FORV/S Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your FORVIS advisor if you have questions about these rules.

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

20**20** Open to Public

OMB No. 1545-0047

Inspection
mapeorion

Inte	rnal Reve	enue Serv	•		mation.		Inspec	lion				
A	For the	e 2020) calendar year, or tax year beginning $10/01$, 2020, and end	ing), 20 21					
Б			C Name of organization		D Employer ider	tification	number					
<u>ь</u>	Check if a	pplicable:	CIRCLE K INTERNATIONAL, INC.		01-0772	2160						
	Addre		Doing business as									
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	ite	E Telephone nur	nber						
	Initial	l return	m 3636 WOODVIEW TRACE (317) 875-8755									
		return/	City or town, state or province, country, and ZIP or foreign postal code									
	termin Amen	nded	INDIANAPOLIS, IN 46268		G Gross receipts	\$	577	,347.				
		cation	F Name and address of principal officer: STAN D. SODERSTROM		H(a) Is this a grou	p return for	Yes	XNO				
	pendi	ing	3636 WOODVIEW TRACE, INDIANAPOLIS, IN 46268		subordinates H(b) Are all subordi			No				
1	Tay-ey	empt st		527			ee instructions					
÷			WWW.CIRCLEK.ORG	521	H(c) Group exemp			264				
<u>л</u>		-			ion: 1955 M s		-					
ĸ				aronomat			jai domicile:					
F	art I		Immary				137					
			y describe the organization's mission or most significant activities: TO DEVELOP			VERSII	ĭ					
JCe			DENTS INTO A GLOBAL NETWORK OF RESPONSIBLE CITIZENS									
Activities & Governance		MT.I.	H A LIFELONG COMMITMENT TO SERVING THE CHILDREN OF									
Iove	2		k this box 🕨 🛄 if the organization discontinued its operations or disposed of more			1						
ğ	3		per of voting members of the governing body (Part VI, line 1a)			3		10.				
s 8	4		per of independent voting members of the governing body (Part VI, line 1b)			4		10.				
itie	5	Total	number of individuals employed in calendar year 2020 (Part V, line 2a)			5		3.				
ctiv	6	Total	number of volunteers (estimate if necessary)			6	8	,607.				
Ă	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		0.				
	b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11			7b		0.				
_					Prior Year		Current Y	'ear				
	8	Contri	ibutions and grants (Part VIII, line 1h)		506,43	4.	550	,077.				
nue	9		am service revenue (Part VIII, line 2g)		1,15	4.	27	,199.				
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		5	2.		71.				
Ř	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		0.				
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		507,64	0.	577	,347.				
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.				
	14		fits paid to or for members (Part IX, column (A), line 4)			0.		0.				
	4.5		3.	205,7								
Expenses	16 2		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10) ssional fundraising fees (Part IX, column (A), line 11e)			0.		0.				
Den	l b		fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0.									
Ě	17			_	241,49	8	316	,766.				
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		441,82			,553.				
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		65,81			,794.				
29	19 8	Rever	nue less expenses. Subtract line 18 from line 12		ning of Current Y		End of Yea	<u> </u>				
Net Assets or	200	Tatel	coacte (Dert V, line 40)	Degin	271,11			,733.				
SSG	20		assets (Part X, line 16)	••	30,71			,733. ,546.				
et A	21		liabilities (Part X, line 26)	••	240,39			,187.				
			ssets or fund balances. Subtract line 21 from line 20		240,39	5.	295	,10/.				
	art II		gnature Block									
Ur tru	nder per ie, corre	nalties c	of perjury, I declare that I have examined this return, including accompanying schedules and st complete. Declaration of preparer (other than officer) is based on all information of which prepare	atements, a er has any kr	and to the best of nowledge.	my knowl	edge and b	elief, it is				
					00/11	- /						
Si	an					5/2022						
He	-		Signature of officer		Date							
		—	ROBERT W. BRODERICK CFO									
			Type or print name and title									
Pai	d		/Type preparer's signature Date		Check	if PTIN						
	eparer	NICO	I WARD M. LANDAU	15/202			0127947	75				
	e Only		sname ▶FORVIS, LLP		Firm's EIN 🕨 4	4-0160)260					
		Firm's	s address ▶201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204	4	Phone no. 3	17-383	3-4000					
Ma	y the	IRS d	liscuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u> .			No				
Fo	r Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 99) (2020)				

CIRCLE	Κ	INTERNATIONAL,	INC.	
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Check II Schedule O contains a response or note to any line in this Part III	-	990 (2020)	Page 2
1 Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the pror Form 990 or 990-827,	Pa		v
ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior m300 e027	1		A
plot Form \$90 or \$900 cf 20,			
plot Form \$90 or \$900 cf 20,			
plot Form \$90 or \$900 cf 20,			
plot Form \$90 or \$900 cf 200.cf 27,	2	id the organization undertake any significant program services during the year which were not listed on the	
If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?. If "Yes," describe these changes on Schedule 0. 4 Describe the organization's accompliahments for each of its three largest program services, as measured by expenses. Section 501(ci)3 and 501(c)(d) an	2		Yes X No
services?		"Yes," describe these new services on Schedule O.	
If 'Yes,' describe these changes on Schedule O. Describe the organization's program service accompliaments 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 \$	3		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6(0) and 501(6(0) 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 \$			Yes X No
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. 44 (Code:) (Expenses \$121,346_ including grants of \$) (Revenue \$) ATTACHMENT 2	4		as measured by
ATTACHMENT 2		xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
ATTACHMENT 2	4a	Code:) (Expenses \$ 121,330, including grants of \$) (Revenue \$ 2)	7,199.)
ATTACHMENT 3			,,
ATTACHMENT 3			
ATTACHMENT 3	4b	Code:) (Expenses \$ 40,582, including grants of \$) (Revenue \$)
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)			,
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 161,912. SA E1020 1.000 Form 990 (2020)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 161,912. SA E1020 1.000 Form 990 (2020)			
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4e Total program service expenses ► 161,912. JSA 0E1020 1.000 Form 990 (2020)	4d	Other program services (Describe on Schedule O.)	
JSA Form 990 (2020)			
0E1020 1.000 Point 350 (2020)	-	otal program service expenses 161,912.	- 000
	0E1		Form 990 (2020) PAGE 4

CIRCLE K INTERNATIONAL, INC.

Part	V 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114		
, N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
<u>م</u>	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120	21	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
U	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	146		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
47		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		Х
40	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		<u></u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00 -	If "Yes," complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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 approximation part IX column (A) line 12 /f "Yea" complete Schedule / Parts and //	24		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2020)

Page **4**

Part	V 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		Х
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		Х
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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?	0.51		v
	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%	20		х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ŭ	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	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 in Schedule O for Part VI, lines 11b and		v	
Dent	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				X
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable $1a$ 0.		162	NU
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a0.Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c		
JSA			990	(2020)
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Form 990 (2020)

Page 5

Par	t 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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2020) CIRCLE K INTERNATIONAL, INC. 01-0772	2160	F	Page 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
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			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	х	
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
h	one or more members of the governing body?			
b	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ŭ	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	-	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01	Х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>л</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
с	rise to conflicts?			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	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		
Secti	ion C. Disclosure	100		I
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{IN} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(Sec	tion 5	01(c)
	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that apply.	,000		2 . (0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			-
20	State the name, address, and telephone number of the person who possesses the organization's books and record PATTY BURKE 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 317-875-8755	s 🕨		
	FRITI DOUGE JOJU WOODVIEW INACE INDIANAFOLIS, IN 70200 51/-0/370/33			

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	2	Τ	6	0		
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	•				e than o		Reportable	Reportable	Estimated amount
	hours per week					is both or/trust		compensation from the	compensation from related	of other compensation
	(list any				-		·	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	idual ecto	utior	Pr	Idué	est c	er			related organizations
	organizations below	frus	nal ti		oyee	mp				
	dotted line)	stee	uste			ens				
			ĕ			Highest compensated employee				
(1)MICHELLE STUDY-CAMPBELL	4.00									
KYP EXECUTIVE DIRECTOR	36.00			Х				10,656.	95,908.	22,882.
(2) MARIA LANDRON	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(3) TANA EARLY	7.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(4) AUSTIN UNDERWOOD	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(5) KAITLYN CARROLL	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(6) TOMMY THACH	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(7) HANNAH SPARGUR	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(8) TYLER KEARNS	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(9) JOSEPH CAIN	7.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(10) ETHAN ARREDONDO	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) ^{ALISSA} MCINTYRE	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) MICHAEL MULHAUL	7.00									
COUNSELOR	7.00	Х						0.	0.	0.
<u>(13)</u>										
<u>(14)</u>		-								

_	90 (2020)						<u> </u>						Page 8
Par			ey En	nplo			and H	lig			ees (co		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	(C) Position (do not check more than o box, unless person is both officer and a director/trust or director/trust or ndividi				an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	n from I ons	other compensation) from the	
		below dotted line)	Individual trustee or director	Institutional trustee	ver	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	nization related nizations
		+	-										
			-										
		+	-										
	Sub-total								10,656.	95,	908.		22,882. 0
	otal from continuation sheets to Part VII, S otal (add lines 1b and 1c)	-				•••			10,656.	95,	908.		22,882
	otal number of individuals (including but not eportable compensation from the organizatio		hose 0		d al	bove	e) who	o re	eceived more than	\$100,000 o	f		
	· · · · · · · · · · · · · · · · · · ·												Yes No
	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X
4	or any individual listed on line 1a, is the	sum of rep	oortat	ole o	com	pen	satio	n ai	nd other compen	sation from	the		
	rganization and related organizations gr ndividual									le J for s	uch	4	X
	Did any person listed on line 1a receive or or services rendered to the organization? If "Ye											5	X
	ion B. Independent Contractors		10 001	icut		101	50011	per	30//	<u></u>		J	
(Complete this table for your five highest com compensation from the organization. Report o ear.												
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation
								-					
	otal number of independent contractors (in nore than \$100,000 in compensation from th				nite	d to 0		se li	isted above) who	received			

Form 990 (2020) CIR Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s S S	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	181,775.				
			101,775.				
	C	° –	260,200				
	d	Related organizations 1d	368,302.				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f					
	g	Noncash contributions included in					
δp		lines 1a-1f	\$				
ສັບັ	h	Total. Add lines 1a-1f		550,077.			
			Business Code				
8	2a	MEMBERSHIP EDUCATION	561000	27,199.	27,199.		
ž				,			
Sel	b						
εş	c						+
Program Service Revenue	d						
õ	e						
₽.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> • </u>	27,199.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts).	•	71.			71.
	4	Income from investment of tax-exempt bon		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c		-			
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
ě	c	Gain or (loss) 7c					
		Net roin at (loop)		0.			
Other	8a	Gross income from fundraising					
ð	oa	0					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events	<u> ▶</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses9b	0.				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	h						
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
			Business Code	0.			
snc			Dusiness Could				
Jec	11a						+
llaı 'en	b						+
è ce	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	>	577,347.	27,199.		71.

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 13,545. 13,545 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 141,852 141,852 7 Other salaries and wages 8 Pension plan accruals and contributions (include 5,928 5,928 section 401(k) and 403(b) employer contributions) 32,817. 32,817 9 Other employee benefits 11,645. 11,645. 10 11 Fees for services (nonemployees): 207,000 71,004 135,996 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 40,369. 39,882. 487 (A) amount, list line 11g expenses on Schedule O.) 3,334. 3,334 12 Advertising and promotion 4,176. 4,172. 4. 13 Office expenses 2,948. 2,777. 171. 14 Information technology 0 15 Royalties 0 Occupancy 16 26,351. 11,475. 14,876 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 17,847. 14,527. 3,320 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 0 Insurance 23 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.) aMEMBER. MATERIALS/LITERATURE 8,597. 8,597. **B**GROWTH AND AWARDS 4,860 4,860. cMISCELLANEOUS EXPENSES 1,284 1,284. d e All other expenses 522,553 161,912. 360,641 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 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) 0

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CIRCLE K INTERNATIONAL, INC.

art X				
	Check if Schedule O contains a response or note to any line in this Pa		• • • •	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	(
2	Savings and temporary cash investments.	230,742.	2	273,872
3	Pledges and grants receivable, net	0.	3	(
4	Accounts receivable, net.	24,946.	4	43,791
5	Loans and other receivables from any current or former officer, director,		-	
Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
U U	under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0.	6	(
7	Notes and loans receivable, net	0.	7	(
6	Inventories for sale or use	0.	8	(
8	Prepaid expenses and deferred charges	15,422.	9	23,070
9	Land, buildings, and equipment: cost or other		9	207070
IVa				
h	basis. Complete Part VI of Schedule D 10a	0.	10c	(
	Less: accumulated depreciation	0.		(
11	Investments - publicly traded securities.	0.	11	(
12	Investments - other securities. See Part IV, line 11	0.	12	(
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	240 72
16	Total assets. Add lines 1 through 15 (must equal line 33)	271,110.	16	340,733
17	Accounts payable and accrued expenses	30,717.	17	45,546
18	Grants payable	0.	18	(
19	Deferred revenue	0.	19	(
20	Tax-exempt bond liabilities.	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	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	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
24	Unsecured notes and loans payable to unrelated third parties	0.	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	0.	25	(
26	Total liabilities. Add lines 17 through 25	30,717.	26	45,546
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	230,393.	27	295,187
28	Net assets with donor restrictions.	10,000.	28	(
27 28 29 30 31 32	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	240,393.	32	295,187
	Total liabilities and net assets/fund balances	271,110.	33	340,733

CIRCLE K INTERNATIONAL, INC.

Form 99	0 (2020)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				347.
2	Total expenses (must equal Part IX, column (A), line 25)	2				553.
3	Revenue less expenses. Subtract line 2 from line 1	3				794.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		24	10,3	393.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		29	95,1	.87.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_	\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	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 com	piled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-			v	
	the audit, review, or compilation of its financial statements and selection of an independent accountar		•••	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain c	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in th				х
_	Single Audit Act and OMB Circular A-133?	• • •	•••	Ba		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•		.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

CIRCLE K INTERNATIONAL, INC.

Employer identification number

01-0772160

Organization	type	(check	one):
--------------	------	--------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA				
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	<u>N/A</u>	\$368,302.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-E2	Z, or 990-PF) (2020)	

Name of organization CIRCLE K INTERNATIONAL, INC.

Employer identification number 01-0772160

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Name of or	ganization CIRCLE K INTERNATIONAL	, INC.		Employer identification number		
Part III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for					
	the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	ions completing Par e year. (Enter this in	III, enter the total of formation once. See	f exclusively religious, charitable, etc.		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	T	(e) Transf	-			
	Transferee's name, address, a	na 21P + 4		ship 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			ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift				
				ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	· · · · · · · · · · · · · · · · · · ·					
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relatio				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 4

	•	on Form 990, Part IV, line 3, or Forn Complete Parts I-A and B. Do not comp		6 (Political Campa	ign Activi	ties), then
		on 501(c)(3)) organizations: Complete)o not complete P	art I-B	
	Section 527 organizations: Com				arti D.	
		on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 4	7 (Lobbying Activ	ities), thei	n
	()()	that have filed Form 5768 (election ur		•		•
		that have NOT filed Form 5768 (election		<i>,</i> ,		•
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy n	Tax) (See separate in	structions) or F	orm 990-l	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.				
Name	e of organization			Emp	oloyer ide	ntification number
	CLE K INTERNATIONAL,	•			01-077	
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 5	27 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part I	V. (See ii	nstructions for
	definition of "political campa	c				
2		xpenditures (See instructions)				
		campaign activities (See instruction				
-		organization is exempt under			•	
1	Enter the amount of any exc	cise tax incurred by the organizatio	on under section 495	5►	\$	
2		cise tax incurred by organization m				
3		a section 4955 tax, did it file Form				
	If "Yes," describe in Part IV.	•••••••••••••••••		• • • • • • • • •	• • • • •	Yes No
		organization is exempt under	section 501(c), ex	cept section	501(c)(3	3).
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	empt function		
•		ng organization's funds contributed			φ	
	527 exempt function activiti	es			\$	
3	line 17b	enditures. Add lines 1 and 2. En				
4		e Form 1120-POL for this year?				
5		and employer identification numb				
		ts. For each organization listed, er tributions received that were pron				
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount pa	aid from	(e) Amount of political
				filing organiz		contributions received and
				funds. If none, e	enter -0	promptly and directly delivered to a separate
						political organization. If
						none, enter -0
(1)						
			-			
(2)						
(3)			-			
(4)			-			
(5)						
(5)			-			
(6)						
(9)			1			
For P	aperwork Reduction Act Notice	e, see the Instructions for Form 990 o	r 990-EZ.	1	Schedul	e C (Form 990 or 990-EZ) 2020

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

SCHEDULE C

(Form 990 or 990-EZ)



Open to Public

Inspection

Pa	art II-A	Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α	Check ►		longs to an affiliated group (and list in Part IV e ind share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
В	Check ►	if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
			ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c c	Total lob Total lob Other ex Total ex	obying expenditures to influence obying expenditures (add lines 1 kempt purpose expenditures empt purpose expenditures (add g nontaxable amount. Enter th	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
			The lobbying nontaxable amount is:		
	Not over	\$500,000	20% of the amount on line 1e.		
	Over \$50	0,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		7,000,000	\$1,000,000.		
			5% of line 1f)		
ł		-	ess, enter -0-		
i			ss, enter -0-		
j	If there	is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting	g section 4911 tax for this year?	<u></u>	<u> </u>	Yes No
		4	4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

0010	CIRCLE K INTERNATIONAL, INC.	0.	1-077	2100	F	Page
Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	F filed Fo	rm 576	68		ugo
	(election under section 501(h)).					
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b))	
des	cription of the lobbying activity.	Yes No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		-			
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
;	Other activities?					
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		-			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501((c)(5), or a	sectio	า		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X X	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		r voor?	2	~	x
<u> </u>	Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(-		л
Гa	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (2 ic	
	answered "Yes."			, inte	5, 15	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou		-			
2	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year.		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s	3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
4						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbying				
	and political expenditure next year?		4			
4 5	and political expenditure next year?		4 5			
4 5 Pa	and political expenditure next year?		5			

Page 4

Part IV Supplemental Information (continued)

SCHEE	DULE D
(Form	990)

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

2

OMB No. 1545-0047

	artment of the Treasury		Form990 for instructions		mation	Inspection
	nal Revenue Service e of the organization				Employer identific	
	RCLE K INTERNA				01-07721	
		tions Maintaining Donor Adv	iaad Euroda ar Othar (Similar Eundo a		_00
Pa		e if the organization answered			r accounts.	
	Complete	e il the organization answered	(a) Donor advise		(b) Euroda an	d other accounts
_					(b) Fullus all	d other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor	-			
	•	anization's property, subject to the		•		
6	-	ion inform all grantees, donors, a				
	•	e purposes and not for the bene			• • •	
		nissible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the	т , г			
		n of land for public use (for example	e, recreation or education)		of a historically in	-
		of natural habitat	L	Preservation	of a certified histo	oric structure
		n of open space				
2	•	a through 2d if the organization h	eld a qualified conserva	tion contribution i		
		last day of the tax year.			Held at the	e End of the Tax Year
а		onservation easements			2a	
b	-	tricted by conservation easement			2b	
С		rvation easements on a certified			2c	
d		rvation easements included in (o				
		isted in the National Register			2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extir	nguished, or tern	ninated by the org	ganization during the
	tax year 🕨					
4		where property subject to conse				
5		ation have a written policy re				
		orcement of the conservation ea				📖 Yes 📖 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violati	ons, and enforcing	conservation ease	ments during the year
	▶					
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violatior	is, and enforcing o	conservation easer	nents during the year
	▶\$					
8		vation easement reported on line		-		
)(4)(B)(ii)?				└── Yes └── No
9		ibe how the organization reports				
		d include, if applicable, the text of		ganization's finan	cial statements that	t describes the
Б		counting for conservation easeme				
Pa		tions Maintaining Collections e if the organization answered			er Similar Assets	.
	•	×				
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to re ts held for public exhi to its financial statemen	port in its reven bition, education ts that describes	ue statement and , or research in f these items.	balance sheet works urtherance of public
b	If the organization	n elected, as permitted under F	ASB ASC 958, to repor	t in its revenue	statement and ba	ance sheet works o
		sures, or other similar assets he		education, or rea	search in furtherar	nce of public service
		ing amounts relating to these ite				
		ded on Form 990, Part VIII, line 1				
		ed in Form 990, Part X				§
2	-	n received or held works of a			assets for financ	ial gain, provide the
	-	s required to be reported under F	ASB ASC 958 relating to	o these items:		
а	Revenue included	on Form 990 Part VIII line 1				5

b

Assets included in Form 990, Part X....

Schedule D (Form 990) 2020

▶ \$

CIRCLE K INTERNATIONAL, INC

Caba		СПР К	TINTERCINA	I LONAL,	INC.					01 07	12100	_	n
	dule D (Form 990) 2020	na Calla	ations of	Art Lliote	rical Tra			Other	Cimilar /	lagata //	ontinuo	Page	<u> </u>
Ра 3	rt III Organizations Maintaini Using the organization's acquisition											,	_
3	collection items (check all that app		sion, and c	Juner recor	us, checi	k any o	n the	TOHOW	ing that i	nake sigi	incant u	se or its	,
•	Public exhibition	iy).		d [or excha	0000	program	~				
a h	Scholarly research			d e	Other		•						
b	Preservation for future gene	rationa		e									
с 4	Provide a description of the organ		collections	and aval	ain how t	boy fur	rthor	the or	anization	e ovomn	t nurnos	n in Dar	+
4	XIII.	lizations	CONECTIONS	s and expl		iney fui	linei		Janization	s evenib	t puipos	= III Fai	L
5	During the year, did the organization	n solicit (or receive c	lonations c	fart hist	orical tr	02011		othar simil	ar			
3	assets to be sold to raise funds rath									_	Yes	No	`
Pa	rt IV Escrow and Custodial A					Jiganiza	ation	3 001100		[103		-
Ιa	Complete if the organiza			es" on For	m 990 F	Part IV	line	9 or re	enorted a	n amoui	nt on Fo	rm	
	990, Part X, line 21.					artr,		0, 01 1	oponou a	in anno a			
1a	Is the organization an agent, trus	tee cust	odian or o	ther intern	nediary fo	or cont	ributio	ons or	other ass	ets not			-
Tu	included on Form 990, Part X?										Yes	No	2
h	If "Yes," explain the arrangement i	n Part XI	II and comr	olete the fo	llowing tak	nle [.]	• • •			• • • • L			ſ
	in roo, explain the unungement				nowing tax					Amount			-
с	Beginning balance						1c			/ into and			-
	Additions during the year						1d						-
e	Distributions during the year						1e						-
f	Ending balance						16 1f						-
-	Did the organization include an am							stodial	account lia	bility?	Yes	No	-
	If "Yes," explain the arrangement i												
	rt V Endowment Funds.				-pianation		<u></u>				<u></u>	•	-
- u	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990. F	Part IV.	line	10.					
			rrent year	(b) Pric		(c) Tw			(d) Three y	ears back	(e) Four	/ears back	-
1 2	Beginning of year balance		-		-								-
	Contributions												-
c	Net investment earnings, gains,												-
U	and losses												
Ь	Grants or scholarships												-
	Other expenditures for facilities												-
C	and programs												
f	Administrative expenses												-
	End of year balance												-
2	Provide the estimated percentage			end balanc	e (line 1a	column	າ (ລ))	held as					_
a	Board designated or quasi-endown			%	e (inte rg,	oolann	(u))		•				
b	Permanent endowment	%		_									
с	Term endowment	%											
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal '	100%.									
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are hel	d anc	l admir	istered for	the			
	organization by:										١	′es No	,
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	d as requir	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended u	uses of th	ne organiza	tion's endo	wment fui	nds.							
Ра	rt VI Land, Buildings, and Equ	uipment.	Warad "V	oo" on Fo			line	110		000 0	unt V line	10	
	Complete if the organize	alion ans	(a) Cost or		(b) Cost				See Form		IT X, IINE		
				tment)		ther)	6166		eciation	(1	, DOOK VAII		
1a	Land												
b	Buildings												
С	Leasehold improvements												
d	Equipment.												_
e	Other												_
Tota	I. Add lines 1a through 1e. (Column	n (d) musi	t equal Forr	n 990. Part	X. colum	n (B). lir	ne 100	c.)					

Schedule D (Form 990) 2020

	CIRCLE K INTER	NATIONAL, INC.	01-	0772160
	Form 990) 2020			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financ	ial derivatives			
(2) Closely	y held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
()	nn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				
	Complete if the organization answered	l "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 valuat	
			Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered		, Part IV, line 11d. See Form 990	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) l	ine 15)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)			

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

0 - 1		JI 0772	
	e D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n .	
			577,347.
1	Total revenue, gains, and other support per audited financial statements	1	5//,34/.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	4	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	577,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	577,347.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	522,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	522,553.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	522,553.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I		e 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 inform	hation.	
PART	X - ASC 740		
DISC	LOSURE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE		
GUID	ANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT		
IDEN	TIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR		
DISC	LOSED IN THE FINANCIAL STATEMENTS.		

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.



Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organizationEmployer identification numberCIRCLE K INTERNATIONAL, INC.01-0772160

FORM 990, PART V, QUESTION 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3:

THE EMPLOYEES OF CIRCLE K INTERNATIONAL, INC. ARE PAID THROUGH A COMMON

PAYMASTER.

FORM 990, PART VI, LINE 1A

NON-VOTING MEMBERS:

THERE ARE TWO MEMBERS OF THE BOARD OF TRUSTEES THAT ARE NON-VOTING MEMBERS. ONE MEMBER IS A MEMBER OF THE KIWANIS INTERNATIONAL BOARD OF TRUSTEES, RELATED PARTY AND PARENT ORGANIZATION - WHO SERVES AS COUNSELOR TO THE CKI BOARD OF TRUSTEES. THE OTHER NON-VOTING MEMBER IS THE CKI MANAGER.

FORM 990, PART VI, SECTION A, LINE 6 CLASSES OF MEMBERSHIP: CIRCLE K IS COMPRISED OF CLUBS AT COLLEGES OR UNIVERSITIES. MEMBERS

COMPRISE THE MAKE UP OF EACH CLUB.

FORM 990, PART VI, SECTION A, LINE 7A VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS: EACH CIRCLE K CLUB HAS THE RIGHTS PER THE ORGANIZATION'S BYLAWS TO HAVE 2 VOTING DELEGATES AT THE ANNUAL CONVENTION TO ELECT THE BOARD OF REPRESENTATIVES. DELEGATES ARE THE DULY-QUALIFIED MEMBERS OF THE CLUBS. FORM 990, PART VI, SECTION A, LINE 7B VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS: DULY-QUALIFIED DELEGATES TO THE ANNUAL CONVENTION HAVE THE RIGHT TO VOTE ON THE AMENDMENT TO THE ORGANIZATION'S GOVERNING DOCUMENTS (BYLAWS). ALL BYLAW AMENDMENTS AND DECISIONS OF THE BOARD OF REPRESENTATIVES ARE SUBJECT TO APPROVAL BY THE PARENT ORGANIZATION BOARD OF TRUSTEES -KIWANIS INTERNATIONAL.

FROM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW FORM 990:

THE TAX RETURN IS COMPILED BY THE CONTROLLER, COMPLETED BY OUR INDEPENDENT TAX ADVISOR, AND IS REVIEWED BY THE CFO, YOUTH PROGRAMS EXECUTIVE OFFICER, CKI MANAGER, AND KIWANIS INTERNATIONAL EXECUTIVE DIRECTOR BEFORE IT IS FINALIZED AND FILED WITH THE IRS. THE BOARD OF REPRESENTATIVES RECEIVES AN EMAIL OF THE FINAL FORM 990 AT THE TIME IT IS BEING FILED WITH THE IRS.

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FROM 990, PART VI, SECTION B, LINE 12C
```

MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY: CIRCLE K INTERNATIONAL BOARD REPRESENTATIVES ARE COLLEGE STUDENTS AND ARE NOT REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT WITH THE ORGANIZATION. ALL ACTIVITIES OF THE ORGANIZATION ARE GOVERNED AND APPROVED BY THE KIWANIS INTERNATIONAL BOARD OF TRUSTEES (THE PARENT ORGANIZATION). KIWANIS BOARD OF TRUSTEES MUST SIGN AND SUBMIT ANNUALLY A CONFLICT OF INTEREST STATEMENT. THUS THE KIWANIS CONFLICT OF INTEREST POLICY GOVERNS THE CIRCLE K ORGANIZATION.

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization	Employer identification number
CIRCLE K INTERNATIONAL, INC.	01-0772160

FROM 990, PART VI, SECTION B, LINE 15A REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION: A SALARY BAND FOR THE POSITION IS CREATED THAT REFLECTS COMPENSATION BASED UPON LEVEL OF DUTIES, RESPONSIBILITIES, EXPERIENTIAL REQUIREMENTS, AND SPECIFIC TRAINING OR SKILLS ALONG WITH A COMPARISON TO EQUIVALENT POSITIONS TAKING INTO ACCOUNT THE DEMOGRAPHICS OF THE LOCATION OF THE POSITION. THE LAST COMPENSATION DATA REVIEW WAS PERFORMED IN FEBRUARY 2021 BY AN INDEPENDENT CONTRACTOR AND COORDINATED BY DIRECTOR OF OPERATIONS (HUMAN RESOURCES). RESULTS OF THE STUDY WERE DELIVERED IN JULY 2021.

FROM 990, PART VI, SECTION B, LINE 15B REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION: ALL POSITIONS HAVE A CORRESPONDING SALARY BAND DETERMINED SIMILARLY. THE KIWANIS INTERNATIONAL EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL EMPLOYEES BASED ON SIMILAR CRITERIA. THE REVIEW IS PERFORMED ANNUALLY WITH THE LAST ONE PERFORMED IN FEBRUARY 2021 AND CONDUCTED BY INDEPENDENT CONTRACTORS AND THE DIRECTOR OF OPERATIONS (HUMAN RESOURCES). RESULTS OF THE STUDY WERE DELIVERED IN JULY 2021.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: CIRCLE K INTERNATIONAL'S GOVERNING DOCUMENTS (BYLAWS) AND FINANCIAL STATEMENTS (ANNUAL REPORT) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.CIRCLEK.ORG OR THE KIWANIS INTERNATIONAL WEBSITE AT WWW.KIWANIS.ORG. THE CONFLICT OF INTEREST POLICY IS AVAILABLE AT THE MAIN OFFICE UPON

PAGE 30

REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO DEVELOP COLLEGE AND UNIVERSITY STUDENTS INTO RESPONSIBLE CITIZENS AND LEADERS WITH A LIFELONG COMMITMENT TO SERVING THE CHILDREN OF THE WORLD. THE ORGANIZATION PROVIDES ITS MEMBERS WITH EDUCATIONAL MATERIALS AND OPPORTUNITIES TO HELP THEM ENHANCE AND IMPROVE THEIR LEADERSHIP AND COMMUNITY SERVICE SKILLS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LEADERSHIP EDUCATION AND DEVELOPMENT - A MAJOR FOCUS OF CIRCLE K (CKI) IS LEADERSHIP EDUCATION AND DEVELOPMENT FOR COLLEGE-AGED ADULTS. THROUGH THE MANY EFFORTS OF STAFF, THE TRAINING MEETINGS, AND THE EDUCATIONAL MATERIALS PRODUCED, COLLEGE-AGED ADULTS ARE PROVIDED AN OPPORTUNITY TO LEARN LIFE-LONG SERVICE LEADERSHIP SKILLS. MEMBERS OF CKI LEARN SUCH SKILLS BY PARTICIPATING IN LEADERSHIP WORKSHOPS AND SEMINARS, PERFORMING COMMUNITY SERVICE ACTIVITIES THROUGH THEIR LOCAL CKI CLUB, LEADING THE ORGANIZATION ON A MEMBER-ELECTED BOARD, WORKING AS OFFICERS AND MEMBERS OF THEIR LOCAL CKI CLUBS, WORKING WITH OTHER ADULTS IN SPONSORING KIWANIS CLUBS, AND RECEIVING LEADERSHIP AND SERVICE MATERIALS PROVIDED BY THE INTERNATIONAL ORGANIZATION. MANY MATERIALS AND EDUCATION MEETINGS HELP TO WALK STUDENTS THROUGH THE STEPS OF SERVICE LEADERSHIP IN ORDER TO ENVISION, ENLIST, EMBODY, EMPOWER, EVALUATE, AND ENCOURAGE. STUDENTS LEARN THAT TRUE LEADERSHIP IS BASED ON SERVANT LEADERSHIP, WHICH REQUIRES LEADERS TO PUT THE

ATTACHMENT 1

Employer identification number

01-0772160

Employer identification number 01-0772160

ATTACHMENT 2 (CONT'D)

NEEDS OF OTHERS FIRST, AND TO REALIZE THAT NO MATTER WHETHER OR NOT YOU HAVE A TITLE, THERE IS ALWAYS A NEED FOR SERVICE TO ONE ANOTHER AND TO THE WORLD. MANY CKI PROGRAMS TAKE MEMBERS OF CKI THROUGH ACTIVITIES AND SERVICE PROJECTS TOGETHER - GAINING HANDS-ON EXPERIENCE WITH OTHER SERVICE-MINDED ADULTS. IN ADDITION, MATERIALS PROVIDED ARE DESIGNED TO ASSIST ITS MEMBER IN CLUB ADMINISTRATION, GROWTH, AND DEVELOPMENT - THUS ENHANCING THEIR LEADERSHIP SKILLS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

INTERNATIONAL CONVENTION - THE ANNUAL CKI CONVENTION TAKES PLACE IN VARIOUS LOCATIONS FROM YEAR-TO-YEAR. IT BRINGS TOGETHER MORE THAN 300 YOUNG ADULTS FROM ALL OVER THE GLOBE TO LEARN SERVICE AND SOCIAL SKILLS FROM OTHER MEMBERS. IT ALLOWS THE MEMBERS AN OPPORTUNITY TO MEET PEOPLE FROM OTHER CITIES, STATES, AND COUNTRIES WITHIN THE CKI ORGANIZATION, TO CELEBRATE THEIR ACCOMPLISHMENTS FROM THE PAST YEAR AND TO FOCUS ON THE FUTURE SERVICE GOALS OF THE ORGANIZATION. WORKSHOPS AND OTHER TRAINING SESSIONS ARE CONDUCTED TO TRAIN THE MEMBERS ON SERVICE LEADERSHIP OPPORTUNITIES. IN ADDITION, THE LEADERSHIP OF THE ORGANIZATION (BOARD OF REPRESENTATIVES) IS ELECTED DURING THIS ANNUAL MEETING AND LEGISLATIVE SESSIONS TAKE PLACE TO ENSURE THE ORGANIZATION'S BYLAWS ARE IN TUNE WITH TODAY'S COLLEGIATE ORGANIZATION. A MAJOR ACTIVITY DURING THE ANNUAL INTERNATIONAL CONVENTION IS THE LARGE

Schedule O (Form 990 or 990-EZ) 2020	Ρ
Name of the organization	Employer identification number
CIRCLE K INTERNATIONAL, INC.	01-0772160

ATTACHMENT 3 (CONT'D)

SCALE SERVICE PROJECT. THIS PROJECT ALLOWS PARTICIPANTS AN OPPORTUNITY TO ENGAGE IN ACTUAL HANDS-ON SERVICE PROJECTS IN THE CITY WHERE THE ANNUAL CONVENTION IS HOSTED. THE EVENT PROMOTES THE ORGANIZATION AND ALLOWS THE STUDENTS TO GIVE BACK NEARLY 3,800 HOURS OF COMMUNITY SERVICE TO THE LOCAL COMMUNITY AND TO GAIN VALUABLE SERVICE LEADERSHIP SKILLS. NOTE: DUE TO THE PANDEMIC, NO CIRLE K CONVENTION WAS HELD IN 2020-21.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

01-0772160

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

CIRCLE K INTERNATIONAL, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 512(b)(13) rolled tity?
							Yes	No
(1) KIWANIS INTERNATIONAL	36-1327510							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	COMMUNITY SER	IN	501(C)(4)	7	N/A		
(2) KIWANIS CHILDREN'S FUND	36-6072039							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	FUNDRAISING	IN	501(C)(3)	7	KIWANIS INTL		Х
(3) KIWANIS YOUTH PROGRAMS	36-6072042							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	YOUTH EDUCATI	IN	501(C)(3)	7	KIWANIS INTL		Х
(4)		-						
(5)		_						
(6)								
(7)								

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a)	(b)	(c)	(d)	(e) Predominant	(f)	(g)	()	h)	(i)	((j)	(k)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Share of total income	Share of end-of- year assets		ations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	Percentage ownership
					,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Section 512(b)(1 controlle entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2020

CIRCLE	Κ	INTERNATIONAL,	INC.
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Schedule R (Form 990) 2020

Par	t V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.						
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es N	10		
1	During the tax year, did the organization engage in any of the following transactions with one or mo	ore related organizations lis	sted in Parts II-IV?						
а				· · · · · ⊢	a		Х		
b	Gift, grant, or capital contribution to related organization(s)			1	b		Х		
С	6 ()				•	X			
d	J				d		X X		
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)			•••• 	lf g		X X		
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				h		Х		
i	Exchange of assets with related organization(s).				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				lj	-	X		
k	Lease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢	k		Х		
I	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · ⊢	11		Х		
	Performance of services or membership or fundraising solicitations by related organization(s)				m	_	Χ		
						X			
0	Sharing of paid employees with related organization(s)			1	0	X	_		
						x			
р					٣		X		
q	Reimbursement paid by related organization(s) for expenses			· · · · · P	q				
				4	Ir		х		
r	Other transfer of cash or property to related organization(s)					X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line including cove	ered relationships and trans	action thresh	•				
_	(a)	(b)	(c)	(0					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amount	determ				
(1)	KIWANIS INTERNATIONAL	С	368,302.	CASH					
							_		
(2)	KIWANIS INTERNATIONAL	N, O	207,000.	FMV					
(3)	KIWANIS INTERNATIONAL	P	522,553.	CASH					
(1)		6	000 074						
(4)	KIWANIS INTERNATIONAL	S	208,974.	CASH			—		
(5)									
(6)									
JSA			Sc	hedule R (Fo	rm 99	0) 20)20		

Page 3

Page 4

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501(organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging tner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, , , , , , , , , , , , , , , , , , ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Page 5

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

Form	990-T	Ex	empt Organization Business Income Tax Retur	'n	0	MB No. 1545-0047		
FUIII		F	(and proxy tax under section 6033(e)) dar year 2020 or other tax year beginning $10/01$, 2020, and ending $09/30$, 2	· 2 ·	1	ച ്ച		
_		For caler	Go to www.irs.gov/Form9907 for instructions and the latest information.	2	<u> </u>	ZUZU		
	tment of the Treasury al Revenue Service	► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c	:)(3).	Open 501(c)	to Public Inspection for)(3) Organizations Only		
A	Check box if	1 20	Name of organization (Check box if name changed and see instructions.)			ntification number		
	address changed.		CIRCLE K INTERNATIONAL, INC.	0)1-07721	.60		
B Exe	empt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		Group exemp			
Х	501(C <u>)(4</u>)	or Type	3636 WOODVIEW TRACE	(5	see instructions			
	408(e) 220(e)	1,900	City or town, state or province, country, and ZIP or foreign postal code					
	408A 530(a)		INDIANAPOLIS, IN 46268	F	Check	box if ended return.		
	529(a) 529A	C Book	value of all assets at end of year					
	heck organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust	t	Applicat	le reinsurance entity		
	heck if filing only to	-	Claim credit from Form 8941 Claim a refund shown on Form					
			tion filing a consolidated return with a 501(c)(2) titleholding corporation			<u></u> ▶∟_		
JE	nter the number of	attached	Schedules A (Form 990-T)		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	0		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			Yes X No		
			identifying number of the parent corporation					
LTI	ne books are in care	eof ▶ ⊦	PATTY BURKE Telephone number ► 31	7-8	/5-8/55			
		-						
			636 WOODVIEW TRACE					
Des								
			usiness Taxable Income					
1			ess taxable income computed from all unrelated trades or businesses (se					
•					1			
2					2			
3 4			aa inatrustiona far limitation rulaa)		3 4			
4 5			ee instructions for limitation rules) axable income before net operating losses. Subtract line 4 from line 3		5	0.		
6					6			
7			g loss. See instructions ess taxable income before specific deduction and section 199A deductio		0			
'					7			
8			Ily \$1,000, but see instructions for exceptions)		8			
9			inction. See instructions		9			
10			s 8 and 9		10			
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line					
					11	0.		
Pa	t II Tax Com							
1			corporations. Multiply Part I, line 11 by 21% (0.21)		1			
2			rates. See instructions for tax computation. Income tax on the amount of	on				
	Part I, line 11 fron		Tax rate schedule or Schedule D (Form 1041)		2			
3								
4								
5	Alternative minimum tax (trusts only)							
6	Tax on noncompliant facility income. See instructions							
7	Total. Add lines 3	through	6 to line 1 or 2, whichever applies		7			
For I			lotice, see instructions.			Form 990-T (2020)		

Form	990-T	(2020)

Part	Tax and Payments								
1a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a								
b	Other credits (see instructions)								
c (c General business credit. Attach Form 3800 (see instructions)								
d (Credit for prior year minimum tax (attach Form 8801 or 8827)								
e 1	otal credits. Add lines 1a through 1d								
2 3	Subtract line 1e from Part II, line 7								
3 (Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866								
	Other (attach statement)								
4 1	otal tax. Add lines 2 and 3 (see instructions).								
s	ection 1294. Enter tax amount here		0.						
5 2	020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4								
6a F	Payments: A 2019 overpayment credited to 2020								
b 2	020 estimated tax payments. Check if section 643(g) election applies ► 6b								
	ax deposited with Form 8868								
d F	oreign organizations: Tax paid or withheld at source (see instructions)								
e Backup withholding (see instructions)									
f Credit for small employer health insurance premiums (attach Form 8941) 6f									
g (Other credits, adjustments, and payments: Form 2439								
	Form 4136 Other Total ▶ 6g								
	otal payments. Add lines 6a through 6g 7								
	stimated tax penalty (see instructions). Check if Form 2220 is attached								
	ax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed								
	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid								
	inter the amount of line 10 you want: Credited to 2021 estimated tax Refunded 11								
Part		Yes	No						
	at any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	163	NU						
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file								
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country ere ►		х						
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a								
	preign trust?		х						
	"Yes," see instructions for other forms the organization may have to file.								
	Did the organization change its method of accounting? (see instructions) \dots		Х						
	⁴ 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"								
	xplain in Part V								

Supplemental Information Part V

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

0:		Under penalties of perjury, I declare that I have examir true, correct, and complete. Declaration of preparer (other th				nowledge and belief, it is
Sign Here		ROBERT W. BRODERICK	08/15/2022 CFO			discuss this return eparer shown below
		Signature of officer	Date Title		(see instructions)	?X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid		NICOLE B FISHBACK	I lool B. Fishback	08/15/2022	self-employed	P01279475
Prepa		Firm's name FORVIS, LLP			Firm's EIN ► 4	4-0160260
Use O	niy	Firm's address ▶ 201 N. ILLINOIS	STREET, INDIANAPOLIS,	EET, INDIANAPOLIS, IN 46204		
JSA 0X2741 1	.000					Form 990-T (2020)

0X2741 1.000

PART NUMBER:	FORM 990-T
LINE NUMBER:	GENERAL INFORMATION

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SEC. 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.