COVE COMMUNITIES SENIOR ASSOCIATION

CLIENT 411980 DBA THE JOSLYN CENTER 95-3622332

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

COVE COMMUNITIES SENIOR ASSOCIATION

CLIENT 411980 DBA THE JOSLYN CENTER 95-3622332

	2024	2023	DIFF
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
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	0	0	0
OVERPAYMENT	0	0	0

COVE COMMUNITIES SENIOR ASSOCIATION

CLIENT 411980 DBA THE JOSLYN CENTER 95-3622332

	2024	2023	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS	425,325	454,761	-29,436
GROSS CONTRIBUTIONS, GIFTS, & GRANTS	1,260,659	1,537,953	-277,294
TOTAL GROSS RECEIPTS	1,685,984	1,992,714	-306,730
TOTAL COSTS	0	0	0
TOTAL GROSS INCOME	1,685,984	1,992,714	-306,730
EXPENSES			
TOTAL EXPENSES	1,638,954	1,646,953	-7,999
EXCESS RECEIPTS OVER EXPENSES	47,030	345,761	-298,731
FILING FEE			
FILING FEE	0	0	0
BALANCE DUE	0	0	0

COVE COMMUNITIES SENIOR ASSOCIATION

CLIENT 411980 DBA THE JOSLYN CENTER 95-3622332

	2024	2023	DIFF
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUSINESS TAXABLE INCOME	-17,636	-19,018	1,382
TAX COMPUTATION			
TAX	0	0	0
LESS CREDITS	0	0	0
BALANCE	0	0	0
TOTAL TAX	0	0	0
PAYMENTS			
TOTAL PAYMENTS	0	0	0
REFUND OR AMOUNT DUE			
TOTAL AMOUNT DUE	0	0	0

COVE COMMUNITIES SENIOR ASSOCIATION
CLIENT 411980 DBA THE JOSLYN CENTER 95-3622332

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

ELIGIBLE SMALL BUSINESS LOSS	36,654.

2024

FEDERAL FILING INSTRUCTIONS

COVE COMMUNITIES SENIOR ASSOCIATION

CLIENT 411980 **DBA THE JOSLYN CENTER** **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

CLIENT 411980 **DBA THE JOSLYN CENTER** **95-3622332**

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**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 7/01 , 2024, and ending 6/30 , 20 2025

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

OMB No. 1545-0047

2024

Name of filer
COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

EIN or SSN
95-3622332

Name and title of officer or person subject to tax

BARRY KAUFMAN TREASURER

Part I Type of Return and Return Information

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

1a **Form 990** check here	[X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	1,521,531.
2a **Form 990-EZ** check here	[ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here	[ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here	[ ]	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a **Form 8868** check here	[ ]	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a **Form 990-T** check here	[ ]	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a **Form 4720** check here	[ ]	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a **Form 5227** check here	[ ]	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a **Form 5330** check here	[ ]	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a **Form 8038-CP** check here	[ ]	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

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

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

PIN: check one box only

[X] I authorize MARYANOV MADSEN GORDON CAMPBELL to enter my PIN 41198 as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 33116253410
Do not enter all zeros

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

ERO's signature _____ Date _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 7/01 , 2024, and ending 6/30 , 20 2025

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

OMB No. 1545-0047

2024

Name of filer
COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

EIN or SSN
95-3622332

Name and title of officer or person subject to tax

BARRY KAUFMAN TREASURER

Part I Type of Return and Return Information

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

1a **Form 990** check here	☐	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a **Form 990-EZ** check here	☐	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here	☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here	☐	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a **Form 8868** check here	☐	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a **Form 990-T** check here	☒	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	0.
7a **Form 4720** check here	☐	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a **Form 5227** check here	☐	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a **Form 5330** check here	☐	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a **Form 8038-CP** check here	☐	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

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

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

PIN: check one box only

☒ I authorize MARYANOV MADSEN GORDON CAMPBELL to enter my PIN 41198 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

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

33116253410

Do not enter all zeros

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

ERO's signature _____ Date _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01 , 2024, and ending 6/30 , 20 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER
73750 CATALINA WAY
PALM DESERT, CA 92260-2906

D Employer identification number
95-3622332

E Telephone number
760-340-3220

G Gross receipts $ 1,685,984.

F Name and address of principal officer: BARRY KAUFMAN
SAME AS C ABOVE

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.JOSLYNCENTER.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1981

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: 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.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	29
6	Total number of volunteers (estimate if necessary)	6	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	600.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,537,953.	1,260,659.
9	Program service revenue (Part VIII, line 2g)	132,334.	115,820.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,886.	46,183.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,928.	98,869.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,820,101.	1,521,531.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	964,520.	980,676.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 116,681.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	509,820.	493,825.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,474,340.	1,474,501.
19	Revenue less expenses. Subtract line 18 from line 12	345,761.	47,030.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,913,281.	3,045,255.
21	Total liabilities (Part X, line 26)	90,775.	99,508.
22	Net assets or fund balances. Subtract line 21 from line 20	2,822,506.	2,945,747.

DO NOT MAIL

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

BARRY KAUFMAN — TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name: JOSE L. SANTOS, CPA	Preparer's signature	Date	Check ☐ if self-employed; PTIN: P01660780
Firm's name: MARYANOV MADSEN GORDON CAMPBELL			
Firm's address: PO BOX 1826, PALM SPRINGS, CA 92263			Firm's EIN: 95-3178278; Phone no. (760) 320-6642

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 932,463. including grants of $) (Revenue $)

SENIOR ACTIVITIES - PROVIDES RECREATIONAL ACTIVITIES, EXERCISE CLASSES, HEALTH SERVICES, AND EDUCATIONAL OPPORTUNITIES TO SENIOR CITIZENS IN THE SURROUNDING COMMUNITIES.

WELLNESS CENTER - THE WELLNESS CENTER PROVIDES A HOLISTIC APPROACH TO SENIOR WELLNESS INCLUDING EVIDENCE-BASED CLASSES INCLUDING AGING MASTERY, BRAIN BOOT CAMP, PROBLEM SOLVING THERAPY, AND GO4LIFE EXCERCISE PROGRAMS. THE WELLNESS CENTER ALSO HAS A FITNESS CENTER WITH PROFESSIONAL STYLE EXCERCISE MACHINES.

4b (Code:) (Expenses $ 267,647. including grants of $) (Revenue $)

NUTRITIONAL SERVICES - PROVIDES UP TO TWO MEALS PER DAY TO FRAIL, HOMEBOUND SENIORS. AVAILABLE TO RESIDENTS OF THE SURROUNDING COMMUNITIES. APPROXIMATELY 1,200 MEALS ARE SERVED PER MONTH.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,200,110.

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	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		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
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		X
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X

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? *If "Yes," complete Schedule J*	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
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		X
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).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in 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? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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		X
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		X
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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
38	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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** 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.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
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:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**14b**		
15	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? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** 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? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	**1a**	13		
b	Enter the number of voting members included on line 1a, above, who are independent.	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		X
6	Did the organization have members or stockholders? SEE SCHEDULE O		**6**	X	
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**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	X	
b	Each committee with authority to act on behalf of the governing body?		**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*		**9**		X

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**		X
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?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
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	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	**15a**	X	
b	Other officers or key employees of the organization. SEE SCHEDULE O	**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 organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK NEWBY	40									
EXECUTIVE DIR.	0			X				71,926.	0.	0.
(2) JAY G SELLER	40									
EXECUTIVE DIR.	0			X				65,452.	0.	0.
(3) BARBARA J MITCHELL	1									
PRESIDENT	0	X		X				0.	0.	0.
(4) HUGO A AGUAS	1									
VICE PRESIDENT	0	X		X				0.	0.	0.
(5) BARRY KAUFMAN	1									
TREASURER	0	X		X				0.	0.	0.
(6) CHARLES ALFARO	1									
DIRECTOR	0	X						0.	0.	0.
(7) BRIAN BILHARTZ	1									
DIRECTOR	0	X						0.	0.	0.
(8) LINDA BLANK	1									
DIRECTOR	0	X						0.	0.	0.
(9) DIANE P HAAGA	1									
DIRECTOR	0	X						0.	0.	0.
(10) BARBARA ROGERS	1									
DIRECTOR	0	X						0.	0.	0.
(11) ANN SIMLEY	1									
DIRECTOR	0	X						0.	0.	0.
(12) GILLETT HENRY WELLES	1									
DIRECTOR	0	X						0.	0.	0.
(13) MICHAEL O'KEEFE	1									
DIRECTOR	0	X						0.	0.	0.
(14) EVE FROMBERG EDELSTEIN	1									
DIRECTOR	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAN HARNIK	1									
DIRECTOR	0	X						0.	0.	0.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								137,378.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								137,378.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	69,821.				
	c Fundraising events	1c	76,412.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	356,581.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	757,845.				
	g Noncash contributions included in lines 1a-1f	1g					
	h **Total.** Add lines 1a-1f			1,260,659.			
Program Service Revenue			**Business Code**				
	2a NUTRITIONAL SERVICES			71,162.	71,162.		
	b SENIOR ACTIVITIES			41,380.	41,380.		
	c WELLNESS CENTER			2,678.	2,678.		
	d ADVERTISING			600.		600.	
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			115,820.			
Other Revenue	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				
	6a Gross rents	6a	23,200.				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	23,200.				
	d Net rental income or (loss)			23,200.	23,200.		
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 76,412. of contributions reported on line 1c). See Part IV, line 18	8a	240,122.				
	b Less: direct expenses	8b	164,453.				
	c Net income or (loss) from fundraising events			75,669.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			1,521,531.	138,420.	600.	46,183.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,378.	107,618.	14,229.	15,531.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	703,272.	550,924.	72,839.	79,509.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,597.	10,651.	1,409.	1,537.
9 Other employee benefits	57,345.	44,924.	5,939.	6,482.
10 Payroll taxes	69,084.	54,119.	7,155.	7,810.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	47,020.	42,318.	4,702.	
12 Advertising and promotion	77,097.	76,607.		490.
13 Office expenses	33,503.	29,289.	4,214.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	43,789.	30,782.	13,007.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DEPRECIATION EXPENSE	76,451.	73,171.	2,882.	398.
b REPAIRS & MAINTENANCE	61,958.	57,032.	4,926.	
c UTILITIES	44,811.	40,330.	4,481.	
d WELLNESS CENTER	35,808.	35,808.		
e All other expenses	73,388.	46,537.	21,927.	4,924.
25 **Total functional expenses.** Add lines 1 through 24e	1,474,501.	1,200,110.	157,710.	116,681.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,445.	9	3,484.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,608,486.			
	b	Less: accumulated depreciation	10b 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			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.
Liabilities	17	Accounts payable and accrued expenses		90,775.	17	99,508.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		90,775.	26	99,508.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.**	X			
	27	Net assets without donor restrictions		2,497,237.	27	2,572,419.
	28	Net assets with donor restrictions		325,269.	28	373,328.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	☐			
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,822,506.	32	2,945,747.
	33	Total liabilities and net assets/fund balances		2,913,281.	33	3,045,255.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,521,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,474,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,822,506.
5	Net unrealized gains (losses) on investments	5	76,211.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,945,747.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	95-3622332

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 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 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 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.	315,302.	316,534.	1,498,732.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 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.
6 **Total.** Add lines 1 through 5	1,100,787.	1,299,242.	847,429.	1,859,614.	1,560,781.	6,667,853.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.
8 **Public support.** (Subtract line 7c from line 6.)						6,667,853.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 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.
10a 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.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	15,550.	16,904.	12,811.	39,886.	46,183.	131,334.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,116,337.	1,316,146.	860,240.	1,899,500.	1,606,964.	6,799,187.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	98.07 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	98.48 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	1.93 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.52 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	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 **Part VI** 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		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	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 **Part VI** 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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	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 **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990).*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	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 **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 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		

Part IV Supporting Organizations *(continued)*

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
b A family member of a person described on line 11a above?	11b		
c 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* ***Part VI.***	11c		

Section 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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	1		
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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section 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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section 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* ***Part VI*** *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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section 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).***

- **a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2 Activities Test. ***Answer lines 2a and 2b below.***			
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* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? ***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		
3 Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its *supported organizations?If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A – Adjusted Net Income

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

Section B – Minimum Asset Amount

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

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2	Enter 0.85 of line 1.	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4	Enter greater of line 2 or line 3.	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** 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 integrated Type III supporting organization (see instructions).

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	95-3622332

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 246,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 91,184.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 24,961.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 6,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 6,055.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 150,070.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 10,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 13,719.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

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	$	

(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
		$	

(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
		$	

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number 95-3622332

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
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, 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, 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, address, and ZIP + 4	**Relationship of transferor to transferee**

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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

Employer identification number

95-3622332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $ 46,925.

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

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

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		639,060.	411,900.	227,160.
c Leasehold improvements		1,373,262.	461,902.	911,360.
d Equipment		296,365.	201,653.	94,712.
e Other		299,799.	116,111.	183,688.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,416,920.

Part VII Investments — Other Securities

N/A

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

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

Part VIII Investments — Program Related

N/A

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

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

Part IX Other Assets

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

	(a) Description	(b) Book value
(1)	COLLECTIONS	46,925.
(2)	CONSTRUCTION IN PROGRESS	171,410.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, column (B))*		218,335.

Part X Other Liabilities

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

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

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

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

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

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	**2a**	76,211.		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	76,211.
3	Subtract line **2e** from line **1**			**3**	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	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	1,521,531.

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

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

1	Total expenses and losses per audited financial statements			**1**	1,474,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	1,474,501.
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	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . ☐ **Yes** ☒ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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.

		(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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	59,626.	76,006.	28,821.	164,453.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				164,453.
	11 Net income summary. Subtract line 10 from line 3, column (d)				75,669.

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ 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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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 $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	**Supplemental Information to Form 990 or 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* 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

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2024 or other tax year beginning 7/01, 2024, and ending 6/30, 2025

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

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

OMB No. 1545-0047

2024

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

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

☐ Check box if name changed and see instructions.)

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER
73750 CATALINA WAY
PALM DESERT, CA 92260-2906

C Book value of all assets at end of year 3,045,255.

D Employer identification number
95-3622332

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

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

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of DIANE SYLVESTER 73750 CATALINA WAY PALM DESERT CA 9 Telephone number 760-340-3220

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
4b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0.
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	0.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

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

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X

3 Enter the amount of tax-exempt interest received or accrued during the tax year $ 0.

4 Enter available pre-2018 NOL carryovers here $ _____. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.

5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.

Business Activity Code	Available post-2017 NOL carryover
541800	$ 19,018.
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ TREASURER Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: JOSE L. SANTOS, CPA	Preparer's signature	Date	Check ☐ if self-employed	PTIN: P01660780
Firm's name: MARYANOV MADSEN GORDON CAMPBELL			Firm's EIN: 95-3178278	
Firm's address: PO BOX 1826 PALM SPRINGS, CA 92263			Phone no.: (760) 320-6642	

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2024

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

A Name of the organization: COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER

B Employer identification number: 95-3622332

C Unrelated business activity code (see instructions): 541800

D Sequence: 1 of 1

E Describe the unrelated trade or business: ADVERTISING

Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	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 Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See 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			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STM 1	12	600.		600.
13	**Total.** Combine lines 3 through 12	13	600.		600.

Part II	**Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
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 return 8a	8b	
9	Depletion	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) SEE STATEMENT 2	14	18,236.
15	**Total deductions.** Add lines 1 through 14	15	18,236.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-17,636.
17	Deduction for net operating loss. See instructions SEE STATEMENT 3	17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16	18	-17,636.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6				

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 deductions** included in line 10

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations: 3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
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	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
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

Identifying number: 95-3622332

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

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

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

PROGRAM SERVICE 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	$ 19,018.	$ 0.	$ 19,018.

NET OPERATING LOSS AVAILABLE	$ 19,018.
TAXABLE INCOME	$ -17,636.
80% OF TAXABLE INCOME	$ -14,109.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)	$ 0.

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | **95-3622332**

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.
DEPR. SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609							29,609	27,335	200DB HY	7	.08930	2,274
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	0	0	29,609	27,335				2,274
BUILDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537							156,537	156,537	S/L HY	3		0
2	BUILDING #2 PP & E	VARIOUS		18,838							18,838	18,838	S/L HY	5		0
3	ART CENTER	4/01/98		91,569							91,569	61,538	S/L MM	39	.02564	2,348
4	WELLNESS CENTER	5/31/06		259,107							259,107	127,068	S/L MM	39	.02564	6,644
63	IRRIGATION METER	10/18/12		7,283							7,283	5,589	S/L HY	15	.06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484							3,484	2,668	S/L HY	15	.06670	232
67	WATER METER BLDG #2	10/18/12		2,413							2,413	1,878	S/L	15		161
75	ROOF	6/30/14		97,954							97,954	25,120	S/L	39		2,512
136	WATER HEATER	5/10/21		1,875							1,875	213	S/L MM	27.5	.03636	68
	TOTAL BUILDINGS			639,060		0	0	0	0	0	639,060	399,449				12,451
FURNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165							8,165	8,165	S/L HY	7		0
6	10 ROUND TABLES	3/01/98		4,234							4,234	4,234	S/L HY	7		0
7	STAGE & POSTERS	3/26/03		22,840							22,840	22,840	200DB HY	7		0
8	AUDITORIUM CHAIRS	1/01/05		12,560							12,560	12,560	200DB HY	5		0
9	STACKING CHAIRS	3/21/06		4,861							4,861	4,861	S/L HY	5		0
10	STORAGE CABINET	9/09/05		901							901	901	S/L HY	7		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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		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	3,213	S/L	15		357
84	LOBBY FURNITURE	5/01/15		10,105							10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749							749	553	S/L	7		107
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749							749	553	S/L	7		107
118	LOBBY FURNITURE	5/31/19		10,260							10,260	8,885	200DB HY	7	.08930	916
	TOTAL FURNITURE AND FIXTURE			107,299		0	0	0	0	0	107,299	102,593				1,487
	IMPROVEMENTS															
18	GROUND IMPROVEMENTS	VARIOUS		33,989							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		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		22,300							22,300	13,046	S/L MM	39	.02564	572

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
28	REMODELING	2/07/02		4,970							4,970	2,842	S/L MM	39	.02564	127
29	LIGHTING - INDOOR	4/09/02		1,230							1,230	1,230	200DB HY	7		0
30	LIGHTING - OUTDOOR	4/27/02		1,280							1,280	1,280	200DB HY	7		0
31	CARPORTS	2/07/02		11,665							11,665	7,839	S/L MM	39	.02564	299
32	PARKING LOT CONCRETE	4/09/02		4,687							4,687	3,042	S/L MM	39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02		1,222							1,222	870	S/L MM	39	.02564	31
34	CARPORTS	4/26/02		12,690							12,690	8,227	S/L MM	39	.02564	325
35	CARPORTS	6/07/02		2,990							2,990	1,949	S/L MM	39	.02564	77
36	CARPORTS	7/09/02		3,200							3,200	1,882	S/L MM	39	.02564	82
37	PARKING LOT ISLANDS	8/08/02		4,615							4,615	2,709	S/L MM	39	.02564	118
38	BATHROOM REMODELS	10/10/02		14,116							14,116	8,308	S/L MM	39	.02564	362
39	SOUND SYSTEM	12/09/03		5,623							5,623	5,623	200DB HY	7		0
40	PARKING LOT EXPANSION & L	3/16/04		69,013							69,013	35,887	S/L MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06		8,440							8,440	3,897	S/L MM	39	.02564	216
42	ART CENTER & OFFICE A/C	12/28/05		3,944							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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							1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17		4,350							4,350	830	S/L	39		112
96	GREEN ROOM REFURB	6/21/17		1,199							1,199	217	S/L	39		31
97	GAS LINE METER	6/05/17		4,970							4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16		6,780							6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17		6,140							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | 95-3622332

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.
138	POST INDICATOR VALVE	11/29/21		2,894							2,894	482	S/L HY	15	.06670	193
139	A/C RECEPTION AREA #3	9/14/21		8,875							8,875	636	S/L MM	39	.02564	228
145	A/C #10 BOARDROOM	2/03/23		11,288							11,288	398	S/L MM	39	.02564	289
146	A/C #5B CLARK	4/27/23		13,888							13,888	430	S/L MM	39	.02564	356
147	SMART THERMOSTATS (13)	11/15/22		5,915							5,915	1,267	S/L HY	7	.14290	845
149	BATHROOM REMODEL BLDG #1	5/16/24		377,959							377,959	2,275	S/L MM	39	.02564	9,691
153	ROOFING-BLDG #2	12/06/23		38,360							38,360	534	S/L MM	39	.02564	984
155	FIRE/ALARM SYSTEM	6/26/24		3,717							3,717	4	S/L MM	39	.02564	95
160	BUILDING SIGNAGE	9/05/24		3,119							3,119		S/L HY	7	.07140	223
163	EXIT DOOR	4/18/25		3,683							3,683		S/L MM	39	.00535	20
164	PICKLEBALL COURTS	6/26/25		151,450							151,450		S/L HY	15	.03330	5,043
165	THEATRE DRAPES/DOORS	6/05/25		11,125							11,125		S/L MM	39	.00107	12
166	WINDOW COVERINGS - BLDG #1	6/05/25		8,529							8,529		S/L HY	7	.07140	609
167	EAST GATE	3/17/25		4,725							4,725		S/L HY	15	.03330	157
169	KITCHEN IMPROVEMENTS #1	10/01/24		10,345							10,345		S/L MM	39	.01819	188
	TOTAL IMPROVEMENTS			1,376,946		0	0	0	0	0	1,376,946	423,709				38,193
	MACHINERY AND EQUIPMENT															
53	STAGE LIGHTING	8/01/98		585							585	585	S/L HY	7		0
54	PIANO DOLLY	3/01/99		550							550	550	S/L HY	7		0
55	BABY GRAND PIANO-THEATER	1/01/05		8,740							8,740	8,740	200DB HY	7		0
56	NEW MICROPHONES	1/31/06		1,254							1,254	1,254	S/L HY	7		0
57	WIRELESS MICS	12/20/06		2,000							2,000	2,000	S/L HY	7		0
58	WIRELESS MICS	8/21/06		2,000							2,000	2,000	S/L HY	7		0
59	AC CONDENSOR	7/02/10		3,250							3,250	3,250	S/L HY	7		0
60	PHONE SYSTEM	4/20/11		8,924							8,924	8,255	S/L HY	5		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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							1,151	1,151	S/L	5		0
79	SERVER & SOFTWARE UPGRADE	3/31/15		5,395							5,395	5,395	S/L	5		0
80	COMMERCIAL MICROWAVES	10/30/14		5,067							5,067	5,067	S/L	5		0
81	DRINKING FOUNTAIN	10/24/14		1,461							1,461	938	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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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		4,505							4,505	4,505	S/L	5		0
124	7 ALL IN ONE COMPUTER	10/03/19		9,000							9,000	8,100	S/L HY	5	.10000	900
125	CONDENSER/COIL #11	6/25/20		4,687							4,687	4,217	S/L HY	5	.10000	470
128	EXERCISE EQUIPMENT	4/20/20		4,721							4,721	3,036	S/L HY	7	.14280	674
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21		8,444							8,444	5,911	S/L HY	5	.20000	1,689
134	ICE MACHINE	9/10/20		3,189							3,189	2,446	S/L	5		638
140	3 LAPTOPS	9/16/21		1,954							1,954	977	S/L HY	5	.20000	391
141	SQUARE & IPADS	2/03/22		1,039							1,039	520	S/L HY	5	.20000	208
142	3 COMPUTER-W/C	2/03/22		3,823							3,823	1,912	S/L HY	5	.20000	765
144	THEATER PROJECTOR	5/01/22		5,379							5,379	2,152	S/L HY	5	.20000	1,076
148	2 LAPTOPS	10/03/22		1,033							1,033	310	S/L HY	5	.20000	207
150	LASER PROJECTOR CLARK	6/19/24		5,319							5,319	532	S/L HY	5	.20000	1,064
151	THEATER EQUIPMENT	7/06/23		2,739							2,739	274	S/L HY	5	.20000	548
152	A/C #1 & #13	6/04/24		18,343							18,343	20	S/L MM	39	.02564	470
156	WIFI	10/29/24		2,736							2,736		S/L HY	5	.10000	274
157	MY SENIOR	12/17/24		10,442							10,442		S/L HY	5	.10000	1,044
158	COMPUTER - JAY	3/31/25		3,204							3,204		S/L HY	5	.10000	320
159	W/C COMPUTERS	5/03/25		5,209							5,209		S/L HY	5	.10000	521
161	AC UNIT #11	5/15/25		14,138							14,138		S/L MM	39	.00321	45
162	AC UNIT #5A	2/07/25		14,388							14,388		S/L MM	39	.00963	139
168	KITCHEN EQUIPMENT	8/06/24		8,806							8,806		S/L HY	5	.10000	881
	TOTAL MACHINERY AND EQUIPME			266,756		0	0	0	0	0	266,756	159,623				12,421
	RIGHT 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	0	192,500	2,406				9,625

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | 95-3622332

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	1,115,115				76,451
	GRAND TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,115,115				76,451

2025 FEDERAL BOOK DEPRECIATION SCHEDULE

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | **95-3622332**

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.
DEPR. SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609							29,609	29,609	200DB HY	7	.04460	0
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	0	0	29,609	29,609				0
BUILDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537							156,537	156,537	S/L HY	3		0
2	BUILDING #2 PP & E	VARIOUS		18,838							18,838	18,838	S/L HY	5		0
3	ART CENTER	4/01/98		91,569							91,569	63,886	S/L MM	39	.02564	2,348
4	WELLNESS CENTER	5/31/06		259,107							259,107	133,712	S/L MM	39	.02564	6,644
63	IRRIGATION METER	10/18/12		7,283							7,283	6,075	S/L HY	15	.06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484							3,484	2,900	S/L HY	15	.06670	232
67	WATER METER BLDG #2	10/18/12		2,413							2,413	2,039	S/L	15		161
75	ROOF	6/30/14		97,954							97,954	27,632	S/L	39		2,512
136	WATER HEATER	5/10/21		1,875							1,875	281	S/L MM	27.5	.03636	68
	TOTAL BUILDINGS			639,060		0	0	0	0	0	639,060	411,900				12,451
FURNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165							8,165	8,165	S/L HY	7		0
6	10 ROUND TABLES	3/01/98		4,234							4,234	4,234	S/L HY	7		0
7	STAGE & POSTERS	3/26/03		22,840							22,840	22,840	200DB HY	7		0
8	AUDITORIUM CHAIRS	1/01/05		12,560							12,560	12,560	200DB HY	5		0
9	STACKING CHAIRS	3/21/06		4,861							4,861	4,861	S/L HY	5		0
10	STORAGE CABINET	9/09/05		901							901	901	S/L HY	7		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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		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							10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749							749	660	S/L	7		89
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749							749	660	S/L	7		89
118	LOBBY FURNITURE	5/31/19		10,260							10,260	9,801	200DB HY	7	.04460	459
	TOTAL FURNITURE AND FIXTURE			107,299		0	0	0	0	0	107,299	104,080				994
	IMPROVEMENTS															
18	GROUND IMPROVEMENTS	VARIOUS		33,989							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		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							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		22,300							22,300	13,618	S/L MM	39	.02564	572

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
28	REMODELING	2/07/02		4,970							4,970	2,969	S/L MM	39	.02564	127
29	LIGHTING - INDOOR	4/09/02		1,230							1,230	1,230	200DB HY	7		0
30	LIGHTING - OUTDOOR	4/27/02		1,280							1,280	1,280	200DB HY	7		0
31	CARPORTS	2/07/02		11,665							11,665	8,138	S/L MM	39	.02564	299
32	PARKING LOT CONCRETE	4/09/02		4,687							4,687	3,162	S/L MM	39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02		1,222							1,222	901	S/L MM	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							14,116	8,670	S/L MM	39	.02564	362
39	SOUND SYSTEM	12/09/03		5,623							5,623	5,623	200DB HY	7		0
40	PARKING LOT EXPANSION & L	3/16/04		69,013							69,013	37,656	S/L MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06		8,440							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
77	SOLATUBES-SKYLIGHTS	5/28/14		2,175							2,175	1,607	S/L	15		145
86	DRIP IRRIGATION VALVES	6/13/16		3,605							3,605	2,355	150DB HY	15	.05910	213
87	TURF CONVERSION	10/20/15		49,244							49,244	33,608	150DB HY	15	.05910	2,910
88	BUILDING #1 FLOORING	6/27/16		41,423							41,423	11,629	S/L	39		1,062
89	BUILDING #2 FLOORING	6/27/16		33,779							33,779	9,483	S/L	39		866
90	GRNDS IMPV (TREE REMOVAL)	11/16/16		7,925							7,925	4,532	S/L	15		528
91	COURTYARD TURF	6/19/17		26,230							26,230	13,992	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	2,904	S/L	39		363
94	EXIT SIGN REPLACEMENT	8/01/16		1,788							1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17		4,350							4,350	942	S/L	39		112
96	GREEN ROOM REFURB	6/21/17		1,199							1,199	248	S/L	39		31
97	GAS LINE METER	6/05/17		4,970							4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16		6,780							6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17		6,140							6,140	1,237	S/L MM	39	.02564	157
108	PARKING LOT RESURFACE	12/12/17		10,488							10,488	5,249	S/L HY	15	.06670	700
109	EXTERIOR PAINT & CONCRETE	6/13/18		25,120							25,120	4,535	S/L MM	39	.02564	644
113	METAL EDGING - COURTYARD	2/28/19		3,465							3,465	1,501	S/L HY	15	.06670	231
114	PARKING LOT LIGHTING	6/26/19		5,969							5,969	2,587	S/L HY	15	.06670	398
117	HEAT & A/C - LOBBY	1/14/19		7,479							7,479	1,240	S/L MM	39	.02564	192
126	DECOMP GRANITE REFRESH	3/31/20		10,000							10,000	3,668	S/L HY	15	.06670	667
129	OFFICE A/C	3/13/20		33,885							33,885	4,599	S/L MM	39	.02564	869
130	THEATER LIGHTING	5/31/21		8,309							8,309	6,786	S/L	5		1,523
131	A/C HEAT	12/30/20		8,200							8,200	954	S/L MM	39	.02564	210
132	PARTITION WALL-DEV OFFICE	2/03/21		4,875							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		1,674							1,674	392	S/L HY	15	.06670	112

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
138	POST INDICATOR VALVE	11/29/21		2,894							2,894	675	S/L HY	15	.06670	193
139	A/C RECEPTION AREA #3	9/14/21		8,875							8,875	864	S/L MM	39	.02564	228
145	A/C #10 BOARDROOM	2/03/23		11,288							11,288	687	S/L MM	39	.02564	289
146	A/C #5B CLARK	4/27/23		13,888							13,888	786	S/L MM	39	.02564	356
147	SMART THERMOSTATS (13)	11/15/22		5,915							5,915	2,112	S/L HY	7	.14280	845
149	BATHROOM REMODEL BLDG #1	5/16/24		377,959							377,959	11,966	S/L MM	39	.02564	9,691
153	ROOFING-BLDG #2	12/06/23		38,360							38,360	1,518	S/L MM	39	.02564	984
155	FIRE/ALARM SYSTEM	6/26/24		3,717							3,717	99	S/L MM	39	.02564	95
160	BUILDING SIGNAGE	9/05/24		3,119							3,119	223	S/L HY	7	.14290	446
163	EXIT DOOR	4/18/25		3,683							3,683	20	S/L MM	39	.02564	94
164	PICKLEBALL COURTS	6/26/25		151,450							151,450	5,043	S/L HY	15	.06670	10,102
165	THEATRE DRAPES/DOORS	6/05/25		11,125							11,125	12	S/L MM	39	.02564	285
166	WINDOW COVERINGS - BLDG #1	6/05/25		8,529							8,529	609	S/L HY	7	.14290	1,219
167	EAST GATE	3/17/25		4,725							4,725	157	S/L HY	15	.06670	315
169	KITCHEN IMPROVEMENTS #1	10/01/24		10,345							10,345	188	S/L MM	39	.02564	265
	TOTAL IMPROVEMENTS			1,376,946		0	0	0	0	0	1,376,946	461,902				44,535
	MACHINERY AND EQUIPMENT															
53	STAGE LIGHTING	8/01/98		585							585	585	S/L HY	7		0
54	PIANO DOLLY	3/01/99		550							550	550	S/L HY	7		0
55	BABY GRAND PIANO-THEATER	1/01/05		8,740							8,740	8,740	200DB HY	7		0
56	NEW MICROPHONES	1/31/06		1,254							1,254	1,254	S/L HY	7		0
57	WIRELESS MICS	12/20/06		2,000							2,000	2,000	S/L HY	7		0
58	WIRELESS MICS	8/21/06		2,000							2,000	2,000	S/L HY	7		0
59	AC CONDENSOR	7/02/10		3,250							3,250	3,250	S/L HY	7		0
60	PHONE SYSTEM	4/20/11		8,924							8,924	8,255	S/L HY	5		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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							1,151	1,151	S/L	5		0
79	SERVER & SOFTWARE UPGRADE	3/31/15		5,395							5,395	5,395	S/L	5		0
80	COMMERCIAL MICROWAVES	10/30/14		5,067							5,067	5,067	S/L	5		0
81	DRINKING FOUNTAIN	10/24/14		1,461							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | 95-3622332

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		4,505							4,505	4,505	S/L	5		0
124	7 ALL IN ONE COMPUTER	10/03/19		9,000							9,000	9,000	S/L HY	5		0
125	CONDENSER/COIL #11	6/25/20		4,687							4,687	4,687	S/L HY	5		0
128	EXERCISE EQUIPMENT	4/20/20		4,721							4,721	3,710	S/L HY	7	.14290	675
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21		8,444							8,444	7,600	S/L HY	5	.10000	844
134	ICE MACHINE	9/10/20		3,189							3,189	3,084	S/L	5		105
140	3 LAPTOPS	9/16/21		1,954							1,954	1,368	S/L HY	5	.20000	391
141	SQUARE & IPADS	2/03/22		1,039							1,039	728	S/L HY	5	.20000	208
142	3 COMPUTER-W/C	2/03/22		3,823							3,823	2,677	S/L HY	5	.20000	765
144	THEATER PROJECTOR	5/01/22		5,379							5,379	3,228	S/L HY	5	.20000	1,076
148	2 LAPTOPS	10/03/22		1,033							1,033	517	S/L HY	5	.20000	207
150	LASER PROJECTOR CLARK	6/19/24		5,319							5,319	1,596	S/L HY	5	.20000	1,064
151	THEATER EQUIPMENT	7/06/23		2,739							2,739	822	S/L HY	5	.20000	548
152	A/C #1 & #13	6/04/24		18,343							18,343	490	S/L MM	39	.02564	470
156	WIFI	10/29/24		2,736							2,736	274	S/L HY	5	.20000	547
157	MY SENIOR	12/17/24		10,442							10,442	1,044	S/L HY	5	.20000	2,088
158	COMPUTER - JAY	3/31/25		3,204							3,204	320	S/L HY	5	.20000	641
159	W/C COMPUTERS	5/03/25		5,209							5,209	521	S/L HY	5	.20000	1,042
161	AC UNIT #11	5/15/25		14,138							14,138	45	S/L MM	39	.02564	362
162	AC UNIT #5A	2/07/25		14,388							14,388	139	S/L MM	39	.02564	369
168	KITCHEN EQUIPMENT	8/06/24		8,806							8,806	881	S/L HY	5	.20000	1,761
	TOTAL MACHINERY AND EQUIPME			266,756		0	0	0	0	0	266,756	172,044				13,260
	RIGHT OF USE ASSET															
154	RIGHT OF USE ASSET (SOLAR)	3/18/24		192,500							192,500	12,031	S/L	20		9,625
	TOTAL RIGHT OF USE ASSET			192,500		0	0	0	0	0	192,500	12,031				9,625

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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

CLIENT 411980 **DBA THE JOSLYN CENTER** **95-3622332**

ELECTRONICALLY FILED:

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

PAYMENT:

NO PAYMENT IS REQUIRED.

2024 CALIFORNIA FILING INSTRUCTIONS

COVE COMMUNITIES SENIOR ASSOCIATION

CLIENT 411980 **DBA THE JOSLYN CENTER** **95-3622332**

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

CLIENT 411980 **DBA THE JOSLYN CENTER** **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.

WHERE TO FILE:

REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 7/01/2024 , and ending (mm/dd/yyyy) 6/30/2025 .

Corporation/Organization name: COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	California corporation number: 1024112
Additional information. See instructions.	FEIN: 95-3622332
Street address (suite or room): 73750 CATALINA WAY	PMB no.
City: PALM DESERT / State: CA / ZIP code: 92260-2906	
Foreign country name / Foreign province/state/county / Foreign postal code	

A First return. . . . . ☐ Yes ☒ No
B Amended return . . . . . ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust . . . . . ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method:
1 ☐ Cash **2** ☒ Accrual **3** ☐ Other
F Federal return filed? **1** ● ☐ 990T **2** ● ☐ 990-PF
3 ● ☐ Sch H (990) **4** ☒ Other 990 series
G Is this a group filing? See instructions . . . . . ● ☐ Yes ☒ No
H Is this organization in a group exemption . . . . . ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . . ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . . . ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? . . . ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources . . . . . $
L Is the organization a limited liability company? . . . . . ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? . . . . . ● ☒ Yes ☐ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? . . . . . ☐ Yes ☐ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ●	1	425,325.
	2	Gross dues and assessments from members and affiliates . . . . . ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received . . . . . SEE SCH. B ●	3	1,260,659.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B . . ●	4	1,685,984.
	5	Cost of goods sold . . . . . ● 5		
	6	Cost or other basis, and sales expenses of assets sold . . . . . ● 6		
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4 . . . . . ●	8	1,685,984.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 . . . . . ●	9	1,638,954.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . . ●	10	47,030.
Payments	11	Total payments . . . . . ●	11	
	12	Use tax. See General Information K . . . . . ●	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 . . . . . ●	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 . . . . . ●	14	
	15	Penalties and interest. See General Information J	15	
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result . . . . . ◉	16	0.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ► | Title: TREASURER | Date | ● Telephone: 760-340-3220

Paid Preparer's Use Only

Preparer's signature ► | Date | Check if self-employed ► ☐ | ● PTIN: P01660780

Firm's name (or yours, if self-employed) and address ► MARYANOV MADSEN GORDON CAMPBELL
PO BOX 1826
PALM SPRINGS, CA 92263

● Firm's FEIN: 95-3178278
● Telephone: (760) 320-6642

May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● ☒ Yes ☐ No

CACA1112L 01/14/25

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.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	46,183.
	4	Gross rents	4	23,200.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule SEE STATEMENT 1	7	355,942.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	425,325.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	11	137,378.
	12	Other salaries and wages	12	703,272.
	13	Interest	13	
	14	Taxes	14	69,084.
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	729,220.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,638,954.

Schedule L **Balance Sheet**

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		198,429.		183,446.
2	Net accounts receivable		100,000.		45,000.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule		1,310,327.		1,178,070.
10a	Depreciable assets	2,360,271.		2,608,486.	
b	Less accumulated depreciation	1,115,116.	1,245,155.	1,191,566.	1,416,920.
11	Land				
12	Other assets. Attach schedule STM 4		59,370.		221,819.
13	**Total assets**		2,913,281.		3,045,255.
Liabilities and net worth					
14	Accounts payable		90,775.		99,508.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		2,822,506.		2,945,747.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	**Total liabilities and net worth**		2,913,281.		3,045,255.

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1	Net income per books	47,030.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains				
4	Income not recorded on books this year. Attach schedule		9	Total. Add line 7 and line 8	
5	Expenses recorded on books this year not deducted in this return. Attach schedule		10	Net income per return. Subtract line 9 from line 6	47,030.
6	Total. Add line 1 through line 5	47,030.			

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	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	95-3622332

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 246,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 91,184.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 24,961.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 6,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 6,055.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 150,070.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 10,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 13,719.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

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	$	

(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
		$	

(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
		$	

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number 95-3622332

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
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, 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, 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, address, and ZIP + 4	**Relationship of transferor to transferee**

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BUILDING #1 PP	VARIOUS	156,537.	156,537.	S/L	3		
BUILDING #2 PP	VARIOUS	18,838.	18,838.	S/L	5		
ART CENTER	4/01/1998	91,569.	61,538.	S/L	39	2,348.	
WELLNESS CENTER	5/31/2006	259,107.	127,068.	S/L	39	6,644.	
MID-FOLDING TAB	4/13/1998	8,165.	8,165.	S/L	7		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	76,451.

DO NOT MAIL

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
10 ROUND TABLES	3/01/1998	4,234.	4,234.	S/L	7		
STAGE & POSTERS	3/26/2003	22,840.	22,840.	200DB	7		
AUDITORIUM CHAI	1/01/2005	12,560.	12,560.	200DB	5		
STACKING CHAIRS	3/21/2006	4,861.	4,861.	S/L	5		
STORAGE CABINET	9/09/2005	901.	901.	S/L	7		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
THEATER DRAPES	6/20/2006	1,152.	1,152.	S/L	5		
DESK - DIANE	6/11/2007	1,570.	1,570.	S/L	7		
EXIT SIGNAGE	7/10/2006	2,033.	2,033.	S/L	5		
CARPOST/MONUMEN	1/10/2007	5,242.	5,242.	S/L	7		
DESK - DANIEL'S	3/10/2008	2,089.	2,089.	S/L	7		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
KAWAI BABY GRAN	11/01/2007	10,000.	9,731.	200DB	7		
BINGO EQUIPMENT	4/20/2009	2,694.	2,694.	S/L	7		
GROUND IMPROVEM	VARIOUS	33,989.	33,989.	S/L	39		
GROUND IMPROVEM	1/01/1996	4,640.	4,640.	S/L	5		
BUILDING #1 IMP	1/01/1996	28,070.	28,070.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BUILDING #2 IMP	1/01/1996	6,051.	6,051.	S/L	5		
GROUND IMPROVEM	9/01/1998	9,634.	6,371.	S/L	39	247.	
BLDG 1 - CARPET	4/22/2000	6,195.	6,195.	200DB	7		
BLDG 1 - 8 CEIL	6/05/2001	2,065.	2,065.	200DB	7		
GROUND IMPROV S	6/18/2001	3,500.	3,500.	150DB	15		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LIGHTING INDOOR	9/18/2001	2,872.	2,872.	200DB	7		
REMODELING	1/08/2002	22,300.	13,046.	S/L	39	572.	
REMODELING	2/07/2002	4,970.	2,842.	S/L	39	127.	
LIGHTING - INDO	4/09/2002	1,230.	1,230.	200DB	7		
LIGHTING - OUTD	4/27/2002	1,280.	1,280.	200DB	7		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
CARPORTS	2/07/2002	11,665.	7,839.	S/L	39	299.	
PARKING LOT CON	4/09/2002	4,687.	3,042.	S/L	39	120.	
PARKING LOT PLA	7/10/2002	1,222.	870.	S/L	39	31.	
CARPORTS	4/26/2002	12,690.	8,227.	S/L	39	325.	
CARPORTS	6/07/2002	2,990.	1,949.	S/L	39	77.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
CARPORTS	7/09/2002	3,200.	1,882.	S/L	39	82.	
PARKING LOT ISL	8/08/2002	4,615.	2,709.	S/L	39	118.	
BATHROOM REMODE	10/10/2002	14,116.	8,308.	S/L	39	362.	
SOUND SYSTEM	12/09/2003	5,623.	5,623.	200DB	7		
PARKING LOT EXP	3/16/2004	69,013.	35,887.	S/L	39	1,769.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BATHROOM REMODE	6/20/2006	8,440.	3,897.	S/L	39	216.	
ART CENTER & OF	12/28/2005	3,944.	1,873.	S/L	39	101.	
MP3 CENTER FLOO	10/20/2005	5,896.	4,834.	S/L	10		
NEW LIGHTING	8/10/2005	2,772.	2,772.	S/L	7		
OUTSIDE LIGHTIN	5/10/2006	1,823.	1,823.	S/L	7		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
SUB PANEL	6/20/2006	2,495.	2,495.	S/L	5		
NEW A/C - CLARK	7/20/2006	3,200.	1,473.	S/L	39	82.	
NEW A/C - AGEIN	8/10/2006	3,400.	1,555.	S/L	39	87.	
BATHROOM REMODE	7/20/2006	5,600.	2,586.	S/L	39	144.	
9 A/C UNITS	8/10/2007	52,500.	51,055.	S/L	10		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
THEATER SI	4/10/2008	2,725.	1,135.	S/L	39	70.	
KITCHEN REMODEL	2/10/2009	26,770.	26,770.	S/L	15		
STAGE LIGHTING	8/01/1998	585.	585.	S/L	7		
PIANO DOLLY	3/01/1999	550.	550.	S/L	7		
BABY GRAND PIAN	1/01/2005	8,740.	8,740.	200DB	7		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
NEW MICROPHONES	1/31/2006	1,254.	1,254.	S/L	7		
WIRELESS MICS	12/20/2006	2,000.	2,000.	S/L	7		
WIRELESS MICS	8/21/2006	2,000.	2,000.	S/L	7		
AC CONDENSOR	7/02/2010	3,250.	3,250.	S/L	7		
PHONE SYSTEM	4/20/2011	8,924.	8,255.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FREEZER	5/15/2011	41,213.	39,003.	S/L	7		
DIGITAL TELEVIS	6/25/2012	2,400.	2,400.	S/L	7		
IRRIGATION METE	10/18/2012	7,283.	5,589.	S/L	15	486.	
SHED-LAWN BOWLI	6/03/2013	3,484.	2,668.	S/L	15	232.	
DEV DIR COMPUTE	6/30/2013	779.	312.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LR COMPUTER	6/30/2013	779.	312.	S/L	5		
WATER METER BLD	10/18/2012	2,413.	1,878.	S/L	15	161.	
LV COMPUTER	8/01/2013	1,138.	437.	S/L	5		
SERVER DRIVES	12/31/2013	1,975.	593.	S/L	5		
DS COMPUTER	4/30/2014	825.	193.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DC COMPUTER	4/30/2014	825.	193.	S/L	5		
EW COMPUTER	4/30/2014	825.	193.	S/L	5		
BE COMPUTER	4/30/2014	825.	193.	S/L	5		
CARPET	9/26/2013	8,724.	1,018.	S/L	5		
ROOF	6/30/2014	97,954.	25,120.	S/L	39	2,512.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LIGHTING FIXTUR	6/05/2014	1,285.	867.	S/L	15	86.	
SOLATUBES-SKYLI	5/28/2014	2,175.	1,462.	S/L	15	145.	
KITCHEN WARES	6/02/2014	1,151.	1,151.	S/L	5		
SERVER & SOFTWA	3/31/2015	5,395.	5,395.	S/L	5		
COMMERCIAL MICR	10/30/2014	5,067.	5,067.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DRINKING FOUNTA	10/24/2014	1,461.	938.	S/L	15	97.	
LEE'S OFFICE FU	11/30/2014	1,745.	1,549.	S/L	5		
EXTERIOR LIGHTI	12/31/2014	5,350.	3,213.	S/L	15	357.	
LOBBY FURNITURE	5/01/2015	10,105.	9,768.	S/L	5		
DRIP IRRIGATION	6/13/2016	3,605.	2,142.	150DB	15	213.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
TURF CONVERSION	10/20/2015	49,244.	30,703.	150DB	15	2,905.	
BUILDING #1 FLO	6/27/2016	41,423.	10,567.	S/L	39	1,062.	
BUILDING #2 FLO	6/27/2016	33,779.	8,617.	S/L	39	866.	
GRNDS IMPV (TRE	11/16/2016	7,925.	4,004.	S/L	15	528.	
COURTYARD TURF	6/19/2017	26,230.	12,243.	S/L	15	1,749.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
SURVEILLANCE EQ	5/01/2017	9,639.	9,639.	S/L	5		
ART CENTER REFU	6/21/2017	14,150.	2,541.	S/L	39	363.	
EXIT SIGN REPLA	8/01/2016	1,788.	1,788.	S/L	5		
THEATER WIRING	1/31/2017	4,350.	830.	S/L	39	112.	
GREEN ROOM REFU	6/21/2017	1,199.	217.	S/L	39	31.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
GAS LINE METER	6/05/2017	4,970.	4,970.	S/L	5		
CARPET AND TILE	9/30/2016	6,780.	6,780.	S/L	5		
20 CARD TABLE	9/03/2016	1,245.	1,245.	S/L	5		
20 ARMED CHAIRS	9/03/2016	1,665.	1,665.	S/L	5		
CONDENSOR FAN	10/31/2016	588.	588.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
UTILITY CARTS	2/03/2017	1,315.	1,315.	S/L	5		
OFFICE CHAIRS D	3/03/2017	739.	739.	S/L	5		
EXHAUST FANS	6/30/2017	1,333.	1,333.	S/L	5		
DRINKING FOUNTA	2/03/2017	2,558.	2,558.	S/L	5		
REFRIGERATOR	1/31/2017	2,223.	2,223.	S/L	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FIRE SYSTEM WIR	8/21/2017	6,140.	1,080.	S/L	39	157.	
PARKING LOT RES	12/12/2017	10,488.	4,549.	S/L	15	700.	
EXTERIOR PAINT	6/13/2018	25,120.	3,891.	S/L	39	644.	
PROJECTOR & SCR	4/30/2018	2,298.	2,298.	S/L	5		
DONOR PERFECT S	9/13/2017	2,595.	2,595.	S/L	3		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
WIFI KIT FOR SE	5/15/2018	1,206.	1,206.	S/L	5		
METAL EDGING -	2/28/2019	3,465.	1,270.	S/L	15	231.	
PARKING LOT LIG	6/26/2019	5,969.	2,189.	S/L	15	398.	
BLDG 1 - FIXTUR	5/15/2019	749.	553.	S/L	7	107.	
BLDG 2 - FIXTUR	5/15/2019	749.	553.	S/L	7	107.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
HEAT & A/C - LO	1/14/2019	7,479.	1,048.	S/L	39	192.	
LOBBY FURNITURE	5/31/2019	10,260.	8,885.	200DB	7	916.	
EX. EQUIP - WEL	4/23/2019	20,980.	20,980.	S/L	5		
LIGHTING/SOUND	6/27/2019	2,952.	2,952.	S/L	5		
FRIDGE FREEZER	6/30/2019	4,505.	4,505.	S/L	5		

DO NOT MAIL

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
2018 DODGE RAM	2/22/2019	29,609.	27,335.	200DB	7	2,274.	
7 ALL IN ONE CO	10/03/2019	9,000.	8,100.	S/L	5	900.	
CONDENSER/COIL	6/25/2020	4,687.	4,217.	S/L	5	470.	
DECOMP GRANITE	3/31/2020	10,000.	3,001.	S/L	15	667.	
EXERCISE EQUIPM	4/20/2020	4,721.	3,036.	S/L	7	674.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OFFICE A/C	3/13/2020	33,885.	3,730.	S/L	39	869.	
THEATER 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.	
PARTITION WALL-	2/03/2021	4,875.	422.	S/L	39	125.	
VIRTUAL PROGRAM	3/31/2021	8,444.	5,911.	S/L	5	1,689.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
ICE MACHINE	9/10/2020	3,189.	2,446.	S/L	5	638.	
SIGNAGE	6/30/2021	2,022.	1,212.	S/L	5	404.	
WATER HEATER	5/10/2021	1,875.	213.	S/L	28	68.	
WATER PUMP	6/30/2022	1,674.	280.	S/L	15	112.	
POST INDICATOR	11/29/2021	2,894.	482.	S/L	15	193.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
A/C RECEPTION A	9/14/2021	8,875.	636.	S/L	39	228.	
3 LAPTOPS	9/16/2021	1,954.	977.	S/L	5	391.	
SQUARE & IPADS	2/03/2022	1,039.	520.	S/L	5	208.	
3 COMPUTER-W/C	2/03/2022	3,823.	1,912.	S/L	5	765.	
THEATER PROJECT	5/01/2022	5,379.	2,152.	S/L	5	1,076.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
A/C #10 BOARDRO	2/03/2023	11,288.	398.	S/L	39	289.	
A/C #5B CLARK	4/27/2023	13,888.	430.	S/L	39	356.	
SMART THERMOSTA	11/15/2022	5,915.	1,267.	S/L	7	845.	
2 LAPTOPS	10/03/2022	1,033.	310.	S/L	5	207.	
BATHROOM REMODE	5/16/2024	377,959.	2,275.	S/L	39	9,691.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LASER PROJECTOR	6/19/2024	5,319.	532.	S/L	5	1,064.	
THEATER EQUIPME	7/06/2023	2,739.	274.	S/L	5	548.	
A/C #1 & #13	6/04/2024	18,343.	20.	S/L	39	470.	
ROOFING-BLDG #2	12/06/2023	38,360.	534.	S/L	39	984.	
RIGHT OF USE AS	3/18/2024	192,500.	2,406.	S/L	20	9,625.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FIRE/ALARM SYST	6/26/2024	3,717.	4.	S/L	39	95.	
WIFI	10/29/2024	2,736.		S/L	5	274.	
MY SENIOR	12/17/2024	10,442.		S/L	5	1,044.	
COMPUTER - JAY	3/31/2025	3,204.		S/L	5	320.	
W/C COMPUTERS	5/03/2025	5,209.		S/L	5	521.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BUILDING SIGNAG	9/05/2024	3,119.		S/L	7	223.	
AC UNIT #11	5/15/2025	14,138.		S/L	39	45.	
AC UNIT #5A	2/07/2025	14,388.		S/L	39	139.	
EXIT DOOR	4/18/2025	3,683.		S/L	39	20.	
PICKLEBALL COUR	6/26/2025	151,450.		S/L	15	5,043.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2024

CALIFORNIA FORM

3885

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name	California corporation number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	1024112

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
THEATRE DRAPES/	6/05/2025	11,125.		S/L	39	12.	
WINDOW COVERING	6/05/2025	8,529.		S/L	7	609.	
EAST GATE	3/17/2025	4,725.		S/L	15	157.	
KITCHEN EQUIPME	8/06/2024	8,806.		S/L	5	881.	
KITCHEN IMPROVE	10/01/2024	10,345.		S/L	39	188.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15		

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

COVE COMMUNITIES SENIOR ASSOCIATION
CLIENT 411980 DBA THE JOSLYN CENTER 95-3622332

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:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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	0.	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.

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.
	TOTAL	$ 137,378.	$ 0.	$ 0.

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

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

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.

TAXABLE YEAR **2024**

California Exempt Organization Business Income Tax Return

FORM **109**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 7/01/2024 , and ending (mm/dd/yyyy) 6/30/2025

Corporation/Organization name	California corporation number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	1024112
Additional information. See instructions.	FEIN 95-3622332
Street address (suite/room no.)	PMB no.
73750 CATALINA WAY	
City (If the corporation has a foreign address, see instructions.) / State / ZIP code	
PALM DESERT / CA / 92260-2906	
Foreign country name / Foreign province/state/county / Foreign postal code	

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ●

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business ADVERTISING

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ● 541800

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	**1**	Unrelated business taxable income from Side 2, Part II, line 30 ●	1	-17,636.
	2	Multiply line 1 by the average apportionment percentage ____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions ●	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1 ●	3	-17,636.
Taxable Trust	**4**	Unrelated business taxable income from Side 2, Part II, line 30 ●	4	
Tax Computation	**5**	Unrelated business taxable income from line 3 or line 4 ●	5	
	6	EZ, LAMBRA, or TTA NOL carryover deduction ●	6	
	7	Net Operating Loss deduction. See General Information N ●	7	
	8	Add line 6 and line 7 ●	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5 ●	9	
	10	Tax ____ % x line 9. See General Information J ●	10	
	11	Tax credits from Schedule B. See instructions ●	11	
Total Tax	**12**	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- ●	12	0.
	13	Alternative minimum tax. See General Information O ●	13	
	14	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	
Use Tax/ Tax Due/ Overpayment	**20**	**Use tax.** See instructions ●	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 ●	21	
	22	**Use tax balance**. If line 20 is more than line 19, subtract line 19 from line 20 ●	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions ●	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions ●	24	
	25	Enter amount of line 24 to be applied to 2025 estimated tax ●	25	

Refund or Amount Due	**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	**26a**	
	b Type: Checking ☐ Savings ☐ **c** Account Number	**26c**	
	27 Penalties and interest. See General Information M	**27**	
	28 ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	**29**	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1a	Gross receipts or gross sales _____ **b** Less returns and allowances _____ **c** Balance	**1c**	
2	Cost of goods sold and/or operations (Schedule A, line 7)	**2**	
3	Gross profit. Subtract line 2 from line 1c	**3**	
4a	Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541)	**4a**	
b	Net gain (loss) from Schedule D-1, Part II	**4b**	
c	Capital loss deduction for trusts	**4c**	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	**5**	
6	Rental income (Schedule C)	**6**	
7	Unrelated debt-financed income (Schedule D)	**7**	
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	**8**	
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	**9**	
10	Exploited exempt activity income (Schedule G)	**10**	
11	Advertising income (Schedule H, Part III, Column A)	**11**	
12	Other income. Attach schedule SEE STATEMENT 1	**12**	600.
13	Total unrelated trade or business income. Add line 3 through line 12	**13**	600.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I			**14**	
15	Salaries and wages			**15**	
16	Repairs			**16**	
17	Bad debts			**17**	
18	Interest. Attach schedule			**18**	
19	Taxes. Attach schedule			**19**	
20	Contributions. See instructions and attach schedule			**20**	
21a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	**21a**			
b	Less: depreciation claimed on Schedule A. See instructions	**21b**		**21**	
22	Depletion. Attach schedule			**22**	
23a	Contributions to deferred compensation plans			**23a**	
b	Employee benefit programs. See instructions			**23b**	
24	Other deductions. Attach schedule SEE STATEMENT 2			**24**	18,236.
25	Total deductions. Add line 14 through line 24			**25**	18,236.
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			**26**	-17,636.
27	Excess advertising costs (Schedule H, Part III, Column B)			**27**	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			**28**	-17,636.
29	Specific deduction. See instructions			**29**	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			**30**	-17,636.

Sign Here

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 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ►	Title	Date	Telephone
	TREASURER		760-340-3220

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed ► ☐	PTIN
			P01660780

Firm's name (or yours, if self-employed) and address ► MARYANOV MADSEN GORDON CAMPBELL
PO BOX 1826
PALM SPRINGS, CA 92263

Firm's FEIN 95-3178278

Telephone (760) 320-6642

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

COVE COMMUNITIES SENIOR ASSOCIATION 95-3622332

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	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 from line 5. Enter here and on Side 2, Part I, line 2	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name _____	code _____	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, on line 4. Enter here and on Side 1, line 11		4		

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: **a** Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name _____	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method — Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

		(a) Total within and outside California	(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 sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

		(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	**Property factor:** See instructions			
2	**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)			
5	**Average apportionment percentage:** Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

	(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable 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 column (c) is more than 10%, but not more than 50%		
	(i) Deductions directly connected (attach schedule)	(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)	(iii) Net income includible, col. (e)(i) less column (e)(ii)
1					
2					
3					
4	Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6			4	

Schedule D Unrelated Debt-Financed Income

	(a) Description of debt-financed property	(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property	
			(i) Straight-line depreciation (attach schedule)	(ii) Other deductions (attach schedule)
1				
2				
3				

	(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)
1			%			
2			%			
3			%			
4	Total. Enter here and on Side 2, Part I, line 7			4		

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

	(a) Description	(b) Amount	(c) Deductions directly connected (attach schedule)	(d) Net investment income, column (b) less column (c)	(e) Set-asides (attach schedule)	(f) Balance of investment income, column (d) less column (e)
1						
2						
3	Total. Enter here and on Side 2, Part I, line 8			3		
4	Enter gross income from members (dues, fees, charges, or similar amounts)			4		

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations

	(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	f Deductions directly connected with income in column (e)
1						
2						
3						

Nonexempt Controlled Organizations

	(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)
1					
2					
3					
4	Add the amounts in columns (e) and (j)		4		
5	Add the amounts in columns (f) and (k)			5	
6	Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9			6	

Schedule G Exploited Exempt Activity Income, other than Advertising Income

	(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, column (b) less column (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1								
2								
3								
4								
5	Total. Enter here and on Side 2, line 10						5	

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

	(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A (b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1							
2							
3							
4	Totals 4						

Part II Income from Periodicals Reported on a Separate Basis

5							
6							
7							

Part III Column A – Net Advertising Income

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d) or (g), and amount listed in Part II, columns (d) or (g)
1		
2		
3		
4	Enter total here and on Side 2, Part I, line 11. 4	

Part III Column B – Excess Advertising Costs

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1		
2		
3		
4	Enter total here and on Side 2, Part II, line 27.	

Schedule I Compensation of Officers, Directors, and Trustees

	(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1			%	
2			%	
3			%	
4			%	
5			%	
6	Total. Enter here and on Side 2, Part II, line 14. 6			

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

	(a) Group and guideline class or description of property	(b) Date acquired (dd/mm/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1	Total additional first-year depreciation (do not include in items below).						
2	Depreciation:						
2a	Buildings. 2a						
2b	Furniture and fixtures 2b						
2c	Transportation equipment . . 2c						
2d	Machinery and other equipment. 2d						
2e	Other (specify) _____ 2e						
3	Other depreciation. 3						
4	Total. 4						
5	Amount of depreciation claimed elsewhere on return. 5						
6	Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a. 6						

TAXABLE YEAR **2024**

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

CALIFORNIA FORM **3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name: COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

California corporation number: 1024112

FEIN: 95-3622332

During the taxable year the corporation incurred the NOL, the corporation was a(n): ◉ [ ] C corporation ◉ [ ] S corporation ◉ [X] Exempt organization ◉ [ ] Limited liability company (electing to be taxed as a corporation)

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

◉

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	17,636.
2	2024 disaster loss included in line 1. Enter as a positive number	2	
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	17,636.
4a	Enter the amount of the loss incurred by a new business included in line 3	4a	
b	Enter the amount of the loss incurred by an eligible small business included in line 3	4b	17,636.
c	Add line 4a and line 4b	4c	17,636.
5	General NOL. Subtract line 4c from line 3	5	
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	17,636.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

		(g) Available balance
1	Net income — Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is $1,000,000 or more, see instructions.	

Prior Year NOLs

	(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss — See instructions	(e) Carryover from 2023	(f) Amount used in 2024	(g)	(h) Carryover to 2025 col. (e) minus col. (f)
2	2023		ESB	19,018.	19,018.	0.	0.	19,018.

Current Year NOLs

3	2024		DIS					col. (d) minus col. (f) See instructions.
4	2024		ESB	17,636.				17,636.
	2024							
	2024							
	2024							

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2024 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	0.
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	0.
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	0.

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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

PROGRAM SERVICE REVENUE	$	600.
TOTAL	$	600.

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

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

COVE COMMUNITIES SENIOR ASSOCIATION
CLIENT 411980 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 NOT MAIL:
FORM 8453-EO

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I 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.

(For Registry Use Only)

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER
Name of Organization

List all DBAs and names the organization uses or has used

73750 CATALINA WAY
Address (Number and Street)

PALM DESERT, CA 92260-2906
City or Town, State, and ZIP Code

760-340-3220
Telephone Number

JAYS@JOSLYNCENTER.ORG
Email Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 43466

Corporation or Organization No. 1024112

Federal Employer ID No. 95-3622332

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/24 **ending** 6/30/25 **) list:**

Total Revenue $ (including noncash contributions) 1,521,531. **Noncash Contributions** $ 0. **Total Assets** $ 3,045,255.

Program Expenses $ 1,200,110. **Total Expenses** $ 1,638,954.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	☐	☒
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	☐	☒
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1	☒	☐
6 During this reporting period, did the organization hold a raffle for charitable purposes?	☐	☒
7 Does the organization conduct a vehicle donation program?	☐	☒
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	☒	☐
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	☐	☒

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.

Signature of Authorized Agent	Printed Name	Title	Date
	BARRY KAUFMAN	TREASURER	

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**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01 , 2024, and ending 6/30 , 20 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER
73750 CATALINA WAY
PALM DESERT, CA 92260-2906

D Employer identification number
95-3622332

E Telephone number
760-340-3220

G Gross receipts $ 1,685,984.

F Name and address of principal officer: BARRY KAUFMAN
SAME AS C ABOVE

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.JOSLYNCENTER.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1981

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: 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.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	29
6	Total number of volunteers (estimate if necessary)	6	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	600.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,537,953.	1,260,659.
9	Program service revenue (Part VIII, line 2g)	132,334.	115,820.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,886.	46,183.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,928.	98,869.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,820,101.	1,521,531.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	964,520.	980,676.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 116,681.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	509,820.	493,825.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,474,340.	1,474,501.
19	Revenue less expenses. Subtract line 18 from line 12	345,761.	47,030.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,913,281.	3,045,255.
21	Total liabilities (Part X, line 26)	90,775.	99,508.
22	Net assets or fund balances. Subtract line 21 from line 20	2,822,506.	2,945,747.

DO NOT MAIL

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

BARRY KAUFMAN — TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name: JOSE L. SANTOS, CPA	Preparer's signature	Date	Check ☐ if self-employed; PTIN: P01660780
Firm's name: MARYANOV MADSEN GORDON CAMPBELL			
Firm's address: PO BOX 1826, PALM SPRINGS, CA 92263			Firm's EIN: 95-3178278; Phone no. (760) 320-6642

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 932,463. including grants of $) (Revenue $)

SENIOR ACTIVITIES - PROVIDES RECREATIONAL ACTIVITIES, EXERCISE CLASSES, HEALTH SERVICES, AND EDUCATIONAL OPPORTUNITIES TO SENIOR CITIZENS IN THE SURROUNDING COMMUNITIES.

WELLNESS CENTER - THE WELLNESS CENTER PROVIDES A HOLISTIC APPROACH TO SENIOR WELLNESS INCLUDING EVIDENCE-BASED CLASSES INCLUDING AGING MASTERY, BRAIN BOOT CAMP, PROBLEM SOLVING THERAPY, AND GO4LIFE EXCERCISE PROGRAMS. THE WELLNESS CENTER ALSO HAS A FITNESS CENTER WITH PROFESSIONAL STYLE EXCERCISE MACHINES.

4b (Code:) (Expenses $ 267,647. including grants of $) (Revenue $)

NUTRITIONAL SERVICES - PROVIDES UP TO TWO MEALS PER DAY TO FRAIL, HOMEBOUND SENIORS. AVAILABLE TO RESIDENTS OF THE SURROUNDING COMMUNITIES. APPROXIMATELY 1,200 MEALS ARE SERVED PER MONTH.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,200,110.

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	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		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
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		X
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X

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? *If "Yes," complete Schedule J*	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
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		X
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).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in 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? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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		X
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		X
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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
38	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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** 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.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
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:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**14b**		
15	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? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** 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? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	**1a**	13		
b	Enter the number of voting members included on line 1a, above, who are independent.	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		X
6	Did the organization have members or stockholders? SEE SCHEDULE O		**6**	X	
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**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	X	
b	Each committee with authority to act on behalf of the governing body?		**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*		**9**		X

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**		X
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?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
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	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	**15a**	X	
b	Other officers or key employees of the organization. SEE SCHEDULE O	**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 organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK NEWBY	40									
EXECUTIVE DIR.	0			X				71,926.	0.	0.
(2) JAY G SELLER	40									
EXECUTIVE DIR.	0			X				65,452.	0.	0.
(3) BARBARA J MITCHELL	1									
PRESIDENT	0	X		X				0.	0.	0.
(4) HUGO A AGUAS	1									
VICE PRESIDENT	0	X		X				0.	0.	0.
(5) BARRY KAUFMAN	1									
TREASURER	0	X		X				0.	0.	0.
(6) CHARLES ALFARO	1									
DIRECTOR	0	X						0.	0.	0.
(7) BRIAN BILHARTZ	1									
DIRECTOR	0	X						0.	0.	0.
(8) LINDA BLANK	1									
DIRECTOR	0	X						0.	0.	0.
(9) DIANE P HAAGA	1									
DIRECTOR	0	X						0.	0.	0.
(10) BARBARA ROGERS	1									
DIRECTOR	0	X						0.	0.	0.
(11) ANN SIMLEY	1									
DIRECTOR	0	X						0.	0.	0.
(12) GILLETT HENRY WELLES	1									
DIRECTOR	0	X						0.	0.	0.
(13) MICHAEL O'KEEFE	1									
DIRECTOR	0	X						0.	0.	0.
(14) EVE FROMBERG EDELSTEIN	1									
DIRECTOR	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAN HARNIK	1									
DIRECTOR	0	X						0.	0.	0.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								137,378.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								137,378.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	69,821.				
	c Fundraising events	1c	76,412.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	356,581.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	757,845.				
	g Noncash contributions included in lines 1a-1f	1g					
	h **Total.** Add lines 1a-1f			1,260,659.			
Program Service Revenue			**Business Code**				
	2a NUTRITIONAL SERVICES			71,162.	71,162.		
	b SENIOR ACTIVITIES			41,380.	41,380.		
	c WELLNESS CENTER			2,678.	2,678.		
	d ADVERTISING			600.		600.	
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			115,820.			
Other Revenue	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				
	6a Gross rents	6a	23,200.				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	23,200.				
	d Net rental income or (loss)			23,200.	23,200.		
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 76,412. of contributions reported on line 1c). See Part IV, line 18	8a	240,122.				
	b Less: direct expenses	8b	164,453.				
	c Net income or (loss) from fundraising events			75,669.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			1,521,531.	138,420.	600.	46,183.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,378.	107,618.	14,229.	15,531.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	703,272.	550,924.	72,839.	79,509.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,597.	10,651.	1,409.	1,537.
9 Other employee benefits	57,345.	44,924.	5,939.	6,482.
10 Payroll taxes	69,084.	54,119.	7,155.	7,810.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	47,020.	42,318.	4,702.	
12 Advertising and promotion	77,097.	76,607.		490.
13 Office expenses	33,503.	29,289.	4,214.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	43,789.	30,782.	13,007.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DEPRECIATION EXPENSE	76,451.	73,171.	2,882.	398.
b REPAIRS & MAINTENANCE	61,958.	57,032.	4,926.	
c UTILITIES	44,811.	40,330.	4,481.	
d WELLNESS CENTER	35,808.	35,808.		
e All other expenses	73,388.	46,537.	21,927.	4,924.
25 **Total functional expenses.** Add lines 1 through 24e	1,474,501.	1,200,110.	157,710.	116,681.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,445.	9	3,484.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,608,486.			
	b	Less: accumulated depreciation	10b 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			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.
Liabilities	17	Accounts payable and accrued expenses		90,775.	17	99,508.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		90,775.	26	99,508.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.**	X			
	27	Net assets without donor restrictions		2,497,237.	27	2,572,419.
	28	Net assets with donor restrictions		325,269.	28	373,328.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	☐			
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,822,506.	32	2,945,747.
	33	Total liabilities and net assets/fund balances		2,913,281.	33	3,045,255.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,521,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,474,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,822,506.
5	Net unrealized gains (losses) on investments	5	76,211.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,945,747.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	95-3622332

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 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 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 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.	315,302.	316,534.	1,498,732.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 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.
6 **Total.** Add lines 1 through 5	1,100,787.	1,299,242.	847,429.	1,859,614.	1,560,781.	6,667,853.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.
8 **Public support.** (Subtract line 7c from line 6.)						6,667,853.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 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.
10a 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.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	15,550.	16,904.	12,811.	39,886.	46,183.	131,334.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,116,337.	1,316,146.	860,240.	1,899,500.	1,606,964.	6,799,187.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	98.07 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	98.48 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	1.93 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.52 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	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 **Part VI** 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		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	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 **Part VI** 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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	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 **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990).*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	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 **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 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		

Part IV Supporting Organizations *(continued)*

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
b A family member of a person described on line 11a above?	11b		
c 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* ***Part VI.***	11c		

Section 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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	1		
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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section 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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section 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* ***Part VI*** *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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section 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).***

- **a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2 Activities Test. ***Answer lines 2a and 2b below.***			
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* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? ***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		
3 Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its *supported organizations?If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A – Adjusted Net Income

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

Section B – Minimum Asset Amount

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

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2	Enter 0.85 of line 1.	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4	Enter greater of line 2 or line 3.	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** 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 integrated Type III supporting organization (see instructions).

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION DBA THE JOSLYN CENTER	95-3622332

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 246,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 91,184.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 24,961.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 6,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 6,055.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 150,070.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 10,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 13,719.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number: 95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

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	$	

(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
		$	

(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
		$	

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION

Employer identification number 95-3622332

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
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, 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, 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, address, and ZIP + 4	**Relationship of transferor to transferee**

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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

Employer identification number

95-3622332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $ 46,925.

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

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

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		639,060.	411,900.	227,160.
c Leasehold improvements		1,373,262.	461,902.	911,360.
d Equipment		296,365.	201,653.	94,712.
e Other		299,799.	116,111.	183,688.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,416,920.

Part VII Investments — Other Securities

N/A

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

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

Part VIII Investments — Program Related

N/A

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

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

Part IX Other Assets

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

	(a) Description	(b) Book value
(1)	COLLECTIONS	46,925.
(2)	CONSTRUCTION IN PROGRESS	171,410.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, column (B))*		218,335.

Part X Other Liabilities

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

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

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

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

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

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	**2a**	76,211.		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	76,211.
3	Subtract line **2e** from line **1**			**3**	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	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	1,521,531.

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

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

1	Total expenses and losses per audited financial statements			**1**	1,474,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	1,474,501.
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	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . ☐ **Yes** ☒ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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.

		(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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	59,626.	76,006.	28,821.	164,453.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				164,453.
	11 Net income summary. Subtract line 10 from line 3, column (d)				75,669.

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ 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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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 $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	**Supplemental Information to Form 990 or 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* 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

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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.

059

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: COVE COMMUNITIES SENIOR ASSOCIATION

Identifying number: 95-3622332

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	0.
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	0.
3	Refund (Form 109, line 26)	3	0.
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	0.

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ Signature of officer _____ Date _____ ▶ TREASURER (Title)

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date _____ Check if also paid preparer [X] Check if self-employed [ ] ERO's PTIN P01660780

Firm's name (or yours if self-employed) and address ▶ MARYANOV MADSEN GORDON CAMPBELL
PO BOX 1826
PALM SPRINGS CA

Firm's FEIN 95-3178278

ZIP code 92263

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed [ ] Paid preparer's PTIN _____

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

Firm's FEIN _____

ZIP code _____

059

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
COVE COMMUNITIES SENIOR ASSOCIATION	95-3622332

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	1,685,984.
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	1,685,984.
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	0.

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ (Signature of officer) _____ (Date) ▶ TREASURER (Title)

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date _____ Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN P01660780

Firm's name (or yours if self-employed) and address ▶ MARYANOV MADSEN GORDON CAMPBELL
PO BOX 1826
PALM SPRINGS CA

Firm's FEIN 95-3178278

ZIP code 92263

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

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

Firm's FEIN _____

ZIP code _____

2024 CALIFORNIA BOOK DEPRECIATION SCHEDULE

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | **95-3622332**

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.
DEPR. SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609							29,609	27,335	200DB HY	7	.08930	2,274
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	0	0	29,609	27,335				2,274
BUILDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537							156,537	156,537	S/L HY	3		0
2	BUILDING #2 PP & E	VARIOUS		18,838							18,838	18,838	S/L HY	5		0
3	ART CENTER	4/01/98		91,569							91,569	61,538	S/L MM	39	.02564	2,348
4	WELLNESS CENTER	5/31/06		259,107							259,107	127,068	S/L MM	39	.02564	6,644
63	IRRIGATION METER	10/18/12		7,283							7,283	5,589	S/L HY	15	.06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484							3,484	2,668	S/L HY	15	.06670	232
67	WATER METER BLDG #2	10/18/12		2,413							2,413	1,878	S/L	15		161
75	ROOF	6/30/14		97,954							97,954	25,120	S/L	39		2,512
136	WATER HEATER	5/10/21		1,875							1,875	213	S/L MM	27.5	.03636	68
	TOTAL BUILDINGS			639,060		0	0	0	0	0	639,060	399,449				12,451
FURNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165							8,165	8,165	S/L HY	7		0
6	10 ROUND TABLES	3/01/98		4,234							4,234	4,234	S/L HY	7		0
7	STAGE & POSTERS	3/26/03		22,840							22,840	22,840	200DB HY	7		0
8	AUDITORIUM CHAIRS	1/01/05		12,560							12,560	12,560	200DB HY	5		0
9	STACKING CHAIRS	3/21/06		4,861							4,861	4,861	S/L HY	5		0
10	STORAGE CABINET	9/09/05		901							901	901	S/L HY	7		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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		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	3,213	S/L	15		357
84	LOBBY FURNITURE	5/01/15		10,105							10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749							749	553	S/L	7		107
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749							749	553	S/L	7		107
118	LOBBY FURNITURE	5/31/19		10,260							10,260	8,885	200DB HY	7	.08930	916
	TOTAL FURNITURE AND FIXTURE			107,299		0	0	0	0	0	107,299	102,593				1,487
	IMPROVEMENTS															
18	GROUND IMPROVEMENTS	VARIOUS		33,989							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		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		22,300							22,300	13,046	S/L MM	39	.02564	572

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
28	REMODELING	2/07/02		4,970							4,970	2,842	S/L MM	39	.02564	127
29	LIGHTING - INDOOR	4/09/02		1,230							1,230	1,230	200DB HY	7		0
30	LIGHTING - OUTDOOR	4/27/02		1,280							1,280	1,280	200DB HY	7		0
31	CARPORTS	2/07/02		11,665							11,665	7,839	S/L MM	39	.02564	299
32	PARKING LOT CONCRETE	4/09/02		4,687							4,687	3,042	S/L MM	39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02		1,222							1,222	870	S/L MM	39	.02564	31
34	CARPORTS	4/26/02		12,690							12,690	8,227	S/L MM	39	.02564	325
35	CARPORTS	6/07/02		2,990							2,990	1,949	S/L MM	39	.02564	77
36	CARPORTS	7/09/02		3,200							3,200	1,882	S/L MM	39	.02564	82
37	PARKING LOT ISLANDS	8/08/02		4,615							4,615	2,709	S/L MM	39	.02564	118
38	BATHROOM REMODELS	10/10/02		14,116							14,116	8,308	S/L MM	39	.02564	362
39	SOUND SYSTEM	12/09/03		5,623							5,623	5,623	200DB HY	7		0
40	PARKING LOT EXPANSION & L	3/16/04		69,013							69,013	35,887	S/L MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06		8,440							8,440	3,897	S/L MM	39	.02564	216
42	ART CENTER & OFFICE A/C	12/28/05		3,944							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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							1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17		4,350							4,350	830	S/L	39		112
96	GREEN ROOM REFURB	6/21/17		1,199							1,199	217	S/L	39		31
97	GAS LINE METER	6/05/17		4,970							4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16		6,780							6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17		6,140							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
138	POST INDICATOR VALVE	11/29/21		2,894							2,894	482	S/L HY	15	.06670	193
139	A/C RECEPTION AREA #3	9/14/21		8,875							8,875	636	S/L MM	39	.02564	228
145	A/C #10 BOARDROOM	2/03/23		11,288							11,288	398	S/L MM	39	.02564	289
146	A/C #5B CLARK	4/27/23		13,888							13,888	430	S/L MM	39	.02564	356
147	SMART THERMOSTATS (13)	11/15/22		5,915							5,915	1,267	S/L HY	7	.14290	845
149	BATHROOM REMODEL BLDG #1	5/16/24		377,959							377,959	2,275	S/L MM	39	.02564	9,691
153	ROOFING-BLDG #2	12/06/23		38,360							38,360	534	S/L MM	39	.02564	984
155	FIRE/ALARM SYSTEM	6/26/24		3,717							3,717	4	S/L MM	39	.02564	95
160	BUILDING SIGNAGE	9/05/24		3,119							3,119		S/L HY	7	.07140	223
163	EXIT DOOR	4/18/25		3,683							3,683		S/L MM	39	.00535	20
164	PICKLEBALL COURTS	6/26/25		151,450							151,450		S/L HY	15	.03330	5,043
165	THEATRE DRAPES/DOORS	6/05/25		11,125							11,125		S/L MM	39	.00107	12
166	WINDOW COVERINGS - BLDG #1	6/05/25		8,529							8,529		S/L HY	7	.07140	609
167	EAST GATE	3/17/25		4,725							4,725		S/L HY	15	.03330	157
169	KITCHEN IMPROVEMENTS #1	10/01/24		10,345							10,345		S/L MM	39	.01819	188
	TOTAL IMPROVEMENTS			1,376,946		0	0	0	0	0	1,376,946	423,709				38,193
	MACHINERY AND EQUIPMENT															
53	STAGE LIGHTING	8/01/98		585							585	585	S/L HY	7		0
54	PIANO DOLLY	3/01/99		550							550	550	S/L HY	7		0
55	BABY GRAND PIANO-THEATER	1/01/05		8,740							8,740	8,740	200DB HY	7		0
56	NEW MICROPHONES	1/31/06		1,254							1,254	1,254	S/L HY	7		0
57	WIRELESS MICS	12/20/06		2,000							2,000	2,000	S/L HY	7		0
58	WIRELESS MICS	8/21/06		2,000							2,000	2,000	S/L HY	7		0
59	AC CONDENSOR	7/02/10		3,250							3,250	3,250	S/L HY	7		0
60	PHONE SYSTEM	4/20/11		8,924							8,924	8,255	S/L HY	5		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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							1,151	1,151	S/L	5		0
79	SERVER & SOFTWARE UPGRADE	3/31/15		5,395							5,395	5,395	S/L	5		0
80	COMMERCIAL MICROWAVES	10/30/14		5,067							5,067	5,067	S/L	5		0
81	DRINKING FOUNTAIN	10/24/14		1,461							1,461	938	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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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		4,505							4,505	4,505	S/L	5		0
124	7 ALL IN ONE COMPUTER	10/03/19		9,000							9,000	8,100	S/L HY	5	.10000	900
125	CONDENSER/COIL #11	6/25/20		4,687							4,687	4,217	S/L HY	5	.10000	470
128	EXERCISE EQUIPMENT	4/20/20		4,721							4,721	3,036	S/L HY	7	.14280	674
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21		8,444							8,444	5,911	S/L HY	5	.20000	1,689
134	ICE MACHINE	9/10/20		3,189							3,189	2,446	S/L	5		638
140	3 LAPTOPS	9/16/21		1,954							1,954	977	S/L HY	5	.20000	391
141	SQUARE & IPADS	2/03/22		1,039							1,039	520	S/L HY	5	.20000	208
142	3 COMPUTER-W/C	2/03/22		3,823							3,823	1,912	S/L HY	5	.20000	765
144	THEATER PROJECTOR	5/01/22		5,379							5,379	2,152	S/L HY	5	.20000	1,076
148	2 LAPTOPS	10/03/22		1,033							1,033	310	S/L HY	5	.20000	207
150	LASER PROJECTOR CLARK	6/19/24		5,319							5,319	532	S/L HY	5	.20000	1,064
151	THEATER EQUIPMENT	7/06/23		2,739							2,739	274	S/L HY	5	.20000	548
152	A/C #1 & #13	6/04/24		18,343							18,343	20	S/L MM	39	.02564	470
156	WIFI	10/29/24		2,736							2,736		S/L HY	5	.10000	274
157	MY SENIOR	12/17/24		10,442							10,442		S/L HY	5	.10000	1,044
158	COMPUTER - JAY	3/31/25		3,204							3,204		S/L HY	5	.10000	320
159	W/C COMPUTERS	5/03/25		5,209							5,209		S/L HY	5	.10000	521
161	AC UNIT #11	5/15/25		14,138							14,138		S/L MM	39	.00321	45
162	AC UNIT #5A	2/07/25		14,388							14,388		S/L MM	39	.00963	139
168	KITCHEN EQUIPMENT	8/06/24		8,806							8,806		S/L HY	5	.10000	881
	TOTAL MACHINERY AND EQUIPME			266,756		0	0	0	0	0	266,756	159,623				12,421
	RIGHT 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	0	192,500	2,406				9,625

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 | 95-3622332

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	1,115,115				76,451
	GRAND TOTAL DEPRECIATION			2,612,170		0	0	0	0	0	2,612,170	1,115,115				76,451

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
DEPR. SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
122	2018 DODGE RAM VAN	2/22/19		29,609							29,609	29,609	200DB HY	7	.04460	0
	TOTAL AUTO / TRANSPORT EQUIP			29,609		0	0	0	0	0	29,609	29,609				0
BUILDINGS																
1	BUILDING #1 PP & E	VARIOUS		156,537							156,537	156,537	S/L HY	3		0
2	BUILDING #2 PP & E	VARIOUS		18,838							18,838	18,838	S/L HY	5		0
3	ART CENTER	4/01/98		91,569							91,569	63,886	S/L MM	39	.02564	2,348
4	WELLNESS CENTER	5/31/06		259,107							259,107	133,712	S/L MM	39	.02564	6,644
63	IRRIGATION METER	10/18/12		7,283							7,283	6,075	S/L HY	15	.06670	486
64	SHED-LAWN BOWLING	6/03/13		3,484							3,484	2,900	S/L HY	15	.06670	232
67	WATER METER BLDG #2	10/18/12		2,413							2,413	2,039	S/L	15		161
75	ROOF	6/30/14		97,954							97,954	27,632	S/L	39		2,512
136	WATER HEATER	5/10/21		1,875							1,875	281	S/L MM	27.5	.03636	68
	TOTAL BUILDINGS			639,060		0	0	0	0	0	639,060	411,900				12,451
FURNITURE AND FIXTURES																
5	MID-FOLDING TABLES	4/13/98		8,165							8,165	8,165	S/L HY	7		0
6	10 ROUND TABLES	3/01/98		4,234							4,234	4,234	S/L HY	7		0
7	STAGE & POSTERS	3/26/03		22,840							22,840	22,840	200DB HY	7		0
8	AUDITORIUM CHAIRS	1/01/05		12,560							12,560	12,560	200DB HY	5		0
9	STACKING CHAIRS	3/21/06		4,861							4,861	4,861	S/L HY	5		0
10	STORAGE CABINET	9/09/05		901							901	901	S/L HY	7		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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		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							10,105	9,768	S/L	5		0
115	BLDG 1 - FIXTURES/SIGNS	5/15/19		749							749	660	S/L	7		89
116	BLDG 2 - FIXTURES/SIGNS	5/15/19		749							749	660	S/L	7		89
118	LOBBY FURNITURE	5/31/19		10,260							10,260	9,801	200DB HY	7	.04460	459
	TOTAL FURNITURE AND FIXTURE			107,299		0	0	0	0	0	107,299	104,080				994
	IMPROVEMENTS															
18	GROUND IMPROVEMENTS	VARIOUS		33,989							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		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							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		22,300							22,300	13,618	S/L MM	39	.02564	572

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
28	REMODELING	2/07/02		4,970							4,970	2,969	S/L MM	39	.02564	127
29	LIGHTING - INDOOR	4/09/02		1,230							1,230	1,230	200DB HY	7		0
30	LIGHTING - OUTDOOR	4/27/02		1,280							1,280	1,280	200DB HY	7		0
31	CARPORTS	2/07/02		11,665							11,665	8,138	S/L MM	39	.02564	299
32	PARKING LOT CONCRETE	4/09/02		4,687							4,687	3,162	S/L MM	39	.02564	120
33	PARKING LOT PLANS - SURVE	7/10/02		1,222							1,222	901	S/L MM	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							14,116	8,670	S/L MM	39	.02564	362
39	SOUND SYSTEM	12/09/03		5,623							5,623	5,623	200DB HY	7		0
40	PARKING LOT EXPANSION & L	3/16/04		69,013							69,013	37,656	S/L MM	39	.02564	1,769
41	BATHROOM REMODEL	6/20/06		8,440							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
77	SOLATUBES-SKYLIGHTS	5/28/14		2,175							2,175	1,607	S/L	15		145
86	DRIP IRRIGATION VALVES	6/13/16		3,605							3,605	2,355	150DB HY	15	.05910	213
87	TURF CONVERSION	10/20/15		49,244							49,244	33,608	150DB HY	15	.05910	2,910
88	BUILDING #1 FLOORING	6/27/16		41,423							41,423	11,629	S/L	39		1,062
89	BUILDING #2 FLOORING	6/27/16		33,779							33,779	9,483	S/L	39		866
90	GRNDS IMPV (TREE REMOVAL)	11/16/16		7,925							7,925	4,532	S/L	15		528
91	COURTYARD TURF	6/19/17		26,230							26,230	13,992	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	2,904	S/L	39		363
94	EXIT SIGN REPLACEMENT	8/01/16		1,788							1,788	1,788	S/L	5		0
95	THEATER WIRING	1/31/17		4,350							4,350	942	S/L	39		112
96	GREEN ROOM REFURB	6/21/17		1,199							1,199	248	S/L	39		31
97	GAS LINE METER	6/05/17		4,970							4,970	4,970	S/L	5		0
98	CARPET AND TILE	9/30/16		6,780							6,780	6,780	S/L	5		0
107	FIRE SYSTEM WIRING	8/21/17		6,140							6,140	1,237	S/L MM	39	.02564	157
108	PARKING LOT RESURFACE	12/12/17		10,488							10,488	5,249	S/L HY	15	.06670	700
109	EXTERIOR PAINT & CONCRETE	6/13/18		25,120							25,120	4,535	S/L MM	39	.02564	644
113	METAL EDGING - COURTYARD	2/28/19		3,465							3,465	1,501	S/L HY	15	.06670	231
114	PARKING LOT LIGHTING	6/26/19		5,969							5,969	2,587	S/L HY	15	.06670	398
117	HEAT & A/C - LOBBY	1/14/19		7,479							7,479	1,240	S/L MM	39	.02564	192
126	DECOMP GRANITE REFRESH	3/31/20		10,000							10,000	3,668	S/L HY	15	.06670	667
129	OFFICE A/C	3/13/20		33,885							33,885	4,599	S/L MM	39	.02564	869
130	THEATER LIGHTING	5/31/21		8,309							8,309	6,786	S/L	5		1,523
131	A/C HEAT	12/30/20		8,200							8,200	954	S/L MM	39	.02564	210
132	PARTITION WALL-DEV OFFICE	2/03/21		4,875							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		1,674							1,674	392	S/L HY	15	.06670	112

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.
138	POST INDICATOR VALVE	11/29/21		2,894							2,894	675	S/L HY	15	.06670	193
139	A/C RECEPTION AREA #3	9/14/21		8,875							8,875	864	S/L MM	39	.02564	228
145	A/C #10 BOARDROOM	2/03/23		11,288							11,288	687	S/L MM	39	.02564	289
146	A/C #5B CLARK	4/27/23		13,888							13,888	786	S/L MM	39	.02564	356
147	SMART THERMOSTATS (13)	11/15/22		5,915							5,915	2,112	S/L HY	7	.14280	845
149	BATHROOM REMODEL BLDG #1	5/16/24		377,959							377,959	11,966	S/L MM	39	.02564	9,691
153	ROOFING-BLDG #2	12/06/23		38,360							38,360	1,518	S/L MM	39	.02564	984
155	FIRE/ALARM SYSTEM	6/26/24		3,717							3,717	99	S/L MM	39	.02564	95
160	BUILDING SIGNAGE	9/05/24		3,119							3,119	223	S/L HY	7	.14290	446
163	EXIT DOOR	4/18/25		3,683							3,683	20	S/L MM	39	.02564	94
164	PICKLEBALL COURTS	6/26/25		151,450							151,450	5,043	S/L HY	15	.06670	10,102
165	THEATRE DRAPES/DOORS	6/05/25		11,125							11,125	12	S/L MM	39	.02564	285
166	WINDOW COVERINGS - BLDG #1	6/05/25		8,529							8,529	609	S/L HY	7	.14290	1,219
167	EAST GATE	3/17/25		4,725							4,725	157	S/L HY	15	.06670	315
169	KITCHEN IMPROVEMENTS #1	10/01/24		10,345							10,345	188	S/L MM	39	.02564	265
	TOTAL IMPROVEMENTS			1,376,946		0	0	0	0	0	1,376,946	461,902				44,535
	MACHINERY AND EQUIPMENT															
53	STAGE LIGHTING	8/01/98		585							585	585	S/L HY	7		0
54	PIANO DOLLY	3/01/99		550							550	550	S/L HY	7		0
55	BABY GRAND PIANO-THEATER	1/01/05		8,740							8,740	8,740	200DB HY	7		0
56	NEW MICROPHONES	1/31/06		1,254							1,254	1,254	S/L HY	7		0
57	WIRELESS MICS	12/20/06		2,000							2,000	2,000	S/L HY	7		0
58	WIRELESS MICS	8/21/06		2,000							2,000	2,000	S/L HY	7		0
59	AC CONDENSOR	7/02/10		3,250							3,250	3,250	S/L HY	7		0
60	PHONE SYSTEM	4/20/11		8,924							8,924	8,255	S/L HY	5		0

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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.
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							1,151	1,151	S/L	5		0
79	SERVER & SOFTWARE UPGRADE	3/31/15		5,395							5,395	5,395	S/L	5		0
80	COMMERCIAL MICROWAVES	10/30/14		5,067							5,067	5,067	S/L	5		0
81	DRINKING FOUNTAIN	10/24/14		1,461							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

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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		4,505							4,505	4,505	S/L	5		0
124	7 ALL IN ONE COMPUTER	10/03/19		9,000							9,000	9,000	S/L HY	5		0
125	CONDENSER/COIL #11	6/25/20		4,687							4,687	4,687	S/L HY	5		0
128	EXERCISE EQUIPMENT	4/20/20		4,721							4,721	3,710	S/L HY	7	.14290	675
133	VIRTUAL PROGRAMMING EQUIPME	3/31/21		8,444							8,444	7,600	S/L HY	5	.10000	844
134	ICE MACHINE	9/10/20		3,189							3,189	3,084	S/L	5		105
140	3 LAPTOPS	9/16/21		1,954							1,954	1,368	S/L HY	5	.20000	391
141	SQUARE & IPADS	2/03/22		1,039							1,039	728	S/L HY	5	.20000	208
142	3 COMPUTER-W/C	2/03/22		3,823							3,823	2,677	S/L HY	5	.20000	765
144	THEATER PROJECTOR	5/01/22		5,379							5,379	3,228	S/L HY	5	.20000	1,076
148	2 LAPTOPS	10/03/22		1,033							1,033	517	S/L HY	5	.20000	207
150	LASER PROJECTOR CLARK	6/19/24		5,319							5,319	1,596	S/L HY	5	.20000	1,064
151	THEATER EQUIPMENT	7/06/23		2,739							2,739	822	S/L HY	5	.20000	548
152	A/C #1 & #13	6/04/24		18,343							18,343	490	S/L MM	39	.02564	470
156	WIFI	10/29/24		2,736							2,736	274	S/L HY	5	.20000	547
157	MY SENIOR	12/17/24		10,442							10,442	1,044	S/L HY	5	.20000	2,088
158	COMPUTER - JAY	3/31/25		3,204							3,204	320	S/L HY	5	.20000	641
159	W/C COMPUTERS	5/03/25		5,209							5,209	521	S/L HY	5	.20000	1,042
161	AC UNIT #11	5/15/25		14,138							14,138	45	S/L MM	39	.02564	362
162	AC UNIT #5A	2/07/25		14,388							14,388	139	S/L MM	39	.02564	369
168	KITCHEN EQUIPMENT	8/06/24		8,806							8,806	881	S/L HY	5	.20000	1,761
	TOTAL MACHINERY AND EQUIPME			266,756		0	0	0	0	0	266,756	172,044				13,260
	RIGHT OF USE ASSET															
154	RIGHT OF USE ASSET (SOLAR)	3/18/24		192,500							192,500	12,031	S/L	20		9,625
	TOTAL RIGHT OF USE ASSET			192,500		0	0	0	0	0	192,500	12,031				9,625

COVE COMMUNITIES SENIOR ASSOCIATION
DBA THE JOSLYN CENTER

CLIENT 411980 95-3622332

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