter	the total of all claimed credits,		
<u> </u>	on line 4. Enter here and on Side 1, line 11			4
	edule K Add-On Taxes or Recapture of Tax. See in			T . T
	Interest computation under the look-back method for completed long-te			1
2	Interest on tax attributable to installment: a Sales of ce			2a
			oligations	2b
	IRC Section 197(f)(9)(B)(ii) election to recognize gain of			3
	Credit recapture. Credit name		•	4
	Total. Combine the amounts on line 1 through line 4. S			5
	edule R Apportionment Formula Worksheet. Use or			
Part	A. Standard Method — Single-Sales Factor Formula. Co	omplete this part only if th	e corporation uses the single	e-sales factor formula.
		(a) Total within and outside California	<b>(b)</b> Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Total sales	. •		
2	Apportionment percentage. Divide total sales column (b) by total sal column (a) and multiply the result by 100. Enter the result here and or Form 109, Side 1, line 2.	les 1		
Part	B. Three Factor Formula. Complete this part only if the	ne corporation uses the thr	ee-factor formula	
	Times ruster remains complete this part on a	(a)	(b)	(c)
		Total within and outside California	Total within California	Percent within California [(b) ÷ (a)] x 100
1	Property factor: See instructions	. •	•	•
	Payroll factor: Wages and other compensation of employees		•	•
3	Sales factor: Gross sales and/or receipts less returns and allowances			
4	Total percentage: Add the percentages in column (c)			
	Average apportionment percentage: Divide the factor on line 4			
	by 3 and enter the result here and on Form 109, Side 1, line 2.			
Cala	See instructions for exceptions.	·	d. D. al Duanasta	•
	edule C Rental Income from Real Property and Perstal income from debt-financed property, use Schedule D, R&TC Section			untions for executions
	Description of property	11 23/01g, Section 23/01i, and Sec	(b) Rent received	(c) Percentage of rent attribut-
(a)	Description of property		or accrued	able to personal property
1				%
2				%
3		() () () () ()	( ) :	%
(d)	Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income	(e) Complete if any item in colu	mn (c) is more than 10%, but not mo	ore than 50%
	Deductions directly connected (ii) Income includible, column (b) less column (d)(i)	(i) Gross income reportable, column (b) x column (c)	(ii) Deductions directly connected with personal property (attach schedule	
1			+	
2				
3				
	Add the amounts in columns (d)(ii) and column (e)(iii).	. Enter here and on Side 2	!, Part I, line 6	4

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#### Schedule D Unrelated Debt-Financed Income

SC	inedule D Unrelated	Debt-Finance	a income											
(a)	) Description of debt-financed property					(b)	Gross income from	n nt-	(c) Deductions directly connected with or allocable to debt-financed property					
							financed property		(i) Straight-lin (attach sch	e depreciation	(ii) (atta	Other deductions ach schedule)		
1	•					•			•		•			
2	•					•			•		•			
3	•					•			•		•			
	Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adj of or allocat financed pro (attach sche	ole to debt- operty		bt basis percentage, umn (d) ÷ column (e)	(g)	Gross income reportable, column x column (f)	n (b)	(h) Allocable of total of co and (c)(ii)	deductions, lumns (c)(i) x column (f)	(i)	Net income (or loss) includible, column (g) less column (h)		
1	•	•		•	olo	•			•		•			
2	•	•		•	0/0	•			•		•			
3	•	•		•	olo	•			•		•			
4	Total. Enter here and on	Side 2, Part	I, line 7							4	•			
Sc	hedule E Investment	Income of an	R&TC Sect	ion 23	701g, Section 2370	)1i, d	or Section 2370	)1n Or	ganization					
	Description	(b) Amount			ons directly ed (attach		Net investment ind column (b) less co (c)		(e) Set-asides schedule)	(attach	(f)	Balance of investment income, column (d) less column (e)		
1														
2														
	Total. Enter here and on													
4	Enter gross income from	n members (d	ues, fees,	charge	es, or similar am	ount	s)			4				
Sc	hedule F Interest, A	nnuities, Roya	alties and	Rents	from Controlled	Org	anizations							
Ex	empt Controlled Organiza	ations												
(a)	Name of controlled organizations	(b) Employer identificat	tion number	(c) Ne	t unrelated come (loss)	(d)	Total of specified payments made		(e) Part of col that is incl the contro organization gross inco	uded in Iling on's	f	Deductions directly connected with income in column (e)		
1								. 1						
2														
3							- AN							
	nexempt Controlled Orga	nizations					1111							
	Taxable income	IIIIZations		/l-> No	t unrelated	A:>	Total of specified		(i) Part of col	umn (i)	43	Deductions directly		
(g)	Taxable income		C		come (loss)	יש	payments made		that is included the control organization gross inco	uded in Iling on's	(K)	connected with income in column ()		
1														
2														
3														
4	Add the amounts in co													
5										5				
6	Subtract line 5 from line	ne 4. Enter he	ere and on	Side 2	2, Part I, line 9					6				
Sc	hedule G Exploited I	Exempt Activi	ity Income	, othe	r than Advertisin	g In	come							
(a)	Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	Gross unrelated business income from trade or business	c) Expenses connected production unrelated business in	of	(d) Net income from unrelated trade or business, column (b) less column (c)	( )	Gross income from activity that is not unrelated business income	` att	penses ributable to lumn (e)	(g) Excess exe expense, c (f) less col (e) but not than colum	olum umn more	(d) less column (g) but not less		
1														
2														
3			<u> </u>											
4			<u> </u>											
5	Total. Enter here and or	Side 2, line	10									5		

 Side 4
 Form 109
 2024
 059
 3644244
 CAVA9834L
 01/24/25

### **Schedule H** Advertising Income and Excess Advertising Costs

		rate and an entry	#### <b>#</b> ###############################		9								
<u>Pa</u>	rt l Income	from Periodicals Re	eported on a C	onsolic	lated Basis						_		
(a)	Name of periodical (b) Gross advertising (c) Direct advectors (c) Costs		(c) Direct adver	Direct advertising costs  (d) Advertising income excess advertising costs. If column (b) greater than column (c), complete colum (e), (f), and (g). If column (e), error than column (b), en the excess in Part II column (g), to complete columns (f), and (g).		(b) is umn blumns If eater , enter art III,	(e) Circulation	(f) Readersh	(g) If column (e) is greater than column (f), enter the incom shown in column (c) in Part III, column (b). If column (f) is greater than column (e), subtract the su of column (f) and column (c) from the sum of column (e) column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0		athe income column (d), column A Jumn (f) is an column act the sum (f) and ) from the lumn (e) and ). Enter i Part III, (b). If the less than		
1 •	ı	•	•				•		•				
2 •	ı	•	•				•		•				
3 •	1	•	•				•		•				
4 T	otals <b>4</b>	•	•		•		•		•		•		
_		from Periodicals Re	eported on a S	eparate	Basis								
5 •		•	•		•		•		•		•		
6 <b>•</b>		•	•		•		•		•				
7 •			•				•		•				
		ı <del>●</del> n A – Net Advertisin	a Income		•	Dart	III Column	P Eve	occ Advorti	cina Co	rtc		
га		nsolidated periodical" and/		(h) Ento	r total amount from		III Column Enter "consolid					Entor to	tal amount
		on-consolidated periodicals		Part I, of	r total amount from column (d) or (g), unt listed in Part II, mns (d) or (g)	(a)			periodicals	ailles oi	from	n Part I, i	tal amount column (d), listed in Part nn (d)
1 ●	ı			•		•					•		
2 •	ı			•		•					•		
3	ı			•		•					•		
<b>4</b> E	nter total here an	d on Side 2, Part I, line 11.	4.	•		Enter t	otal here and or	Side 2, Pa	art II, line 27		•		
		Compensation of Of			Trustees	•		A 11		•			
(a) 1	Name			<b>(b)</b> Tit	NC	1	(c)	Percent of devoted to	time business	( <b>d)</b> Comp to un		on attribu busines	
2				V	1				%				
3									%				
4									8				
5									8				
6	Total, Enter	here and on Side 2,	Part II. line 1	1 1					6				
_		Depreciation (Corpo						285E )					
	Group and guide description of p	eline class or	(b) Date acquir (dd/mm/yy	ed <b>(c)</b>	Cost or other basis	(d)	Depreciation allowed or allowable in prior years	(e) M	ethod of omputing epreciation	<b>(f)</b> Lif	e or e		Depreciation or this year
1	Total additi	onal first-year depre	ciation (do not	include	in items below	)							
2	Depreciatio	n:											
2		2a											
		nd fixtures <b>2b</b>											
		tion equipment2c											
	d Machinery												
	other equip	ment <b>2d</b>						-					
2	e Other (spec	cify)2e											
3	Other depre	eciation		. 3									
4													
5		depreciation claimed							5				
6		ubtract line 5 from lin											

CAEA9805L 01/24/25 059 3645244 Form 109 2024 Side 5

TAXABLE YEAR

CALIFORNIA FORM

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

3805Q

Atta	ch to For			orm 100S, or Form 1		orations						
	ration name			TIES SENIOR			С	alifornia cor	poration nur	nber		
				LYN CENTER	ADDOCIATION		1	024112	2			
Durin	g the taxab	le year the cor	poration incur	red the NOL, the corporati	on was a(n):	corporation		EIN				
$\odot$	S corpo	ration 🔘	X Exempt or	ganization 💿 Limit	ed liability company (elec	ting to be taxed as a corpora	tion) 9	5-3622	2332			
If the	corporation	n previously fil	<u>—</u> ed California 1	tax returns under another	corporate name, enter the	corporation name and Calif	ornia corporation n	umber:				
$\odot$												
If the	e corpor	ation is incl	uded in a	combined report of a	a unitary group, see	instructions, Genera	Information C	, Combir	ned Repo	rting.		
Par				corporation does not								
						15; or Form 109, line		<b>①</b> 1		17 626		
								_		17,636.		
	<ul> <li>2 2024 disaster loss included in line 1. Enter as a positive number.</li> <li>3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.</li> <li>3 3</li> </ul>											
						ne 3 <b>•)4a</b>				17,636.		
						luded in line 3. (a)4b		,636.				
								● 4c		17,636.		
5	General	NOL. Subtra	act line 4c	from line 3				<b>⑤</b> 5				
6	Current y	ear NOL. A	dd line 2,	line 4c, and line 5. S	See instructions			<b>●</b> 6		17,636.		
Par	t II NO	L carryove	and disas	ter loss carryover li	mitations. See instr	uctions.						
		-		nt from Form 100, lir			(g) Available ba	lanco				
1	Form 10	0S, line 15	less line 16	5; or Form 109, line 2	2; (but not less than	-0-).	Available ba	ilai ice				
			xable incor	me is \$1,000,000 or	more, see instructio	ns 💽						
Prio	r Year N	_	(0)	(4)	(a)	(6)				(h)		
	<b>(a)</b> Year	(b) Code — See	(c) Type of	(d) Initial loss –	<b>(e)</b> Carryover	(f) Amount used				<b>(h)</b> over to 2025		
0	f loss	instructions	NOL — See below*	See instructions	from 2023	in 2024			col. (e)	minus col. (f)		
2 (	)2023	lacktriangle	• ESB	<ul><li>19,018.</li></ul>	<ul><li>19,018</li></ul>	0		0	<ul><li>•</li></ul>	19,018.		
	<u> </u>		<u> </u>	23,020.								
•		ledot	ledot	•	$\odot$	•			$\odot$			
•	)	ledot	ledot	<b>O</b>	•	•			ledot			
_												
Cur	<u>)</u> ent Year	NOL 6	ledot	•	•	•			ledow			
Curi	ent rear	NOLS								minus col. (f)		
										nstructions.		
3	2024		DIS									
4	2024		ESB	17,636.						17,636.		
	2024											
	2024											
	2024											
:	2024											
		: General (	GEN), New	v Business (NB), Elic	gible Small Business	(ESB), or Disaster (D	IS).					
		24 NOL ded	•	. , , ,			•					
-												
1	Total the	amounts ir	n Part II, Iir	ne 2, column (f)				💿 1		0.		
						duction here and on For		•		•		
						ter -0				0.		
3	Subtract	line 2 from	line 1. Ent	ter the result here ar	nd on Form 100, line	19; Form 100W, line	19; Form 100S	, (a) 3		0.		
	17, (	J. 1 O.1111 103	,					🕒				

2024

#### **CALIFORNIA STATEMENTS**

PAGE 1

CLIENT 411980

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

STATEMENT 1 FORM 109, PART I, LINE 12 OTHER INCOME

STATEMENT 2 FORM 109, PART II, LINE 24 OTHER EXPENSES

POSTAGE \$ 4,748.
PRINTING \$ 13,488.
TOTAL \$ 18,236.

DO NOT MAIL

2024

#### PREPARER E-FILE INSTRUCTIONS - CALIFORNIA

PAGE 1

**CLIENT 411980** 

#### **COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER**

95-3622332

#### THE ENTITY'S 2024 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

#### PRIOR TO TRANSMISSION OF THE RETURN

#### **FORM 109**

THE ENTITY SHOULD REVIEW THEIR 2024 CALIFORNIA EXEMPT BUSINESS INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO E-FILING THE RETURN.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

#### AFTER TRANSMISSION OF THE RETURN

#### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS. DO NO

#### DO NOT MAIL:

FORM 8453-EO

#### STATE OF CALIFORNIA

RRF-1 (Rev. 01/20/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447

Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities



# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

COVE COMMUNITIES SENIOR ADBATHE JOSLYN CENTER	ASSOCI	ATION	Check if:	Check if:  Change of address							
Name of Organization											
			Amended	Amended report							
List all DBAs and names the organization uses or ha	s used		Organizat	on requests email notifications							
73750 CATALINA WAY Address (Number and Street)			State Charity	Registration Number 43466							
PALM DESERT, CA 92260-290	06			<u> 10 100                               </u>							
City or Town, State, and ZIP Code		TOGI INIGENIEED ODG	Corporation of	r Organization No. 1024112							
760-340-3220 Telephone Number	Email Addr	JOSLYNCENTER.ORG ess	Federal Emp	oyer ID No. 95-3622332							
ANNUAL REGISTE	RATION F	RENEWAL FEE SCHEDULE ( Make Check Payable to De	11 Cal. Code Reg	s. sections 301-307, and 310)							
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		ee					
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$50	Between \$250,001 and \$1 m Between \$1,000,001 and \$5 Between \$5,000,001 and \$2	million \$200	Between \$20,000,001 and \$100 millio Between \$100,000,001 and \$500 milli Greater than \$500 million	on \$8 ion \$1	300					
PART A – ACTIVITIES											
For your most recent full account	ting perio	od (beginning 7/01/	24 ending	6/30/25 ) list:							
Total Revenue \$	01 [01	Nanasah Cantributiana	e a l	O Total Accests \$ 2.04	r 2r						
		Noncash Contributions		0 Total Assets \$ 3,04	<u>5,25</u>	05.					
Program Expenses	\$ \$	1,200,110.	Total Expense	s \$ 1,638,954.							
PART B – STATEMENTS REGA	ARDING	ORGANIZATION DUR	ING THE PER	OD OF THIS REPORT							
Note: All questions must be answered	d. If you a	inswer "yes" to any of the qu	estions below, yo		Yes	No					
During this reporting period, were there any co trustee thereof, either directly or with an entity	ntracts, loar in which ar	ns, leases or other financial transact ny such officer, director or trustee ha	ons between the organ d any financial interest	ization and any officer, director or ?		X					
2 During this reporting period, was there any the	ft, embezzle	ement, diversion or misuse of the org	anization's charitable	property or funds?		Χ					
3 During this reporting period, were an	ıy organiz	zation funds used to pay any	penalty, fine or ju	idgment?		Χ					
<b>4</b> During this reporting period, were the coventurer used?	e services	s of a commercial fundraiser, fun	draising counsel for	or charitable purposes, or commercial		Χ					
5 During this reporting period, did the	organizat	ion receive any governmenta	al funding?	SEE STATEMENT 1	Χ						
6 During this reporting period, did the	organizat	ion hold a raffle for charitab	e purposes?			Χ					
7 Does the organization conduct a veh						Χ					
Did the organization conduct an inde generally accepted accounting princi	pendent ples for t	audit and prepare audited fir his reporting period?	nancial statements	s in accordance with	Χ						
9 At the end of this reporting period, d	id the org	ganization hold restricted net as	sets, while reportin	g negative unrestricted net assets?		Χ					
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.										
	BARR	RY KAUFMAN	TREASURE	3							
Signature of Authorized Agent	Printed I		Title	Date							

2024

#### **CALIFORNIA STATEMENTS**

PAGE 1

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

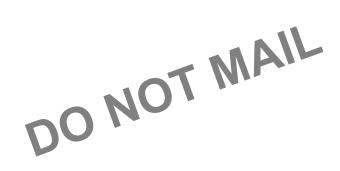
**CLIENT 411980** 

STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

1. CITY OF PALM DESERT 73-510 FRED WARING DR PALM DESERT, CA 92260 PAUL GIBSON 760-346-0611

2. CITY OF RANCHO MIRAGE 69-825 HIGHWAY 111 RANCHO MIRAGE, CA 92270 GLORIA GRIEGO 760-324-4511

3. CITY OF INDIAN WELLS 44-950 EL DORADO DR INDIAN WELLS, CA 92210 KEVIN MCCARTHY 760-346-2489



# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2024 calen	ndar year, o	r tax year beg	inning 7/	01	, 20	24, and endi	<b>ng</b> 6/	30	,	<b>20</b> 2025	5		
В	Check	if applicable:	С				D Emplo	yer identi	ification num	ıber					
	A	ddress change	COVE C	OMMUNTTTF	S SENIOR	ASSOCTA	ATTON			95-	3622	332			
		ame change		E JOSLYN		11000011				E Teleph					
	_	itial return		CATALINA						760	-340	-3220			
	$\vdash$		PALM D	ESERT, CA	92260-2	906				700	340	3220			
	_	nal return/terminated								<b>C</b> 0		Ċ 1	COF 004		
	-	mended return							T112 X 1- 41-1-	<b>G</b> Gross			685,984.		
	A	pplication pending	Name an	d address of princ	ipal officer: BAI	RRY KAUF	'MAN		` '	a group retu			Yes X No		
				S C ABOVE					If "No,	l subordinate " attach a lis	t. See ins	tructions.	Yes No		
<u> </u>		exempt status:	X 501(c)(3		-	insert no.)	4947(a)(1	) or 527							
J	We	bsite: W		NCENTER.	ORG				H(c) Group	exemption r	number				
K		n of organization:	X Corporati	ion Trust	Association	Other		L Year of forma	ation: 198	1 M	State of I	egal domicile	:: CA		
Pa	rt I	Summai													
	1				ssion or most										
Φ		HEALTH, RECREATIONAL, EDUCATIONAL, AND SOCIAL PROGRAMS ALONG WITH INFORMATION,													
2			REFERRAL, VOLUNTEER, AND SUPPORT SERVICES FOR ADULTS AGE 50+ IN THE COMMUNITIES OF INDIAN WELLS, PALM DESERT, RANCHO MIRAGE, AND SURROUNDING COMMUNITIES.												
Ĕ		<u>INDIAN</u> V													
Governance	2	Check this be			tion discontinu						net as	sets.			
<u>ن</u>					erning body (						3		13		
တ္သ	4			-	ers of the gov		•	•			4		13		
≝	5				in calendar y	•		•			5		29		
Activities &	6				if necessary)						6		80		
⋖					n Part VIII, co						7a		600.		
	D	Net unrelated	u business	taxable incom	e from Form	990-1, Part	i, iiile i i .				7b	0	0.		
	8	Contributions	c and grants	c (Dart \/III lii	ne 1h)					Prior Year			ent Year		
ē	9				ne 2g)				71-	1337,			260,659.		
Revenue	10				(A), lines 3,			[ ]	• •	132,			115,820.		
Ę,	11				lines 5, 6d, 8						886.		46,183.		
_	12				inles 3, ou, 8 11 (must equa					109, 1,820,		1	98,869. 521,531.		
	13				t IX, column					1,020,	101.	Ι,	321,331.		
	14														
			paid to or for members (Part IX solumn (A), line 4)								F 0 0		000 676		
S	15							•	-	964,520.			980,676.		
Expenses	16a			,	, column (A),	•									
ă.	b	Total fundrai	ising expens	ses (Part IX, o	column (D), lir	ne 25)		116,681.							
ш	17	Other expens	ses (Part IX	(, column (A),	lines 11a-11d	d, 11f-24e)				509,	820.		493,825.		
	18	Total expens	ses. Add line	es 13-17 (mus	st equal Part I	X, column (	A), line 25	5)		1,474,	340.	1,	474,501.		
	19	Revenue less	s expenses	. Subtract line	18 from line	12				345,		<u> </u>	47,030.		
ъ ĕ									Beginni	ng of Curre		End	of Year		
ets	20	Total assets	(Part X, lin	e 16)						2,913,			045,255.		
Ass Ba	21	Total liabilitie	es (Part X,	line 26)							775.	<u> </u>	99,508.		
Net Assets Fund Balanc	22	Net assets o	r fund balar	nces. Subtrac	t line 21 from	line 20				2,822,	506	2	945,747.		
Pa	rt II	Signatu				-				1,022,	300.		<u> </u>		
				ve examined this	return, including a	ccompanying sch	hedules and s	statements, and to	the hest of n	nv knowleda	e and heli	ef it is true	correct and		
com	olete. D	eclaration of preparent	arer (other than	officer) is based	on all information	of which prepare	er has any kno	owledge.	7 (110 2000 01 1	,ooag	o a.i.a 50ii	01, 10 10 11 100,	oorroot, and		
Siç	ın	Signature of	f officer						Date						
He	re	BARRY	KAUFMA	N					TREASU	RER					
	-		nt name and title												
		Preparer's	name		Preparer's sig	gnature		Date		Check	if	PTIN			
D-	: al	JOSE I		OS, CPA						self-employ	— "	P01660	1780		
Pa					DCEN CODI		DETT			acu-cuihio	you	T 0 T 0 0 0	, 00		
rre	epare e On	Also I			DSEN GORI	JON CAMP	חרדת			Eirm's CIN	۸.	21700	7.0		
US	U OI	Firm's addr		BOX 1826		262				Firm's EIN		-31782			
N/	, +b =	IDC digarrag #		LM SPRING	S, CA 922		tructions			Phone no.	(760	)) 320-  x  <b>v</b> ec	-6642		
11/12/	, 1170														

Par	t III		ervice Accomplishments a response or note to any line in this I	David III	<u>X</u>
1	Briefly	y describe the organization's mi		Part III	
•		SCHEDULE O	35.611.		
	<u> </u>				
2			ficant program services during the year v		
					Yes X No
_		s," describe these new services on			
3		ne organization cease conducting s." describe these changes on Sch	g, or make significant changes in how	it conducts, any program services?	Yes X No
4		,	equie O. service accomplishments for each of it	to three largest program convices on	maggired by evenences
7	Section	on 501(c)(3) and 501(c)(4) organ	nizations are required to report the am	nount of grants and allocations to other	ers, the total expenses,
	and re	evenue, if any, for each progran	service reported.		
4-	(Cada	) (Eveneses C	0.20 4.62 including grants of	Ć \(\sum_{\text{Payarus}}\)	Ċ
4a	(Code		932,463. including grants of VIDES RECREATIONAL ACTIV		
			AL OPPORTUNITIES TO SENI		
		MUNITIES.	AL OITOKIONITIES TO SENT	TOR CITIZENS IN THE SORT	OONDING
	0011				
	WEL	LNESS CENTER - THE W	ELLNESS CENTER PROVIDES	A HOLISTIC APPROACH TO	SENIOR WELLNESS
			D CLASSES INCLUDING AGIN		
			4LIFE EXCERCISE PROGRAMS		LSO HAS A
	<u>FIT</u>	<u>NESS CENTER WITH PRO</u>	<u>FESSIONAL STYLE EXCERCIS</u>	<u>SE_MACHINES.</u>	
					. – – – – – – – – –
<b>1</b> h	(Code	e: ) (Expenses \$	267,647. including grants of	\$ ) (Revenue	Ċ \
40	(Code		PROVIDES UP TO TWO MEALS		
			OF THE SURROUNDING COMMO		
		VED PER MONTH.	VI 1112 SOLUTION 1	<u> </u>	,
					. – – – – – – – – –
4c	(Code	e: ) (Expenses \$	including grants of	\$ ) (Revenue	\$ )
	,				·
					. – – – – – – – – – – – – – – – – – – –
4d	Other	program services (Describe on			
	(Ехре			) (Revenue \$	)
4e	Total	program service expenses	1,200,110.		

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

# Form 990 (2024) COVE COMMUNITIES SENIOR ASSOCIATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	• • • • • • • • • • • • • • • • • • • •			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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Form 990 (2024) COVE COMMUNITIES SENIOR ASSOCIATION

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Λ_
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14D		<u> </u>
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 <b>-</b>	If "Yes," complete Form 4720, Schedule O.			
	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
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			1	/

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. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?....SEE.SCHEDULE.O..... 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... Χ **b** 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...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* ... .SEE .SCHEDULE . O ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O...... 15a 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

DIANE SYLVESTER 73750 CATALINA WAY PALM DESERT CA 92260-2906 760-340-3220

# 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 employees."
- 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.

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.										
		(C)								_
(A) Name and title	(B) Average hours	(do not ched box, unless officer and a		heck i ss pei d a d	rson i irecto	s both r/trust	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W.2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JACK NEWBY	40									
EXECUTIVE DIR.	0			Χ				71,926.	0.	0.
(2) JAY G SELLER	40					1				
EXECUTIVE DIR.	0	-		X	1	1		65,452.	0.	0.
(3) BARBARA J MITCHELL PRESIDENT	$-\frac{1}{0}$	X		X	1			0.	0.	0.
(4) HUGO A AGUAS	$\Box$									
VICE PRESIDENT	0	X		Χ				0.	0.	0.
(5) BARRY KAUFMAN	11									
TREASURER	0	Х		Χ				0.	0.	0.
(6) CHARLES ALFARO	11							_	_	
DIRECTOR	0	Х						0.	0.	0.
	1									
DIRECTOR	0	Χ						0.	0.	0.
(8) LINDA BLANK	1							0	0	0
DIRECTOR	0	X						0.	0.	0.
(9) DIANE P HAAGA	11							0	0	0
DIRECTOR (10) BARBARA ROGERS	1	Х						0.	0.	0.
DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(11) ANN SIMLEY	1	Λ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(12) GILLETT HENRY WELLES	1	71						0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL O'KEEFE	1	† <del></del>								
DIRECTOR	0	Х						0.	0.	0.
(14) EVE FROMBERG EDELSTEIN	1									
DIRECTOR	0	Χ						0.	0.	0.

Part VII   Section A. Officers, Directors, 1rt	131003,	ley		-	C)	C3, (	arre	a riigilest con	ipensateu Emp	oyce.	• (conti	писи)
<b>(A)</b> Name and title	Average hours per week (list any hours for related organiza-	box,	unles er an	ss pei d a d	more rson i irecto	than os both r/truste employe	an ee)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the o an	(F) ated am of other nsation rganizat d related anization	from tion d
	tions below dotted line)	Individual trustee or director	nal trustee		oloyee	Highest compensated employee						
<u>(15)</u> <u>JAN HARNIK</u> DIRECTOR	1	Х						0.	0.			0.
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)							. 1	111				
(24)					1			1				
(25)		N			1							
1b Subtotal	<b>U</b>							137,378.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 137,378. more than \$100.00	0. 0. 0 of reportable comm	ensatio	า	0.
from the organization 0								,				1
3 Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste	ee, ke	ey ei	mplo	oyee	e, or	high	nest compensated	employee	3	Yes	No X
<ul> <li>For any individual listed on line 1a, is the sum of the organization and related organizations greate</li> </ul>	reportab	le co	aam	ensa	ition	and	oth	er compensation	from	. 3		Λ
such individual										. 4		X
<ul> <li>5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> </ul>	s," comple	ete S	che	dule	Jfo	or su	ch p	person		. 5		X
Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated indes	epen	dent	t cor	ntrad	ctors	tha	t received more the	nan \$100,000 of			
(A)  Name and business address					(B) Description			C) ensatio	n			
Total number of independent contractors (including b \$100,000 of compensation from the organization)	out not limi O	ited to	o tho	se I	istec	l abo	ve)	who received more	than			

	, 00:2 00:2:22 02:120: 120002:1120:
Part VIII	Statement of Revenue
	Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ທັທ	1a	Federated campaigns 1a				
再長	h	· · · · · · · · · · · · · · · · · · ·				
6 9	D					
S, C	С	Fundraising events				
きぎ	d	Related organizations 1d				
s, E	е	Government grants (contributions) 1e 356,581.				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and				
異な		similar amounts not included above 1f 757,845.				
<u>₽</u> 0	g	Noncash contributions included in lines 1a-1f				
o E	h	<b>Total.</b> Add lines 1a-1f	1 260 650			
	-"	Business Code	1,260,659.			
ЭĽ						
ਲ	2a	NUTRITIONAL SERVICES	71,162.	71,162.		
æ	b	SENIOR ACTIVITIES	41,380.	41,380.		
<u>.</u> 2	С	WELLNESS CENTER	2,678.	2,678.		
e⊾	d	ADVERTISING	600.		600.	
S	е					
Program Service Revenue	f	All other program service revenue				
වි			115 020			
۵.	g		115,820.			
	3	Investment income (including dividends, interest, and other similar amounts)	46 100			46 100
		Income from investment of tax-exempt bond proceeds	46,183.			46,183.
	4	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties				
		(i) Real (ii) Personal	•	JAIL		
	6a	Gross rents				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c 23,200.				
	d	Net rental income or (loss)	23,200.	23,200.		
		(i) Securities (ii) Other	23/200.	23/200.		
	/a	Gross amount from sales of assets				
		other than inventory 7a				
	b	Less: cost or other basis and sales expenses 7b				
		'				
		Gain or (loss)				
	d	Net gain or (loss)				
nue	8a	Gross income from fundraising events (not including \$ 76,412.				
š		of contributions reported on line 1c).				
ď		See Part IV, line 18				
Other Reven	b	Less: direct expenses <b>8b</b> 164,453.				
둦		Net income or (loss) from fundraising events	75,669.			
9			13,003.			
	9a	Gross income from gaming activities. See Part IV, line 19				
	L	Less: direct expenses 9b				
		· <u> </u>				
	С	Net income or (loss) from gaming activities				
	1 <b>0</b> a	Gross sales of inventory, less				
		returns and allowances				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
S.		Business Code				
Miscellaneous Revenue	11a					
올	b					
scellaneo Revenue	_					
ig ig	4	All other revenue				
<u> </u>	-					
		Total. Add lines 11a-11d		4.5		
	12	Total revenue. See instructions	1,521,531.	138,420.	600.	46,183.

Par	t IX	Statement of Functional Expens	ses			
Sect	ion 50 î	(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must co	omplete column (A).	
		Check if Schedule O contains a r				
Do n 6b, 7	ot inc 7b, 8b,	lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	organ See F	s and other assistance to domestic izations and domestic governments.				
	indivi	s and other assistance to domestic duals. See Part IV, line 22				
3	organi	s and other assistance to foreign izations, foreign governments, and for- ndividuals. See Part IV, lines 15 and 16				
4 5	Comp	fits paid to or for members bensation of current officers, directors, les, and key employees	137,378.	107,618.	14,229.	15,531.
6	Comp disqui section	pensation not included above to alified persons (as defined under on 4958(f)(1)) and persons described etion 4958(c)(3)(B)	0.	0.	0.	0.
7		salaries and wages	703,272.	550,924.	72,839.	79,509.
8	Pensi (inclu	on plan accruals and contributions de section 401(k) and 403(b) yyer contributions)	13,597.	10,651.	1,409.	1,537.
9		employee benefits	57,345.	44,924.		
10		oll taxes		54,119.	5,939. 7,155.	6,482.
11	,	for services (nonemployees):	69,084.	54,119.	1,155.	7,810.
		gement				
		gement				
		ınting				
		/ing			4	
	-	sional fundraising services. See Part IV, line 17				
		tment management fees				
g	Other. (A), an	(If line 11g amount exceeds 10% of line 25, column nount, list line 11g expenses on Schedule 0.)	47,020.	42,318.	4,702.	400
		rtising and promotion	77,097.	76,607.	4 014	490.
13		e expensesnation technology	33,503.	29,289.	4,214.	
14 15		ties	,—			
16	Occup	pancy				
17	Trave	L				
18	exper	lents of travel or entertainment nses for any federal, state, or local c officials				
19 20		erences, conventions, and meetings				
21		ents to affiliates				
22	Depre	eciation, depletion, and amortization				
23	Insura	ance	43,789.	30,782.	13,007.	
24	on line	expenses. Itemize expenses not ed above. (List miscellaneous expenses e 24e. If line 24e amount exceeds 10% e 25, column (A), amount, list line 24e ases on Schedule O.).				
а	<u>DEP</u>	RECIATION EXPENSE	76,451.	73,171.	2,882.	398.
b	REP.	AIRS & MAINTENANCE	61,958.	57,032.	4,926.	
С		LITIES	44,811.	40,330.	4,481.	
d	<u>WE</u> L	LNESS_CENTER	35,808.	35,808.		
		her expenses	73,388.	46,537.	21,927.	4,924.
25	Total f	unctional expenses. Add lines 1 through 24e	1,474,501.	1,200,110.	157,710.	116,681.
26	the or joint of camp Check	costs. Complete this line only if rganization reported in column (B) costs from a combined educational aign and fundraising solicitation.  k here  if following 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line	e in this Part X	<u> </u>	<u></u>	·
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			198,429.	1	183,446.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			100,000.	4	45,000.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribursons	tor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		, , ,		7	
Ø	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			12,445.	9	3,484.
As	_		1 1				5, 404.
	Tua	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	2,608,486.			
		Less: accumulated depreciation		1,191,566.	1,245,155.	10c	1,416,920.
	11	Investments – publicly traded securities			1,310,327.	11	1,178,070.
	12	Investments – other securities. See Part IV, line 11		l l	= / = = - / = = - ·	12	= / = : = / = : = /
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			46,925.	15	218,335.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,913,281.	16	3,045,255.
	17	Accounts payable and accrued expenses			90,775.	17	99,508.
	18	Grants payable		18			
	19	Deferred revenue		MIL	19		
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor or 3	5%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			90,775.	26	99,508.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	· [	X			
<u>a</u>	27	Net assets without donor restrictions			2,497,237.	27	2,572,419.
Ř	28	Net assets with donor restrictions		<u></u>	325,269.	28	373,328.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fund			30	
(SS	31	Retained earnings, endowment, accumulated income,	or other	funds		31	
) t	32	Total net assets or fund balances			2,822,506.	32	2,945,747.
ž	33	Total liabilities and net assets/fund balances	<u> </u>	<u></u>	2,913,281.	33	3,045,255.
RΔ	Δ	<del></del>	TEEA0111L	09/05/24	<del></del>		Form <b>990</b> (2024)

Par	rt 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)	I	1,52	21,5	31.
2	Total expenses (must equal Part IX, column (A), line 25)			74,5	
3	Revenue less expenses. Subtract line 2 from line 1			17,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1			06.
5	Net unrealized gains (losses) on investments			76,2	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain on Schedule O)	)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
<b>D</b>	column (B)) 10	)	2,94	45 <b>,</b> 7	<u>47.</u>
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unif Guidance, 2 C.F.R. Part 200, Subpart F?	torm	3а		X
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	TEFA0112L 09/05/24		Earm	aan (	2024

#### 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER 95-3622332 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.) 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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.

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. 12 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. **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.** 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. 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. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			T W	AIL		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		7 19	), ,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ט					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						
	Public support percentage from 2						%
16a	<b>33-1/3% support test—2024.</b> If the and <b>stop here.</b> The organization						
b	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	, and line 15 is 33	3-1/3% or more,	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in Part	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstances	s test, check this b	oox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	eck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see in	structions

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.)

Sec	tion A. Public Support		· · · · · ·	·			
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	907,893.	890,308.	402 361	1,484,312.	1 184 247	4,869,121.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	132,894.	348,934.	385,068.			1,498,732.
3	Gross receipts from activities that are not an unrelated trade	132,094.	340,934.	303,000.	313,302.	310,334.	
4	or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge	60,000.	60,000.	60,000.	60,000.	60,000.	300,000.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,100,787.	1,299,242.	847,429.	1,859,614.	1,560,781.	6,667,853.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	<b>Public support.</b> (Subtract line 7c from line 6.)	0.	0.	- 1	All	0.	6,667,853.
Sec	tion B. Total Support			14			,
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
9	Amounts from line 6	1,100,787	1,299,242.	847,429.	1,859,614.	1,560,781.	6,667,853.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,550.	16,904.	12,811.	39,886.	46,183.	131,334.
c	Add lines 10a and 10b	15,550.	16,904.	12,811.	39,886.	46,183.	131,334.
-	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13,330.	10, 504.	12,011.	33,000.	40,103.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,116,337.			1,899,500.		6,799,187.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•		98.07 %
	Public support percentage from 2					16	98.48 %
	tion D. Computation of Inv						
	Investment income percentage f	•	• • •	-			1.93 %
	Investment income percentage f						1.52 %
	<b>33-1/3% support tests—2024.</b> If t is not more than 33-1/3%, check <b>33-1/3% support tests—2023.</b> If t	this box and <b>sto</b> l the organization d	<b>p here.</b> The organi id not check a box	ization qualifies a c on line 14 or lir	as a publicly supp ne 19a, and line 1	orted organization 6 is more than 33-	1 <u>X</u> -1/3%, and
20	Private foundation. If the organization		-				

95-3622332

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

BAA TEEA0404L 08/30/24 Schedule A (Form 990) 2024

	edule A (Form 990) 2024 COVE COMMUNITIES SENIOR ASSOCIATION 95-362233	2	F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
а	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?	11a		
h	A family member of a person described on line 11a above?	11b		
	Thamily member of a person described on line tha above.			
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
1	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? If "No," describe in <b>Part VI</b> 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.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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>	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а				
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
t	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in <b>Part VI.</b></i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

95-3622332

Schedule A (Form 990) 2024 COVE COMMUNITIES SENIOR ASSOCIATION

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

Pa	rt v   Type in Non-Functionally integrated 505(a)(5) Supporting Orga	aiiiZa	110115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain ir ist complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
ä	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	4.1	
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally inte	egrate	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2024 Schedule A (Form 990) 2024 COVE COMMUNITIES SENIOR ASSOCIATION 95-3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 95-3622332

Sec	Section D – Distributions				
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <i>Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2024	ions	(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 — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
_	From 2020				
	From 2021				
	From 2022				
	From 2023				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
ł	Applied to 2024 distributable amount				
	i Carryover from 2019 not applied (see instructions)	141.			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
-	Excess from 2024				

BAA Schedule A (Form 990) 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.)

COVE COMMUNITIES SENIOR ASSOCIATION



#### Schedule B (Form 990)

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

# PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization COVE COMMUNITIES SENIOR ASSOCIATION  Employer identification number					
DBA THE	JOSLYN CENTER	95-3622332			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	วท			
	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 <b>General Rule</b> or a <b>Special Rule</b> .  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  To ran organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000					
or more (in money or a contributor's total o	property) from any one contributor. Complete Parts Land II. See instructions for deficient ributions.	ermining			
Special Rules	UO 1.				
regulations under section 16b, and that receives	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lined from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or			
contributor, during th	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,			
contributor, during th contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions exclusively for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions th n exclusively religious, charitable, etc., purpose. Don't complete any of the pa to this organization because it received nonexclusively religious, charitable, ore during the year.	no such lat were received arts unless the etc., contributions			
	sn't covered by the General Rule and/or the Special Rules doesn't file Schedu e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9				

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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COVE	COMMUNITIES	DENTOR	UDDOCTUTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$246,041.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$91,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 24,961.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,055.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>175,000</u> .	Person X Payroll

Name of organization								
COVE	COMMUNITIES	SENIOR	ASSOCIATION					

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>12,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization									
COVE CO	MMUNITIES	SENIOR	ASSOCIATION						

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _		\$150,070.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _		\$120,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _		\$ 5,000.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _		\$ 5,000.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _		\$ <u>75,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$ 37,500.	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)							
Name of o	Name of organization						
COVE	COMMUNITIES	SENIOR	ASSOCIATION				

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _		\$10,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _		\$ <u>_13,719.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _		\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u> _		\$45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _		\$45,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

COVE COMMUNITIES SENIOR ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		S	
(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$ 	
(a) No.	(b)  Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>		
		\$	
RΛΛ	TEEA0703L 01/02/25	Schadula B (For	m 990) (Pay 12-202

Page 4

Name of organization
COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number 95-3622332

Part III	<b>Exclusively</b> religious, charitable, et or (10) that total more than \$1,000 the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	for the year from any one co ompleting Part III, enter the total of (Enter this information once. See in					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
		s, allu zir + 4	readuliship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	_ ,						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee				
BAA		TEEA0704L 01/02/25	Schedule B (Form 990) (Rev. 12-2024)				

## 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER 95-3622332 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 Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year) . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included on line 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. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 \$ 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)?..... 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..... 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 Main	anning Conecut	IIIS UI AI I, IIIS	torical freasures,	or Guier Similar As	33C13 (	COLILII	nu <del>c</del> u)
3 Using the organization's acquisition items (check all that apply).	, accession, and other	r records, check ar	ny of the following that m	nake significant use of its	collection	า	
a Public exhibition		<b>d</b> Loan o	or exchange program				
<b>b</b> Scholarly research		e Other					
c Preservation for future generation	ations						
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they	further the organization'	s exempt purpose in			
<b>5</b> During the year, did the organizar to be sold to raise funds rather the	nan to be maintained	d as part of the o	t, historical treasures, or rganization's collection	or other similar assets	Yes		X No
Part IV Escrow and Custod Complete if the orga Form 990, Part X, lir	nization answer	t <b>s</b> ed "Yes" on F	orm 990, Part IV, I	ine 9, or reported a	ın amo	unt o	n
1a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or o	ther intermediary	for contributions or oth	ner assets not included	Yes		No
<b>b</b> If "Yes," explain the arrangement in	Part XIII and comple	te the following tal	ble.		<u>.</u>	_	
					Amount		
<b>c</b> Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a				·		-	No
<b>b</b> If "Yes," explain the arrangement	I III Part AIII. CHECK	nere ii the explai	nation has been provid	eu III Part XIII			
Part V Endowment Funds							
Complete if the orga	nization answer	ed "Yes" on F	orm 990. Part IV. I	ine 10.			
		1			+		
4 5	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our year	s back
<b>1a</b> Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses  d Grants or scholarships			7 141.		+		
e Other expenditures for facilities							
and programs		1110					
f Administrative expenses	ne	, -					
<b>g</b> End of year balance	V						
2 Provide the estimated percentage	e of the current year	end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endow	vment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
<b>b</b> Permanent endowment	<del></del> %						
c Term endowment	%						
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.					
3a Are there endowment funds not in the	he possession of the	organization that a	re held and administered	I for the			1
organization by:						Yes	No
(i) Unrelated organizations?					3a(i)		
(ii) Related organizations?					3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the relative to the second of the secon					. 3b		
4 Describe in Part XIII the intended  Part VI Land. Buildings. and		Laudii S elludwiffle	ant iulius.				
Land, Buildings, and Complete if the organization		n Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.			
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
<b>1a</b> Land							
<b>b</b> Buildings			639,060.	411,900.		227	,160.
c Leasehold improvements			1,373,262.	461,902.	-		,360.
<b>d</b> Equipment			296,365.	201,653.		94	,712.
e Other			299,799.	116,111.		183	,688.
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X, I	ine 10c, column (B))				,920.
				Cohodula D /Faur	000\ /E	10	2024

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

Part VII	Complete if the organization answered "Yes" or	n Form 990 Part IV lin	N/A na 11h Saa Form 990 Part Y lina 12	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	al derivatives	(4)	(o) mountain or tunnation cost of one	
	held equity interests.			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	n Form 990 Part IV lin	N/A 11c See Form 990 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			,,	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" or	n Form 990 Part IV lin	e 11d See Form 990 Part Y line 15	
	(a) De	escription	ic 11d. Sco 101111 930, 1 drt X, IIIIc 13.	(b) Book value
	LECTIONS			46,925.
	STRUCTION IN PROGRESS	NO		171,410.
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)	_			
(9)				
	umn (b) must equal Form 990, Part X, line 15, o	column (B))		218,335.
Part X	Other Liabilities	. Form 000 Dort IV lin	a 11a av 11f Can Farm 000 Dart V line	. OF
1.	Complete if the organization answered "Yes" or	ription of liability	le Tre of Tri. See Form 990, Part X, line	(b) Book value
	ral income taxes	прион от навшу		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	·			
	umn (b) must equal Form 990, Part X, line 25, c	olumn (B))		
	uncertain tax positions. In Part XIII, provide the text of the fo			's liability for uncertain
-	inder FASB ASC 740. Check here if the text of the footnote ha	=		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,597,742.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	211.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		76,211.
3 Subtract line 2e from line 1		1,521,531.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,521,531.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	s per Returi	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2a  2b	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	s per Returi	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	s per Returi	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	s per Returi	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.	s per Returi	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	s per Returi 1 2e 3	1,474,501.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.	s per Returi	1,474,501.

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

#### SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COVE COMMUNITIES SENIOR ASSOCIATION  DBA THE JOSLYN CENTER						Employer identification number 95–3622332		
F 1 ' ' A 1' ' ! O		nization a	nswered "	Yes" on Form 990. Par	t IV. line		<u> </u>	—
Form 990-EZ filers are not re	equired to comp	lete this p	art.					
1 Indicate whether the organization	raised funds th	rough any		*				
a Mail solicitations			е	<u>'</u>	-	-		
<b>b</b> Internet and email solicitations	S		f	Solicitation of gove		grants		
c Phone solicitations			g	Special fundraising	events			
<b>d</b> In-person solicitations								
2a Did the organization have a written employees listed in Form 990, Par	n or oral agree	ment with	any individ	dual (including officers,	director	s, trustees, or l	key Yes XI	١
<b>b</b> If "Yes," list the 10 highest paid indiv				_				10
compensated at least \$5,000 by the	ne organization		ors) pursua	nt to agreements under v	WITHCIT LITE	Turiuraiscr is to	DC	
		(III) Did	£		<b>(v)</b> An	nount paid to	(vi) Amount paid t	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r	etained by) aiser listed in	(or retained by)	J
or criticy (rundralisor)		of contr	ibutions?	nom activity	iuiiui a	col. <b>(i)</b>	organization	
		Yes	No					
1								
2								
•								
3				1	. 1			
4								
4			. 0	1 /A				
								—
5			1					
6								
7								
8								
9								
10								
10								
					-			—
Гоtal								0.
3 List all states in which the organizati				ontributions or has been	notified i	t is exempt from		<u></u>
or licensing.	-						-	

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.

ne			(a) Event #1  FASHION SHOW (event type)	(b) Event #2 WINE PAIRING (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	160,836.	102,177.	53,521.	316,534.			
~	2	Less: Contributions	36,700.	33,052.	6,660.	76,412.			
	3	Gross income (line 1 minus line 2)	124,136.	69,125.	46,861.	240,122.			
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs							
Expe	7	Food and beverages							
Direct Expenses	8	Entertainment							
莅	9	Other direct expenses	59,626.	76,006.	28,821.	164,453.			
	10	Direct expense summary. Add lines 4 three			L	164,453.			
<u> </u>	11	Net income summary. Subtract line 10 fro				75,669.			
Par		<b>Gaming.</b> Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye: e 6a.	s" on Form 990, Pa	irt IV, line 19, or re	ported more			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
ž	1	Gross revenue	.10	7 141					
ses	2	Cash prizes.	ONC						
Direct Expenses	3	Noncash prizes	, –						
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)					
а	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?  b If "No," explain:								
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Sche	edule G (Form 990) (Rev. 12-2024) COVE COMMUNITIES SENIOR ASSOCIATION 95-3622332	Page 3
	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
á	a The organization's facility	%
	<b>b</b> An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
	Name	1
	Address	 
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□No
ŀ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v);

#### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-3622332

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

DBA THE JOSLYN CENTER

COVE COMMUNITIES SENIOR ASSOCIATION

THE JOSLYN CENTER PROVIDES HEALTH, RECREATIONAL, EDUCATIONAL, AND SOCIAL PROGRAMS ALONG WITH INFORMATION, REFERRAL, VOLUNTEER, AND SUPPORT SERVICES FOR ADULTS AGE 50+ IN THE COMMUNITIES OF INDIAN WELLS, PALM DESERT, RANCHO MIRAGE, AND SURROUNDING COMMUNITIES.

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS PAY \$30 PER YEAR IN RETURN FOR RECEIPT OF THE ORGANIZATION'S NEWSLETTER OF UPCOMING EVENTS AND MAY RECEIVE REDUCED RATES TO EVENTS AND CLASSES AS A MEMBERSHIP BENEFIT.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT COPIES OF THE TAX RETURN ARE PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING OF THE RETURN

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

AN ANNUAL QUESTIONNAIRE IS USED TO DISCLOSE ANY CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE FINANCE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR COMPENSATION ANNUALLY AND BASED
UPON COST OF LIVING ADJUSTMENTS, COMPENSATION OF SIMILAR POSITIONS AT OTHER
ORGANIZATIONS, AND PERFORMANCE, RECOMMENDS ANY CHANGES TO THE BOARD OF DIRECTORS.
THE BOARD OF DIRECTORS APPROVES THE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ORGANIZATION RESEARCHES SALARIES FOR COMPARABLE POSITIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS CAN BE OBTAINED BY REQUEST TO THE BOARD OF DIRECTORS.

Date	Accepted

TAXABLE	YEAR Califo	rnia e-file R	eturn Autho	rization for		FORM
202		ot Organizat				8453-EO
Exempt Orga	anization name	<u> </u>			Ide	entifying number
	COMMUNITIES SEN				95	5-3622332
	Electronic Return In al gross receipts or unre			line 4 or Form 100 lin	20 F)	1 0.
	al gross receipts of unite		•		•	
	und (Form 109, line 26).	•		•		
	ance due or Total amou					
Part II	Settle Your Account	nt Electronically	for Taxable Year	2024		
5	Direct deposit of refund	(Form 109 only.)				
6	Electronic funds withdra	wal <b>6a</b> Amount		<b>6b</b> Withdrawal	date (mm/dd/yyyy)	
Part III	Schedule of Estimated	Tax Payments for T	axable Year 2025 (The	ese are <b>not</b> installment payme	ents for the current amou	unt the exempt organization owes.)
			First Payment	Second Payment	Third Payment	Fourth Payment
7 Am						
	ndrawal Date					
	Banking Informati	<b>on</b> (Have you verifie	ed the exempt organiz	zation's banking inform	ation?)	
	ting number		<del></del>		¬ г	٦
	ount number			11 Type of account:	Checking	Savings
	Declaration of Office		attlad as designated i	in Part II. If Lahaak Par	t II boy E I doolor	re that the bank account
specified electronic account substitution or return or corresponding or the tastatement refund is described by the statement of the statement	in Part IV for the direct of funds withdrawal for the specified in Part IV.  Inalties of perjury, I declare ginator (ERO), transmitted in the exempton's return is true, correct of (FTB) does not received (FTB) does not received (FTB) and all applicates be transmitted to the FTB to elayed, I authorize the FTB to elayed, I declare, I will genitative on form FTB 8 dinformation that I will to de-file Providers. I will ganization return is filed, nalties of perjury, I declared.	deposit refund agree e amount listed on listed on listed on listed and listed on listed are that I am an officer of er, or intermediate storganization's 2024, and complete. If the efull and timely pays ble interest and pen by the ERO, transmodisclose to the ERO or above exempt orgam only an intermediowever, that form FT 453-EO before transile with the FTB, and keep form FTB 8453 whichever is later, and are that I have exampted on the exampted of the exampted	f the above exempt orgervice provider and the Acalifornia electronic exempt organization is ment of the exempt of acties. I authorize the litter or intermediate so intermediate service provider, TB 8453-EO accurate mitting this return to defend the above exempt of a will make a copy avained the above exempt organization.	ganization and that the in the amounts in Part I also return. To the best of filing a balance due returnation's tax liability exempt organization returned provider. If the process ider the reason(s) for the description of the filing a balance due returned provider. If the process ider the reason(s) for the description of the filing and Paid Preparer. It that the entries on form I understand that I amongly reflects the data on the FTB. I have provide the requirements description of the filing provided the requirements description of the filing provided the fili	i. If I check Part II, listed on Part III, lis	box 6, I authorize an ine 7 from the bank  to my electronic e amounts on the I belief, the exempt tif the Franchise enization will remain liable enying schedules and anization's return or the refund was sent.  e complete and correct to reviewing the exempt obtained the organization officer with a copy of all 1345, 2024 Handbook for ur years from the date the the paid preparer, g schedules and in based on all information
ERO	ERO's signature			also prep	ck if paid X Check if self-employed	P01660780
Must	Firm's name (or yours	MARYANOV MAI	DSEN GORDON CA	MPBELL	Firn	m's FEIN
Sign	if self-employed) and address	PO BOX 1826 PALM SPRINGS	,		CA ZIP	95-3178278 Coode 92263
Under penal	ties of perjury, I declare that I h			ompanying schedules and state	CH	of my knowledge and belief, they
	rect, and complete. I make this			e knowledge.	,	, , , , , , , , , , , , , , , , , , , ,
Paid	Paid preparer's signature			Date	Check if self-employed	Paid preparer's PTIN
Prepare					Firn	m's FEIN
Must Sign	Firm's name (or yours if self- employed) and address				ZIP	code

059						
Date Accepted				NOT MAIL 1	HIS F	ORM TO THE FTB
TAXABLE YEA	R California e-file F	Return Author	ization for			FORM
2024	Exempt Organiza	ations				8453-EO
Exempt Organizatio					Identifying	number
	UNITIES SENIOR ASSOCIAT				95-36	522332
	tronic Return Information (whole					1 605 004
	ss receipts or unrelated business taxass income or total tax (Form 199, line					
	form 109, line 26)				-	1,005,904.
`	due or Total amount due (Form 199,				_	0.
Part II Sett	le Your Account Electronicall	y for Taxable Year	2024			
5 Direc	t deposit of refund (Form 109 only.)					
6 Elect	ronic funds withdrawal <b>6a</b> Amou	ınt	<b>6b</b> Withdrawal	date (mm/dd/yy	/y)	
Part III Sche	dule of Estimated Tax Payments for	Taxable Year 2025 (Thes				exempt organization owes )
	xaro or Estimatoa Tax i aymonto isi	First Payment	Second Payment	Third Payme		Fourth Payment
7 Amount						
8 Withdraw						
Part IV Ban	king Information (Have you veri	fied the exempt organiza	ation's banking informa	ation?)		
9 Routing r				7		
10 Account r	<u> </u>		1 Type of account:	Checking	Sa	ivings
	aration of Officer exempt organization's account to be	antilad on decimanted in	Dowl II If I about Dow	4	امال مال	t the head, sees, at
electronic fund account specifi Under penalties return originate corresponding organization's re Tax Board (FTE for the tax liabi	of perjury, I declare that I am an officer or (ERO), transmitter, or intermediate lines of the exempt organization's 20 sturn is true, correct, and complete. If the strue is true is true, correct, and complete if the strue is true, and receive full and timely partitly and all applicable interest and personal partitly.	of the above exempt organization of the above exempt organization is asymmetric of the exempt organization is asymmetric of the exempt organization of the exempt organization is asymmetric of the exempt organization.	anization and that the in- e amounts in Part I ab return. To the best of illing a balance due retu ganization's tax liabilit exempt organization re	formation I provide the provided agree with my knowledge arn, I understand by, the exempt opturn and accompany.	I, line 7 led to my the amo and belie that if the rganizat apanying	from the bank  y electronic tunts on the ef, the exempt e Franchise ion will remain liable y schedules and
	ansmitted to the FTB by the ERO, trans  I authorize the FTB to disclose to the ERO					
retuna is uciayea,	Taddionize the FTB to disclose to the English			-	on the ren	and was sent.
Sign	0: 1 (6)		TREASURE	R		
Here	Signature of officer  laration of Electronic Return	Originator (FDO) as	nd Paid Proparer	Can imply sations		
I declare that I the best of my organization's officer's signate forms and infor Authorized e-fil exempt organiza under penalties	have reviewed the above exempt org knowledge. (If I am only an interme return. I declare, however, that form are on form FTB 8453-EO before transmation that I will file with the FTB, a e Providers. I will keep form FTB 848 tion return is filed, whichever is later, a is of perjury, I declare that I have exa d to the best of my knowledge and b	ganization's return and the diate service provider, I FTB 8453-EO accurately asmitting this return to the I have followed all ot 53-EO on file for <b>four</b> yeard I will make a copy avail mined the above exemp	hat the entries on form understand that I am in reflects the data on the ne FTB. I have provide ther requirements desc tears from the due date tilable to the FTB upon re t organization's return	n FTB 8453-EO not responsible ne return.) I have the organization of the return or equest. If I am all and accompany	are com for revie e obtain on office b. 1345, four yeas so the pa	ewing the exempt and the organization or with a copy of all and 2024 Handbook for ars from the date the aid preparer, edules and
	RO's gnature		Date Cheralso prep	paid <b>y</b> self-	" 🗖 🗆	ERO'S PTIN P01660780
Must Fi	m's name (or vours L		MPBELL		Firm's FEII	
	self-employed) d address  PO BOX 1820 PALM SPRING			CA		95-3178278 92263
Under penalties of r	perjury, I declare that I have examined the above		npanying schedules and state			
are true, correct, a	nd complete. I make this declaration based on a			Check if		Paid preparer's PTIN
Paid Preparer	signature			self-employed	Firmal- FF"	NI .
Must Sign	Firm's name (or yours if self-employed) and				Firm's FEII ZIP code	N

Firm's name (or yours if self-employed) and address

**CLIENT 411980** 

## 2024 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BAS <u>REDUC</u>	IS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR.	SCHEDULE ONLY																
AUT	O / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609						_		29,609	27,335	200DB H	/ 7	.08930	2,27
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	C	)	0	29,609	27,335				2,2
BUI	LDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537								156,537	156,537	S/L H	/ 3		
2	BUILDING #2 PP & E	VARIOUS		18,838					<b>44.</b> 7	•		18,838	18,838	S/L H	/ 5		
3	ART CENTER	4/01/98		91,569				T N				91,569	61,538	S/L MN	1 39	.02564	2,3
4	WELLNESS CENTER	5/31/06		259,107				TN				259,107	127,068	S/L MN	1 39	.02564	6,6
63	IRRIGATION METER	10/18/12		7,283			NC	) \ '				7,283	5,589	S/L H	/ 15	.06670	4
64	SHED-LAWN BOWLING	6/03/13		3,484	1	<b>5</b> 0	14					3,484	2,668	S/L H	/ 15	.06670	2
67	WATER METER BLDG #2	10/18/12		2,413	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							2,413	1,878	S/I	_ 15		1
75	ROOF	6/30/14		97,954								97,954	25,120	S/I	_ 39		2,5
136	WATER HEATER	5/10/21		1,875						_		1,875	213	S/L MN	1 27.5	.03636	
	TOTAL BUILDINGS			639,060		0	0	0	C	)	0	639,060	399,449				12,4
FUR	NITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165								8,165	8,165	S/L H	1 7		
6	10 ROUND TABLES	3/01/98		4,234								4,234	4,234	S/L H	/ 7		
7	STAGE & POSTERS	3/26/03		22,840								22,840	22,840	200DB H	/ 7		
8	AUDITORIUM CHAIRS	1/01/05		12,560								12,560	12,560	200DB H	/ 5		
9	STACKING CHAIRS	3/21/06		4,861								4,861	4,861	S/L H	/ 5		
10	STORAGE CABINET	9/09/05		901								901	901	S/L H	/ 7		

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## 2024 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST		SUS.	CUR 179 ONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPI	DEC	. BAL	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
11	THEATER DRAPES	6/20/06		1,152								1,152	1,152	S/L HY	5		0
12	DESK - DIANE	6/11/07		1,570								1,570	1,570	S/L HY	7		0
13	EXIT SIGNAGE	7/10/06		2,033								2,033	2,033	S/L HY	5		0
14	CARPOST/MONUMENT LIGHTING	1/10/07		5,242								5,242	5,242	S/L HY	7		0
15	DESK - DANIEL'S	3/10/08		2,089								2,089	2,089	S/L HY	7		0
16	KAWAI BABY GRAND PIANO	11/01/07	1	0,000								10,000	9,731	200DB HY	7		0
17	BINGO EQUIPMENT	4/20/09		2,694								2,694	2,694	S/L HY	7		0
82	LEE'S OFFICE FURNITURE	11/30/14		1,745								1,745	1,549	S/L	5		0
83	EXTERIOR LIGHTING	12/31/14		5,350								5,350	3,213	S/L	15		357
84	LOBBY FURNITURE	5/01/15	1	0,105						- 10		10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749						(1)		749	553	S/L	7		107
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749				1	M	4,,		749	553	S/L	7		107
118	LOBBY FURNITURE	5/31/19	1	0,260	_		N	י דכ				10,260	8,885	200DB HY	7	.08930	916
	TOTAL FURNITURE AND FIXTURE		10	7,299	C	Q	C	)	0	0	(	107,299	102,593				1,487
IMF	PROVEMENTS																
18	GROUND IMPROVEMENTS	VARIOUS	3	3,989								33,989	33,989	S/L MM	39	.02564	0
19	GROUND IMPROVEMENTS	1/01/96		4,640								4,640	4,640	S/L HY	5		0
20	BUILDING #1 IMPROVEMENTS	1/01/96	2	28,070								28,070	28,070	S/L HY	5		0
21	BUILDING #2 IMPROVEMENTS	1/01/96		6,051								6,051	6,051	S/L HY	5		0
22	GROUND IMPROVEMENTS - PAV	9/01/98		9,634								9,634	6,371	S/L MM	39	.02564	247
23	BLDG 1 - CARPETING	4/22/00		6,195								6,195	6,195	200DB HY	7		0
24	BLDG 1 - 8 CEILING FANS	6/05/01		2,065								2,065	2,065	200DB HY	7		0
25	GROUND IMPROV SIDEWALKS	6/18/01		3,500								3,500	3,500	150DB HY	15		0
26	LIGHTING INDOOR	9/18/01		2,872								2,872	2,872	200DB HY	7		0
27	REMODELING	1/08/02	2	2,300								22,300	13,046	S/L MM	39	.02564	572

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

		DATE	DATE COST/	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG /BASIS	DEPR.	PRIOR				CURRENT
NO.	DESCRIPTION	ACQUIRED	SOLD BASIS	PCT.	BONUS	ALLOW.	SP. DEPR.	DEPR.	REDUCT	BASIS	DEPR.	METHOD	LIFE	RATE	DEPR.
28	REMODELING	2/07/02	4,970	)						4,970	2,842	S/L MN	l 39	.02564	127
29	LIGHTING - INDOOR	4/09/02	1,230	)						1,230	1,230	200DB H	7		0
30	LIGHTING - OUTDOOR	4/27/02	1,280	)						1,280	1,280	200DB H	7		0
31	CARPORTS	2/07/02	11,665	i						11,665	7,839	S/L MN	1 39	.02564	299
32	PARKING LOT CONCRETE	4/09/02	4,687	,						4,687	3,042	S/L MN	1 39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02	1,222	!						1,222	870	S/L MN	1 39	.02564	31
34	CARPORTS	4/26/02	12,690	)						12,690	8,227	S/L MN	1 39	.02564	325
35	CARPORTS	6/07/02	2,990	)						2,990	1,949	S/L MN	1 39	.02564	77
36	CARPORTS	7/09/02	3,200							3,200	1,882	S/L MN	1 39	.02564	82
37	PARKING LOT ISLANDS	8/08/02	4,615	i				- 1		4,615	2,709	S/L MN	1 39	.02564	118
38	BATHROOM REMODELS	10/10/02	14,116	i				4 V		14,116	8,308	S/L MN	1 39	.02564	362
39	SOUND SYSTEM	12/09/03	5,623				7	112.		5,623	5,623	200DB H	7		0
40	PARKING LOT EXPANSION & L	3/16/04	69,013			MIC	TN			69,013	35,887	S/L MN	1 39	.02564	1,769
41	BATHROOM REMODEL	6/20/06	8,440	1	$\sim 0$	14				8,440	3,897	S/L MN	1 39	.02564	216
42	ART CENTER & OFFICE A/C	12/28/05	3,944	. '	V					3,944	1,873	S/L MN	I 39	.02564	101
43	MP3 CENTER FLOORING	10/20/05	5,896	i						5,896	4,834	S/L H	′ 10		0
44	NEW LIGHTING	8/10/05	2,772	!						2,772	2,772	S/L H	7		0
45	OUTSIDE LIGHTING	5/10/06	1,823							1,823	1,823	S/L H	7		0
46	SUB PANEL	6/20/06	2,495	i						2,495	2,495	S/I	. 5		0
47	NEW A/C - CLARK	7/20/06	3,200	1						3,200	1,473	S/L MN	1 39	.02564	82
48	NEW A/C - AGEING	8/10/06	3,400	1						3,400	1,555	S/L MN	I 39	.02564	87
49	BATHROOM REMODEL	7/20/06	5,600	1						5,600	2,586	S/L MN	1 39	.02564	144
50	9 A/C UNITS	8/10/07	52,500	1						52,500	51,055	S/L H	′ 10		0
51	THEATER SI	4/10/08	2,725	i						2,725	1,135	S/L MN	1 39	.02564	70
52	KITCHEN REMODEL	2/10/09	26,770	1						26,770	26,770	S/L H	15		0
74	CARPET	9/26/13	8,724	•						8,724	1,018	S/I	. 5		0
76	LIGHTING FIXTURES EXTERIOR	6/05/14	1,285	i						1,285	867	\$/1	. 15		86

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	1155	_RATE	CURRENT DEPR.
	SOLATUBES-SKYLIGHTS	5/28/14		<u> </u>	DUNUS	ALLUW.	SP. DEPR.	DEPK	<u>REDUCT</u>	2,175	1,462	S/L		KAIE .	<u>DEPR.</u> 145
	DRIP IRRIGATION VALVES	6/13/16	2,175 3,605							3,605	2,142	37L 150DB HY	15	.05900	213
	TURF CONVERSION	10/20/15	49,244							49,244	30,703	150DB HY		.05900	2,905
	BUILDING #1 FLOORING	6/27/16	41,423							41,423	10,567	S/L		.03300	1,062
89	BUILDING #2 FLOORING	6/27/16	33,779							33,779	8,617	3/L S/L			866
90	GRNDS IMPV (TREE REMOVAL)	11/16/16	7,925							7,925	4,004	S/L			528
91	COURTYARD TURF	6/19/17	26,230							26,230	12,243	S/L			1,749
•	SURVEILLANCE EQUIPMENT	5/01/17	9,639							9,639	9,639	S/L			0
	ART CENTER REFURB	6/21/17	14,150							14,150	2,541	S/L			363
	EXIT SIGN REPLACEMENT	8/01/16	1,788							1,788	1,788	S/L			0
95	THEATER WIRING	1/31/17	4,350					- ~ 1		4,350	830	S/L	39		112
	GREEN ROOM REFURB	6/21/17	1,199				TN	יאו		1,199	217	S/L	39		31
97	GAS LINE METER	6/05/17	4,970			-10				4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16	6,780		-0	Mc				6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17	6,140	1	0					6,140	1,080	S/L MM	39	.02564	157
108	PARKING LOT RESURFACE	12/12/17	10,488							10,488	4,549	S/L HY	15	.06670	700
109	EXTERIOR PAINT & CONCRETE	6/13/18	25,120							25,120	3,891	S/L MM	39	.02564	644
113	METAL EDGING - COURTYARD	2/28/19	3,465							3,465	1,270	S/L HY	15	.06670	231
114	PARKING LOT LIGHTING	6/26/19	5,969							5,969	2,189	S/L HY	15	.06670	398
117	HEAT & A/C - LOBBY	1/14/19	7,479							7,479	1,048	S/L MM	39	.02564	192
126	DECOMP GRANITE REFRESH	3/31/20	10,000							10,000	3,001	S/L HY	15	.06670	667
129	OFFICE A/C	3/13/20	33,885							33,885	3,730	S/L MM	39	.02564	869
130	THEATER LIGHTING	5/31/21	8,309							8,309	5,124	S/L	5		1,662
131	A/C HEAT	12/30/20	8,200							8,200	744	S/L MM	39	.02564	210
132	PARTITION WALL-DEV OFFICE	2/03/21	4,875							4,875	422	S/L MM	39	.02564	125
135	SIGNAGE	6/30/21	2,022							2,022	1,212	S/L	5		404
137	WATER PUMP	6/30/22	1,674							1,674	280	S/L HY	15	.06670	112

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO. DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.		SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURREN DEPR.
38 POST INDICATOR VALVE	11/29/21	2,89	)4						2,894	482	S/L HY	15	.06670	
39 A/C RECEPTION AREA #3	9/14/21	8,87	'5						8,875	636	S/L MM	39	.02564	
45 A/C #10 BOARDROOM	2/03/23	11,28	88						11,288	398	S/L MM	39	.02564	
46 A/C #5B CLARK	4/27/23	13,88	88						13,888	430	S/L MM	39	.02564	
47 SMART THERMOSTATS (13)	11/15/22	5,91	5						5,915	1,267	S/L HY	7	.14290	
49 BATHROOM REMODEL BLDG #1	5/16/24	377,95	i9						377,959	2,275	S/L MM	39	.02564	
53 ROOFING-BLDG #2	12/06/23	38,36	60						38,360	534	S/L MM	39	.02564	
55 FIRE/ALARM SYSTEM	6/26/24	3,71	7						3,717	4	S/L MM	39	.02564	
60 BUILDING SIGNAGE	9/05/24	3,11	9						3,119		S/L HY	7	.07140	
63 EXIT DOOR	4/18/25	3,68	3						3,683		S/L MM	39	.00535	
64 PICKLEBALL COURTS	6/26/25	151,45	50				- 1		151,450		S/L HY	15	.03330	
65 THEATRE DRAPES/DOORS	6/05/25	11,12	25			1	112		11,125		S/L MM	39	.00107	
66 WINDOW COVERINGS - BLDG #1	6/05/25	8,52	.9		110	) / '	•		8,529		S/L HY	7	.07140	
67 EAST GATE	3/17/25	4,72	.5	$\sim$ 0	la				4,725		S/L HY	15	.03330	
69 KITCHEN IMPROVEMENTS #1	10/01/24	10,34	<u>5</u>	<u>V</u>		TN			10,345		S/L MM	39	.01819	
TOTAL IMPROVEMENTS		1,376,94		0	0		) (		1,376,946	423,709				
MACHINERY AND EQUIPMENT														
53 STAGE LIGHTING	8/01/98	58	35						585	585	S/L HY	7		
54 PIANO DOLLY	3/01/99	55	50						550	550	S/L HY	7		
55 BABY GRAND PIANO-THEATER	1/01/05	8,74	10						8,740	8,740	200DB HY	7		
56 NEW MICROPHONES	1/31/06	1,25	54						1,254	1,254	S/L HY	7		
57 WIRELESS MICS	12/20/06	2,00	00						2,000	2,000	S/L HY	7		
58 WIRELESS MICS	8/21/06	2,00	00						2,000	2,000	S/L HY	7		
59 AC CONDENSOR	7/02/10	3,25	60						3,250	3,250	S/L HY	7		
60 PHONE SYSTEM	4/20/11	8,92	24						8,924	8,255	S/L HY	5		

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED .	DATE COST/ SOLD BASIS	BUS.		SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE .	CURRENT DEPR.
61	FREEZER	5/15/11	41,213							41,213	39,003	S/L HY	7		0
62	DIGITAL TELEVISION	6/25/12	2,400							2,400	2,400	S/L HY	7		0
65	DEV DIR COMPUTER	6/30/13	779							779	312	S/L	5		0
66	LR COMPUTER	6/30/13	779							779	312	S/L	5		0
68	LV COMPUTER	8/01/13	1,138							1,138	437	S/L	5		0
69	SERVER DRIVES	12/31/13	1,975							1,975	593	S/L	5		0
70	DS COMPUTER	4/30/14	825							825	193	S/L	5		0
71	DC COMPUTER	4/30/14	825							825	193	S/L	5		0
72	EW COMPUTER	4/30/14	825							825	193	S/L	5		0
73	BE COMPUTER	4/30/14	825					- 1		825	193	S/L	5		0
78	KITCHEN WARES	6/02/14	1,151					4 N N		1,151	1,151	S/L	5		0
79	SERVER & SOFTWARE UPGRADE	3/31/15	5,395				1	112.		5,395	5,395	S/L	5		0
80	COMMERCIAL MICROWAVES	10/30/14	5,067			MIC	TN			5,067	5,067	S/L	5		0
81	DRINKING FOUNTAIN	10/24/14	1,461	1	$\sim 0$	10				1,461	938	S/L	15		97
99	20 CARD TABLE	9/03/16	1,245		V					1,245	1,245	S/L	5		0
100	20 ARMED CHAIRS	9/03/16	1,665							1,665	1,665	S/L	5		0
101	CONDENSOR FAN	10/31/16	588							588	588	S/L	5		0
102	UTILITY CARTS	2/03/17	1,315							1,315	1,315	S/L	5		0
103	OFFICE CHAIRS DS & LV	3/03/17	739							739	739	S/L	5		0
104	EXHAUST FANS	6/30/17	1,333							1,333	1,333	S/L	5		0
105	DRINKING FOUNTAIN	2/03/17	2,558							2,558	2,558	S/L	5		0
106	REFRIGERATOR	1/31/17	2,223							2,223	2,223	S/L	5		0
110	PROJECTOR & SCREEN	4/30/18	2,298							2,298	2,298	S/L HY	5		0
111	DONOR PERFECT SOFTWARE	9/13/17	2,595							2,595	2,595	S/L HY	3		0
112	WIFI KIT FOR SERVER	5/15/18	1,206							1,206	1,206	S/L HY	5		0
119	EX. EQUIP - WELLNESS CNTR	4/23/19	20,980							20,980	20,980	S/L	5		0
120	LIGHTING/SOUND EQ-THEATER	6/27/19	2,952							2,952	2,952	S/L	5		0

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO	DESCRIPTION	DATE ACQUIRED	DATE COS SOLD BAS	T/ E IS J	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL <u>DEPR.</u>	SALVA /BASI <u>REDUC</u>	DEPR.	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
121	FRIDGE FREEZER - MOW	6/30/19		4,505							4,50	5 4,505	S/L	5		
124	ALL IN ONE COMPUTER	10/03/19		9,000							9,00	0 8,100	S/L HY	5	.10000	
125	CONDENSER/COIL #11	6/25/20		4,687							4,68	7 4,217	S/L HY	5	.10000	
128	EXERCISE EQUIPMENT	4/20/20		4,721							4,72	1 3,036	S/L HY	7	.14280	
133	/IRTUAL PROGRAMMING EQUIPME	3/31/21		8,444							8,44	4 5,911	S/L HY	5	.20000	1
134	CE MACHINE	9/10/20		3,189							3,18	9 2,446	S/L	5		
140	3 LAPTOPS	9/16/21		1,954							1,95	4 977	S/L HY	5	.20000	
41	SQUARE & IPADS	2/03/22		1,039							1,03	9 520	S/L HY	5	.20000	
142	3 COMPUTER-W/C	2/03/22		3,823							3,82	3 1,912	S/L HY	5	.20000	
144	THEATER PROJECTOR	5/01/22		5,379			NC		- 1	١	5,37	9 2,152	S/L HY	5	.20000	
48	2 LAPTOPS	10/03/22		1,033					a Al		1,03	3 310	S/L HY	5	.20000	
50	LASER PROJECTOR CLARK	6/19/24		5,319				71	11		5,31	9 532	S/L HY	5	.20000	
51	THEATER EQUIPMENT	7/06/23		2,739			NIC	), .			2,73	9 274	S/L HY	5	.20000	
152	A/C #1 & #13	6/04/24		18,343	1	<b>5</b> 0	14				18,34	3 20	S/L MM	39	.02564	
156	WIFI	10/29/24		2,736							2,73	6	S/L HY	5	.10000	
157	MY SENIOR	12/17/24		10,442							10,44	2	S/L HY	5	.10000	
158	COMPUTER - JAY	3/31/25		3,204							3,20	4	S/L HY	5	.10000	
159	N/C COMPUTERS	5/03/25		5,209							5,20	9	S/L HY	5	.10000	
161	AC UNIT #11	5/15/25		14,138							14,13	8	S/L MM	39	.00321	
162	AC UNIT #5A	2/07/25		14,388							14,38	8	S/L MM	39	.00963	
168	KITCHEN EQUIPMENT	8/06/24		8,806					_		8,80	6	S/L HY	5	.10000	
-	TOTAL MACHINERY AND EQUIPME		2	66,756		0	0	(	0 0		0 266,75	6 159,623				1
RIGH	IT OF USE ASSET															
154	RIGHT OF USE ASSET (SOLAR)	3/18/24	1	92,500							192,50	0 2,406	S/L	20	. <del>-</del>	
-	TOTAL RIGHT OF USE ASSET		1:	92,500		0	0		0 0		0 192,50	0 2,406				

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NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS _	PRIOR DEPR.	_METHODLIE	E RATE _	CURRENT DEPR.
TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,115,115		-	76,451
GRAND TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,115,115			76,451



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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA /BASI REDUC	IS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR.	. SCHEDULE ONLY																
AUT	TO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609								29,609	29,609	200DB H	<b>/</b> :	.04460	(
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	(	)	0	29,609	29,609				(
BUI	ILDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537								156,537	156,537	S/L H	<i>(</i>	}	(
2	BUILDING #2 PP & E	VARIOUS		18,838					• 1			18,838	18,838	S/L H	1	)	(
3	ART CENTER	4/01/98		91,569				• 1	n DI			91,569	63,886	S/L MN	1 3	.02564	2,348
4	WELLNESS CENTER	5/31/06		259,107				TN	11.			259,107	133,712	S/L MN	1 3	.02564	6,64
63	IRRIGATION METER	10/18/12		7,283			MC	TN				7,283	6,075	S/L H	/ 1	.06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484	1	nO)	1-					3,484	2,900	S/L H	/ 1	.06670	232
67	WATER METER BLDG #2	10/18/12		2,413	'	D -						2,413	2,039	\$/1	_ 1	;	161
75	ROOF	6/30/14		97,954								97,954	27,632	\$/1	_ 3	)	2,512
136	WATER HEATER	5/10/21		1,875								1,875	281	S/L MN	1 27.	.03636	68
	TOTAL BUILDINGS			639,060		0	0	0	(	)	0	639,060	411,900				12,451
FUR	RNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165								8,165	8,165	S/L H	<b>/</b> :	,	(
6	10 ROUND TABLES	3/01/98		4,234								4,234	4,234	S/L H	<b>/</b> :	,	C
7	STAGE & POSTERS	3/26/03		22,840								22,840	22,840	200DB H	<b>/</b> :	1	C
8	AUDITORIUM CHAIRS	1/01/05		12,560								12,560	12,560	200DB H	/	·	0
9	STACKING CHAIRS	3/21/06		4,861								4,861	4,861	S/L H	/	j	0
10	STORAGE CABINET	9/09/05		901								901	901	S/L H	<b>/</b> :	,	0

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	_RATE	CURRENT DEPR.
11	THEATER DRAPES	6/20/06		1,152	!						1,152	1,152	S/L HY	5		0
12	DESK - DIANE	6/11/07		1,570	)						1,570	1,570	S/L HY	7		0
13	EXIT SIGNAGE	7/10/06		2,033	1						2,033	2,033	S/L HY	5		0
14	CARPOST/MONUMENT LIGHTING	1/10/07		5,242	!						5,242	5,242	S/L HY	7		0
15	DESK - DANIEL'S	3/10/08		2,089							2,089	2,089	S/L HY	7		0
16	KAWAI BABY GRAND PIANO	11/01/07		10,000	)						10,000	9,731	200DB HY	7		0
17	BINGO EQUIPMENT	4/20/09		2,694							2,694	2,694	S/L HY	7		0
82	LEE'S OFFICE FURNITURE	11/30/14		1,745	;						1,745	1,549	S/L	5		0
83	EXTERIOR LIGHTING	12/31/14		5,350	)						5,350	3,570	S/L	15		357
84	LOBBY FURNITURE	5/01/15		10,105	i						10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749	١			. 1	- 1		749	660	S/L	7		89
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749				7	11		749	660	S/L	7		89
118	LOBBY FURNITURE	5/31/19	_	10,260			NC	TN		<u> </u>	10,260	9,801	200DB HY	7	.04460	459
	TOTAL FURNITURE AND FIXTURE			107,299	1	OC	0	0	) 0	0	107,299	104,080				994
IM	PROVEMENTS				,											
18	GROUND IMPROVEMENTS	VARIOUS		33,989	ı						33,989	33,989	S/L MM	39	.02564	0
19	GROUND IMPROVEMENTS	1/01/96		4,640	)						4,640	4,640	S/L HY	5		0
20	BUILDING #1 IMPROVEMENTS	1/01/96		28,070	)						28,070	28,070	S/L HY	5		0
21	BUILDING #2 IMPROVEMENTS	1/01/96		6,051							6,051	6,051	S/L HY	5		0
22	GROUND IMPROVEMENTS - PAV	9/01/98		9,634							9,634	6,618	S/L MM	39	.02564	247
23	BLDG 1 - CARPETING	4/22/00		6,195	i						6,195	6,195	200DB HY	7		0
24	BLDG 1 - 8 CEILING FANS	6/05/01		2,065	i						2,065	2,065	200DB HY	7		0
25	GROUND IMPROV SIDEWALKS	6/18/01		3,500	)						3,500	3,500	150DB HY	15		0
26	LIGHTING INDOOR	9/18/01		2,872							2,872	2,872	200DB HY	7		0
	REMODELING										22,300	13,618	S/L MM	39	.02564	572

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COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	MFTH	IOD	LIFF	RATE	CURRENT DEPR
	REMODELING	2/07/02	4,970	101.		/ ILLUII.	OI . DEI III			4,970	2,969	S/L		39	.02564	127
		4/09/02	1,230							1,230	1,230	200D		7	.02001	0
		4/27/02	1,280							1,280	1,280	200D		, 7		0
31		2/07/02	11,665							11,665	8,138	S/L		39	.02564	299
-	PARKING LOT CONCRETE	4/09/02	4,687							4,687	3,162	S/L		39	.02564	120
33		7/10/02	1,222							1,222	901	S/L		39	.02564	31
34	CARPORTS	4/26/02	12,690							12,690	8,552	S/L	MM	39	.02564	325
35	CARPORTS	6/07/02	2,990							2,990	2,026	S/L	MM	39	.02564	77
36	CARPORTS	7/09/02	3,200							3,200	1,964	S/L	MM	39	.02564	82
37	PARKING LOT ISLANDS	8/08/02	4,615							4,615	2,827	S/L	MM	39	.02564	118
38	BATHROOM REMODELS	10/10/02	14,116					- ~ 1		14,116	8,670	S/L	MM	39	.02564	362
39	SOUND SYSTEM	12/09/03	5,623				1	יאו		5,623	5,623	200D	ВНҮ	7		0
40	PARKING LOT EXPANSION & L	3/16/04	69,013			210	TN			69,013	37,656	S/L	MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06	8,440		$\sim$	140				8,440	4,113	S/L	MM	39	.02564	216
42	ART CENTER & OFFICE A/C	12/28/05	3,944							3,944	1,974	S/L	MM	39	.02564	101
43	MP3 CENTER FLOORING	10/20/05	5,896							5,896	4,834	S/L	HY	10		0
44	NEW LIGHTING	8/10/05	2,772							2,772	2,772	S/L	HY	7		0
45	OUTSIDE LIGHTING	5/10/06	1,823							1,823	1,823	S/L	HY	7		0
46	SUB PANEL	6/20/06	2,495							2,495	2,495		S/L	5		0
47	NEW A/C - CLARK	7/20/06	3,200							3,200	1,555	S/L	MM	39	.02564	82
48	NEW A/C - AGEING	8/10/06	3,400							3,400	1,642	S/L	MM	39	.02564	87
49	BATHROOM REMODEL	7/20/06	5,600							5,600	2,730	S/L	MM	39	.02564	144
50	9 A/C UNITS	8/10/07	52,500							52,500	51,055	S/L	HY	10		0
51	THEATER SI	4/10/08	2,725							2,725	1,205	S/L	MM	39	.02564	70
52	KITCHEN REMODEL	2/10/09	26,770							26,770	26,770	S/L	HY	15		0
74	CARPET	9/26/13	8,724							8,724	1,018		S/L	5		0
76	LIGHTING FIXTURES EXTERIOR	6/05/14	1,285							1,285	953		S/L	15		86

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST SOLD BASI			SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	_RATE	CURRENT DEPR.
77	SOLATUBES-SKYLIGHTS	5/28/14		2,175						2,175	1,607	S/L	15		145
86	DRIP IRRIGATION VALVES	6/13/16		,605						3,605	2,355	150DB HY	15	.05910	213
87	TURF CONVERSION	10/20/15	4	,244						49,244	33,608	150DB HY	15	.05910	2,910
88	BUILDING #1 FLOORING	6/27/16	4	,423						41,423	11,629	S/L	39		1,062
89	BUILDING #2 FLOORING	6/27/16	3	3,779						33,779	9,483	S/L	39		866
90	GRNDS IMPV (TREE REMOVAL)	11/16/16		,925						7,925	4,532	S/L	15		528
91	COURTYARD TURF	6/19/17	2	5,230						26,230	13,992	S/L	15		1,749
92	SURVEILLANCE EQUIPMENT	5/01/17		,639						9,639	9,639	S/L	5		0
93	ART CENTER REFURB	6/21/17	1	,150						14,150	2,904	S/L	39		363
94	EXIT SIGN REPLACEMENT	8/01/16		,788	DO			- 1		1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17		,350				a 1		4,350	942	S/L	39		112
96	GREEN ROOM REFURB	6/21/17		,199			7	112.		1,199	248	S/L	39		31
97	GAS LINE METER	6/05/17		,970		MIC	),,			4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16		5,780	0	14.				6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17		5,140	DC	<b>,</b>				6,140	1,237	S/L MM	39	.02564	157
108	PARKING LOT RESURFACE	12/12/17	1	,488						10,488	5,249	S/L HY	15	.06670	700
109	EXTERIOR PAINT & CONCRETE	6/13/18	2	,120						25,120	4,535	S/L MM	39	.02564	644
113	METAL EDGING - COURTYARD	2/28/19		,465						3,465	1,501	S/L HY	15	.06670	231
114	PARKING LOT LIGHTING	6/26/19		,969						5,969	2,587	S/L HY	15	.06670	398
117	HEAT & A/C - LOBBY	1/14/19		,479						7,479	1,240	S/L MM	39	.02564	192
126	DECOMP GRANITE REFRESH	3/31/20	1	,000						10,000	3,668	S/L HY	15	.06670	667
129	OFFICE A/C	3/13/20	3	,885						33,885	4,599	S/L MM	39	.02564	869
130	THEATER LIGHTING	5/31/21		3,309						8,309	6,786	S/L	5		1,523
131	A/C HEAT	12/30/20		3,200						8,200	954	S/L MM	39	.02564	210
132	PARTITION WALL-DEV OFFICE	2/03/21		,875						4,875	547	S/L MM	39	.02564	125
135	SIGNAGE	6/30/21		2,022						2,022	1,616	S/L	5		406
137	WATER PUMP	6/30/22		,674						1,674	392	S/L HY	15	.06670	112

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NODESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS PCT	CUR . 179 . <u>BONUS</u>	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL <u>DEPR.</u>	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
138 POST INDICATOR VALVE	11/29/21	2,89	4						2,894	675	S/L H	HY 15	.06670	
39 A/C RECEPTION AREA #3	9/14/21	8,87	5						8,875	864	S/L M	M 39	.02564	
45 A/C #10 BOARDROOM	2/03/23	11,28	8						11,288	687	S/L M	M 39	.02564	
46 A/C #5B CLARK	4/27/23	13,88	8						13,888	786	S/L M	M 39	.02564	
47 SMART THERMOSTATS (13)	11/15/22	5,91	5						5,915	2,112	S/L H	HY 7	.14280	
49 BATHROOM REMODEL BLDG #1	5/16/24	377,95	9						377,959	11,966	S/L M	M 39	.02564	(
153 ROOFING-BLDG #2	12/06/23	38,36	0						38,360	1,518	S/L M	M 39	.02564	
55 FIRE/ALARM SYSTEM	6/26/24	3,71	7						3,717	99	S/L M	M 39	.02564	
160 BUILDING SIGNAGE	9/05/24	3,11	9						3,119	223	S/L H	HY 7	.14290	
163 EXIT DOOR	4/18/25	3,68	3						3,683	20	S/L M	M 39	.02564	
164 PICKLEBALL COURTS	6/26/25	151,45	0				- 1		151,450	5,043	S/L H	HY 15	.06670	1
65 THEATRE DRAPES/DOORS	6/05/25	11,12	.5			7	יאון		11,125	12	S/L M	M 39	.02564	
66 WINDOW COVERINGS - BLDG #1	6/05/25	8,52	9		MIC	),,,			8,529	609	S/L H	HY 7	.14290	
167 EAST GATE	3/17/25	4,72	.5	$\sim 0$	la				4,725	157	S/L H	HY 15	.06670	
69 KITCHEN IMPROVEMENTS #1	10/01/24	10,34	5			TN			10,345	188	S/L M	M 39	.02564	
TOTAL IMPROVEMENTS		1,376,94		0	0	(			1,376,946	461,902				2
MACHINERY AND EQUIPMENT														
53 STAGE LIGHTING	8/01/98	58	5						585	585	S/L H	HY 7		
54 PIANO DOLLY	3/01/99	55	0						550	550	S/L H	HY 7		
55 BABY GRAND PIANO-THEATER	1/01/05	8,74	.0						8,740	8,740	200DB H	HY 7		
56 NEW MICROPHONES	1/31/06	1,25	4						1,254	1,254	S/L H	HY 7		
57 WIRELESS MICS	12/20/06	2,00	0						2,000	2,000	S/L H	HY 7		
58 WIRELESS MICS	8/21/06	2,00	0						2,000	2,000	S/L H	HY 7		
59 AC CONDENSOR	7/02/10	3,25	0						3,250	3,250	S/L H	HY 7		
60 PHONE SYSTEM	4/20/11	8,92	4						8,924	8,255	S/L H	HY 5		

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED .	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	RATE	CURRENT DEPR.
61	FREEZER	5/15/11	41,213							41,213	39,003	S/L HY	7		0
62	DIGITAL TELEVISION	6/25/12	2,400							2,400	2,400	S/L HY	7		0
65	DEV DIR COMPUTER	6/30/13	779							779	312	S/L	5		0
66	LR COMPUTER	6/30/13	779							779	312	S/L	5		0
68	LV COMPUTER	8/01/13	1,138							1,138	437	S/L	5		0
69	SERVER DRIVES	12/31/13	1,975							1,975	593	S/L	5		0
70	DS COMPUTER	4/30/14	825							825	193	S/L	5		0
71	DC COMPUTER	4/30/14	825							825	193	S/L	5		0
72	EW COMPUTER	4/30/14	825							825	193	S/L	5		0
73	BE COMPUTER	4/30/14	825							825	193	S/L	5		0
78	KITCHEN WARES	6/02/14	1,151					4 N.V		1,151	1,151	S/L	5		0
79	SERVER & SOFTWARE UPGRADE	3/31/15	5,395				7	112.		5,395	5,395	S/L	5		0
80	COMMERCIAL MICROWAVES	10/30/14	5,067			MIC	N TO			5,067	5,067	S/L	5		0
81	DRINKING FOUNTAIN	10/24/14	1,461		$^{\circ}$	14				1,461	1,035	S/L	15		97
99	20 CARD TABLE	9/03/16	1,245							1,245	1,245	S/L	5		0
100	20 ARMED CHAIRS	9/03/16	1,665							1,665	1,665	S/L	5		0
101	CONDENSOR FAN	10/31/16	588							588	588	S/L	5		0
102	UTILITY CARTS	2/03/17	1,315							1,315	1,315	S/L	5		0
103	OFFICE CHAIRS DS & LV	3/03/17	739							739	739	S/L	5		0
104	EXHAUST FANS	6/30/17	1,333							1,333	1,333	S/L	5		0
105	DRINKING FOUNTAIN	2/03/17	2,558							2,558	2,558	S/L	5		0
106	REFRIGERATOR	1/31/17	2,223							2,223	2,223	S/L	5		0
110	PROJECTOR & SCREEN	4/30/18	2,298							2,298	2,298	S/L HY	5		0
111	DONOR PERFECT SOFTWARE	9/13/17	2,595							2,595	2,595	S/L HY	3		0
112	WIFI KIT FOR SERVER	5/15/18	1,206							1,206	1,206	S/L HY	5		0
119	EX. EQUIP - WELLNESS CNTR	4/23/19	20,980							20,980	20,980	S/L	5		0
120	LIGHTING/SOUND EQ-THEATER	6/27/19	2,952							2,952	2,952	S/L	5		0

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۷0.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL <u>DEPR.</u>	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
121	FRIDGE FREEZER - MOW	6/30/19		4,505							4,505	4,505	S/L	. 5		
124	7 ALL IN ONE COMPUTER	10/03/19		9,000							9,000	9,000	S/L HY	5		
125	CONDENSER/COIL #11	6/25/20		4,687							4,687	4,687	S/L HY	5		
128	EXERCISE EQUIPMENT	4/20/20		4,721							4,721	3,710	S/L HY	7	.14290	(
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21		8,444							8,444	7,600	S/L HY	5	.10000	:
134	ICE MACHINE	9/10/20		3,189							3,189	3,084	S/L	. 5		
140	3 LAPTOPS	9/16/21		1,954							1,954	1,368	S/L HY	5	.20000	;
141	SQUARE & IPADS	2/03/22		1,039							1,039	728	S/L HY	5	.20000	:
142	3 COMPUTER-W/C	2/03/22		3,823							3,823	2,677	S/L HY	5	.20000	
144	THEATER PROJECTOR	5/01/22		5,379				TN			5,379	3,228	S/L HY	5	.20000	1,
148	2 LAPTOPS	10/03/22		1,033				_	- ^ \		1,033	517	S/L HY	5	.20000	
150	LASER PROJECTOR CLARK	6/19/24		5,319				71	11		5,319	1,596	S/L HY	5	.20000	1,
151	THEATER EQUIPMENT	7/06/23		2,739			A10	),,			2,739	822	S/L HY	5	.20000	
152	A/C #1 & #13	6/04/24		18,343		$\sim$ 0	100				18,343	490	S/L MM	39	.02564	
156	WIFI	10/29/24		2,736	١ ١	V	'				2,736	274	S/L HY	5	.20000	
157	MY SENIOR	12/17/24		10,442							10,442	1,044	S/L HY	5	.20000	2,
158	COMPUTER - JAY	3/31/25		3,204							3,204	320	S/L HY	5	.20000	
159	W/C COMPUTERS	5/03/25		5,209							5,209	521	S/L HY	5	.20000	1,
161	AC UNIT #11	5/15/25		14,138							14,138	45	S/L MM	39	.02564	
162	AC UNIT #5A	2/07/25		14,388							14,388	139	S/L MM	39	.02564	
168	KITCHEN EQUIPMENT	8/06/24	-	8,806	<u> </u>				_		8,806	881	S/L HY	5	.20000	1,
	TOTAL MACHINERY AND EQUIPME			266,756		0	0	(	0 0	0	266,756	172,044				13
RIG	HT OF USE ASSET															
154	RIGHT OF USE ASSET (SOLAR)	3/18/24		192,500	1						192,500	12,031	S/L	. 20		9
	TOTAL RIGHT OF USE ASSET		-	192,500	)	0	0		0 0	) 0	192,500	12,031			•	ç

#### 2025 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 8

**CLIENT 411980** 

COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

95-3622332

<u>.NO.</u> .	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	. LIFE _RATE_	CURRENT DEPR.
TOTA	L DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,191,566			80,865
GRAN	D TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,191,566			80,865

DO NOT MAIL