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. 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.

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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 that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the 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.

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Public Disclosure Rules

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

10/01 , 2020, and ending 09/30,20 21 A For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable KIWANIS INTERNATIONAL FOUNDATION 36-6072039 Doing business as KIWANIS CHILDREN'S FUND Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 3636 WOODVIEW TRACE (317) 875 - 8755Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended INDIANAPOLIS, IN 46268 G Gross receipts \$ 11,939,196. Application pending F Name and address of principal officer: STAN D. SODERSTROM H(a) Is this a group return for Yes Χ Nο subordinates' 3636 WOODVIEW TRACE, INDIANAPOLIS, H(b) Are all subordinates included? Yes No X | 501(c)(3) If "No," attach a list. See instructions 501(c) (4947(a)(1) or 527 (insert no.) Website: ▶ WWW.KIWANIS.ORG/CHILDRENSFUND H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1939 M State of legal domicile: TN Other > Summary Part I Briefly describe the organization's mission or most significant activities: TO ASSIST CHILDREN AND COMMUNITIES IN NEED AROUND THE WORLD WHERE KIWANIS FAMILY CLUBS EXIST OR SERVE. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17. 3 Activities & 17. Number of independent voting members of the governing body (Part VI, line 1b) 13. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 173,150. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year Contributions and grants (Part VIII, line 1h) 1,987,111. 3,004,179. 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,607,755. 2,664,826. 10 440 23. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,595,306. 5,669,028. 12 1,615,350. 905,059. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,361,604. 1,092,782. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,661,318. 1,469,731. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,638,272. 3,467,572. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,042,966. 2,201,456. Revenue less expenses. Subtract line 18 from line 12 ts or nces **Beginning of Current Year End of Year** 21,834,740. 18,583,899. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 738,837. 922,736. 21 17,845,062. 20,912,004. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 08/15/2022 Sign Signature of officer Date Here ROBERT W. BRODERICK CFO Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid NICOLE B FISHBACK 08/15/2022 self-employed P01279475 Preparer Firm's name FORVIS, LLP Firm's EIN \triangleright 44-0160260 **Use Only** Firm's address ▶201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204 317-383-4000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form **990** (2020) For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly d	lescribe the organization's mission:	
	ATTA	CHMENT 1	
2	Did the	organization undertake any significant program services during the year which were not listed on the	e
		rm 990 or 990-EZ?	Yes X No
	If "Yes,"	describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any program	
		?	. Yes X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program serves. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and I expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 436,060. including grants of \$ 436,060.) (Revenue \$)
	KIWANI	IS INTERNATIONAL FOUNDATION (DBA KIWANIS CHILDREN'S FUND) IS	
		ERING WITH UNICEF TO RAISE FUNDS TO HELP ELIMINATE MATERNAL	
		EONATAL TETANUS IN DESIGNATED COUNTRIES AROUND THE GLOBE. THE	
	FUNDRA	AISING GOAL IS \$110 MILLION.	
4b	(Code:) (Expenses \$ 782,478. including grants of \$ 468,999.) (Revenue \$)
	DISTRI	IBUTIONS FOR PROGRAMS OF KIWANIS INTERNATIONAL AND ITS	
		ED ORGANIZATIONS (KIWANIS YOUTH PROGRAMS, CIRCLE K, AKTION	
		BUILDERS CLUB, K-KIDS, AND KEY LEADER) AS WELL AS KIWANIS PROJECTS AND SCHOLARSHIPS BENEFITING CHILDREN IN NEED	
		GHOUT THE WORLD.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other pr	rogram services (Describe on Schedule O.)	
	(Expense	including grants of \$) (Revenue \$)	
	Total pro	ogram service expenses ▶ 1,218,538.	
JSA 0E1	020 1.000	EGW D210 7/21/2022 12:E2:20 DM	Form 990 (2020
	∠/⊥:	5GK D310 7/21/2022 12:53:28 PM	PAGE

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Part	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,"		3.7	
	complete Schedule A	1	X	
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			77
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
0	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? <i>If</i> "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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		37	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
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	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Part	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			
		22	X	
	employees? If "Yes," complete Schedule J	23		
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
20	·	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
				21
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
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			
·	·	00-		Х
	"Yes," complete Schedule L, Part IV	28c		
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		X
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,"			
32		22		Х
	complete Schedule N, Part II.	32		- 1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
Ŋ		256		
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	20	Х	
Dow		38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V			_ X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		4 -		
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
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)			
3 <i>a</i>	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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 ► <u>ATTACHMENT 2</u>			
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	Λ	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Х
	sponsoring organization have excess business holdings at any time during the year?	8		21
	Sponsoring organizations maintaining donor advised funds.	9a		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
a h	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			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	4-		77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		21
	ii 105, complete i dilli #120, conedule O.		000	

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

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			
	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 17			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	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	Λ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Δ.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?	1 a		21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
	stockholders, or persons other than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	8a	Х	
a 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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	1 7 7 5	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17		
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?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
	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			
	with a taxable entity during the year?	16a		Х
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	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)			
4-				- P
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ıntei	est p	olicy,
20	and financial statements available to the public during the tax year.	lo 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record ROBERT W. BRODERICK, CFO 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 317-875-8755	15 >		

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	(C) osition ck more than one person is both an a director/trustee) Officer (D) Reportable compensation from the organization (W-2/1099-MISC)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)STAN D. SODERSTROM	7.00								
EXECUTIVE DIRECTOR	33.00			Х			45,116.	212,688.	29,569.
(2) PAMELA NORMAN (BEG 9/1/2020)	20.00						13/110.	212,000.	257505.
CHIEF PHILANTHROPY OFFICER	20.00			Х			21,562.	107,813.	23,715.
(3) ANN UPDEGRAFF SPLETH	40.00						21,302.	107,0101	207713
COO (END 8/31/2020)	0.			Х			127,031.	0.	23,621.
(4) LORA HOOVER	40.00								, , , , , , , , , , , , , , , , , , ,
DIRECTOR OF DEVELOPMENT	0.					Х	102,455.	0.	22,718.
(5)BERT WEST III	7.00								
TRUSTEE	7.00	Х					0.	1,700.	0.
(6) NORMAN VELNES	7.00								
PRESIDENT	0.	Х		Х			0.	0.	0.
(7) ROBERT M. GARRETSON	7.00								
PRESIDENT-ELECT	0.	Х		Х			0.	0.	0.
(8) ANN WILKINS	7.00								
IMMEDIATE PAST PRESIDENT	0.	Х		Х			0.	0.	0.
(9) FILIP DELANOTE	7.00								
TREASURER	0.	Х		Х			0.	0.	0.
(10) PATRICIA BARSOTTI	7.00								
TRUSTEE	0.	Х					0.	0.	0.
(11) MATTHEW CANTRALL	7.00								
TRUSTEE	0.	Х					0.	0.	0.
(12) JUANITA EDWARDS	7.00								
TRUSTEE	0.	Х					0.	0.	0.
(13) MARK G. ESPOSITO	7.00								
TRUSTEE	0.	X					0.	0.	0.
(14) ROBERT S. MAXWELL	7.00								
TRUSTEE	0.	X					0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		y ⊏ii	ihio			aliu F	ng	1		CONTI		
(A) Name and title	Average hours per week (list any hours for	box,	unles er and	ss pe d a d	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organizati and relate organizatio	ion ed
15) SERENA QUEK TRUSTEE	7.00	Х						0.	0			(
16) ARMAND B. ST RAYMOND TRUSTEE	7.00	Х						0.	. 0			(
17) ELIZABETH M. TEZZA TRUSTEE	7.00	Х						0.	. 0			(
18) JOHN G. TYNER II TRUSTEE	7.00	Х						0 .	0			(
19) DANIEL R. VIGNERON TRUSTEE	7.00	Х						0.	. 0	0.		(
20) YANG CHIEN-KUNG TRUSTEE	7.00	Х						0.	. 0			
21) AMY ZIMMERMAN TRUSTEE	7.00	Х						0	0			
db Oob total								296,164.	322,201		9.9	623
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not	ection A						> re	0. 296,164.	322,201	١.		0.623.
reportable compensation from the organization			2								Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	If	"Yes	3,"	nd other compens complete Schedu	sation from the le J for such	4	, X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Services B. Independent Contractors."										5	5	Х
Section B. Independent Contractors Complete this table for your five highest common compensation from the organization. Report of year.											ax	
(A)							Τ	(B)			(C)	

Compensation Name and business address Description of services

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

Part VIII Statement of Revenue

Par	't VII	Check if Schedule O contains a respon	se or note to an	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω, E	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d	1,196.				
a, E	е	Government grants (contributions) 1e	241,396.				
Sir	f	All other contributions, gifts, grants,					
uti		and similar amounts not included above . 1f	2,761,587.				
들	g	Noncash contributions included in					
d d		lines 1a-1f 1g	15,403.				
<i>™</i>	h	Total. Add lines 1a-1f		3,004,179.			
			Business Code				
<u>:</u>	2a						
e ⊆	b						
Program Service Revenue	С						
e a	d						
og R	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	346,731.			346,731.
	4	Income from investment of tax-exempt bond	proceeds . >	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 8,588,263.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 6,270,168.					
é	С	Gain or (loss) 7c 2,318,095.					
<u>.</u>	d	Net gain or (loss)		2,318,095.			2,318,095.
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	<u> </u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.	<u></u> ▶	0.			
2			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME		23.			23.
ane	b						
e e	c						
lisc R	d	All other revenue					
2	е			23.			
	12	Total revenue. See instructions		5,669,028.			2,664,849.
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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					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	652,064.	652,064.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	252,995.	252,995.			
	Benefits paid to or for members Compensation of current officers, directors,	0.				
6	trustees, and key employees Compensation not included above to disqualified	144,213.	19,490.	51,965.	72,758.	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	00 027	242 100	220 004	
7	Other salaries and wages	672,119.	90,837.	242,188.	339,094.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,046.	3,690.	11,726.	15,630.	
9	Other employee benefits	184,321.	23,837.	65,737.	94,747.	
10	Payroll taxes	61,083.	8,486.	21,327.	31,270.	
	Fees for services (nonemployees): Management	915,301.	111,113.	288,075.	516,113.	
	Legal	10,767.		10,767.		
С	Accounting	0.				
d	Lobbying	0.				
	Professional fundraising services. See Part IV, line 17.	0.				
f	Investment management fees	100,671.		100,671.		
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	113,439.	3,348.	76,098.	33,993.	
12	Advertising and promotion	175,146.	21,175.	5,038.	148,933.	
13	Office expenses	65,163.	19,348.	13,882.	31,933.	
14	Information technology	48,882.	11,983.	1,424.	35,475.	
15	Royalties	0.				
16	Occupancy	0.				
17	Travel	9,252.	172.	6,498.	2,582.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.				
19	Conferences, conventions, and meetings	2,643.		2,493.	150.	
20	Interest	0.				
21	Payments to affiliates	0.				
22	Depreciation, depletion, and amortization	0.				
23	Insurance	0.				
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.)					
а	MISCELLANEOUS	28,467.		461.	28,006.	
b						
С						
d						
е	All other expenses	2 11 == 1	1 010 ===	222		
	Total functional expenses. Add lines 1 through 24e	3,467,572.	1,218,538.	898,350.	1,350,684.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)	0.				

Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	361,111.	1	140,862.
	2	Savings and temporary cash investments	1,083,779.	2	1,066,184.
	3	Pledges and grants receivable, net	126,343.	3	144,622.
	4	Accounts receivable, net	177,439.	4	414,470.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	80.	9	4,898.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	15,587,494.	11	18,888,814.
	12	Investments - other securities. See Part IV, line 11	948,766.	12	1,067,796.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	298,887.	15	107,094.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,583,899.	16	21,834,740.
_	17	Accounts payable and accrued expenses	413,800.	17	608,608.
	18	Grants payable	0.	18	0.
	19		0.	19	0.
	20	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,	0.	21	0.
Liabilities	22				
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	22	0.
E.	22	controlled entity or family member of any of these persons	0.	23	0.
	23	Secured mortgages and notes payable to unrelated third parties	240,200.	24	236,417.
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	210,200.	24	230,117.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		• • • • • • • • • • • • • • • • • • • •	84,837.	25	77,711.
	26	of Schedule D	738,837.	26	922,736.
	20		750,057.	26	722,730.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	1,366,060.	27	4,228,355.
Bal	27 28	Net assets with donor restrictions.	16,479,002.	28	16,683,649.
5	20		10,479,002.	28	10,003,047.
		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
şts	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets		Retained earnings, endowment, accumulated income, or other funds.			
	31		17,845,062.	31	20,912,004.
Net	32	Total lie bilities and not assets/fund balances	18,583,899.	32	21,834,740.
	33	Total liabilities and net assets/fund balances	10,505,099.	33	Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			69,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2				572.
3	Revenue less expenses. Subtract line 2 from line 1	3				156.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		17,8		
5	Net unrealized gains (losses) on investments	5		8	73,0)51.
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			-7,5	565.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		20,9	12,0	004.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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," e	xplair	າ 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	lor			
	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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	rsiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b		
				Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

202U
Open to Public
Inspection

Employer identification number

ΚΙV	NAV	IS INTERNATIONAL FO	UNDATION				36-60720	39
Pai	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this p	art.) See instructions	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	=	•	•			
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	•	•	•	, ,	
6		A federal, state, or local go	-	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	•					om the general public
		described in section 170(b)	-	•		3		
8		A community trust describe			Part II.)			
9		An agricultural research org					d in conjunction with a	land-grant college
		or university or a non-land-	=			-	-	
		university:	0 0 0	,	,		, ,,	J
10		An organization that norma	Ily receives (1) mo	ore than 331/3 % of its	support	from co	ntributions, membersh	ip fees, and gross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its
		support from gross investm acquired by the organizatio	nent income and ui in after June 30, 1	nrelated business tax 975. See section 509 (abie inco (a)(2), ((ome (ies Complete	s section 511 tax) from Part III.)	businesses
11		An organization organized						
12		An organization organized	•	•	-			carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) oi	section 509(a)(2). S	See section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of su	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
		supporting organization.	You must complet	e Part IV, Sections A	and B.			
b	L	Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	-	-	-		· · · · · · · · · · · · · · · · · · ·	d an attentiveness
	_	requirement (see instruct		-				
е	L	Check this box if the orga					, , , , , , , , , , , , , , , , , , ,	II, Type III
	_	functionally integrated, or		ionally integrated sup	porting o	organizat	tion.	
T ~		nter the number of supported						• • • • • • • • • • • • • • • • • • • •
9		ovide the following information	(ii) EIN	(iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	varie of supported organization	(11) E114	(described on lines 1-10	, ,	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota	al							
	-							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,952,063.	2,955,177.	2,893,338.	1,987,111.	3,004,179.	12,791,868.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,952,063.	2,955,177.	2,893,338.	1,987,111.	3,004,179.	12,791,868.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						87,724.
6	Public support. Subtract line 5 from line 4						12,704,144.
	tion B. Total Support						12,701,111.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,952,063.	2,955,177.	2,893,338.	1,987,111.	3,004,179.	12,791,868.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	372,537.	389,822.	443,711.	345,045.	346,731.	1,897,846.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1				440.	23.	463.
11	Total support. Add lines 7 through 10						14,690,177.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	30,910.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	86.48%
15	Public support percentage from 2019					15	78.07 %
16a	331/3% support test - 2020. If the org						
	box and stop here . The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here . The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			=	=		
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets	the facts-and-	circumstances te	est. The organi	zation qualifies	as a publicly su	upported
	organization						▶ □
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
800	tion R. Total Support						
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(4) 2010	(6) 2017	(6) 2010	(4) 2019	(6) 2020	(i) i Otai
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2020 (line 8		•	```		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the organization						. \square
00	line 18 is not more than 331/3 %, check		-	•			
20	Private folingation if the Organization of	IIII DOI CDECK 2	a nov on line 1	⊿ iya ∩riiyh	CHECK THIS HOY	and see instriid	mone =

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status

- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
) /			
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	3b		
)	3с		
f	4a		
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	4b		
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	7		
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9			
	9a		
1	9b		
t	9c		
n H			
)	10a		
	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

	(A) (1 of the 350 of 350 LE) 2020		-	age C
Part	Supporting Organizations (continued)		V	NI.
44	Healtha arganization accounted a gift or contribution from any of the fall-wine account.		res	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	110		
h	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11a 11b		_
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		<u> </u>
			Yes	No
4	Did the covering heady members of the governing heady officers acting in their official conseits, or membership of one or			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Socti	on D. All Type III Supporting Organizations	1		<u> </u>
Secu	on D. All Type III Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	-	
2	Activities Test. Answer lines 2a and 2b below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	-	20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org.	anization	<u> </u>	rage
1 Check here if the organization satisfied the Integral Part Test as a qualify			in in <i>Part VI</i>). See
instructions. All other Type III non-functionally integrated supporting orga			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		ted Type III supporting	g organization

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets						
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6	6 Other distributions (describe in Part VI). See instructions.						
7	7 Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	9 Distributable amount for 2020 from Section C, line 6			9			
10	10 Line 8 amount divided by line 9 amount						
				$\neg \neg$, m		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

	•	•	•	,	,	
				-	ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCO	ME				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME				440.	23.	463.
TOTALS				440.		463.

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	36-6072039	
Organization type (check one)):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a prival	vate 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	
	301(0)(3) taxable private foundation	
General Rule For an organization or more (in money o contributor's total co	filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in ontributions. described in section 501(c)(3) filing Form 990 or 990-EZ that met the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form	contributions totaling \$5,000 istructions for determining a he 33 1/3% support test of the
13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the g \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable		line 1. Complete Parts I and II. EZ that received from any one ious, charitable, scientific,
	nal purposes, or for the prevention of cruelty to children or animals. instead of the contributor name and address), II, and III.	Complete Parts I (entering
contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E he year, contributions <i>exclusively</i> for religious, charitable, etc., purport more than \$1,000. If this box is checked, enter here the total contrain <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any is to this organization because it received <i>nonexclusively</i> religious, charited the during the year	oses, but no such ributions that were received y of the parts unless the

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).

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

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

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

Name of organization KIWANIS INTERNATIONAL FOUNDATION

Employer identification number 36-6072039

(a)	Contributors (see instructions). Use duplicate cop	(c)	(d)
No1	Name, address, and ZIP + 4 N/A	* Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	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

Name of organization KIWANIS INTERNATIONAL FOUNDATION

Employer identification number 36-6072039

art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	-----------------------------	---------------------

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization KIWANIS INTERNATIONAL FOUNDATION **Employer identification number** 36-6072039 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE 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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KIW	WANIS INTERNATIONAL FOUNDATION		36-6072039
Pa	organizations Maintaining Donor Advised Funds or Other Similar F	unds o	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	1.	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	780.	
5	Did the organization inform all donors and donor advisors in writing that the asset	ets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal con-	ntrol?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	t grant f	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor,	, or for a	
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.	_	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
			of a historically important land area
		ervation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contri	ibution ii	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a) .		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and no		24
3	historic structure listed in the National Register		2d
3	-	or term	illiated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring,		
•	violations, and enforcement of the conservation easements it holds?	-	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and e		
-	>		,,,,,,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and en	forcing c	conservation easements during the year
	▶ \$	Ū	5 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	s of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its rev	enue an	nd expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization	's financ	cial statements that describes the
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Historical Treasures,		er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its of art, historical treasures, or other similar assets held for public exhibition, ed	s revenu	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that de	scribes t	these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its re		
	art, historical treasures, or other similar assets held for public exhibition, education	n, or res	search in furtherance of public service,
	provide the following amounts relating to these items:		> 0
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other following amounts required to be reported under FASB ASC 958 relating to these ite		assets for illiancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ ¢
b	Assets included in Form 990, Part X.		
			· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 2

Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or Other	r Similar Assets (d	continued)		
3	Using the organization's acquisition	n, accession, and c	other records, checl	cany of the follow	wing that make sigi	nificant use	of its	
	collection items (check all that app	ly):						
а	Public exhibition		d Loan	or exchange progra	am			
b	Scholarly research		e Other					
С	Preservation for future gene							
4	Provide a description of the organ	nization's collections	and explain how t	they further the or	rganization's exemp	t purpose in	Part	
	XIII.							
5	During the year, did the organization				_		_	
_	assets to be sold to raise funds rath		ained as part of the	organization's colle	ction?	Yes	No	
Ра	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Form 990, F	Part IV, line 9, or	reported an amou	nt on Form		
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not							
	included on Form 990, Part X?				[Yes	No	
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tab	ole:				
					Amount			
С	Beginning balance							
d	Additions during the year							
e	Distributions during the year							
f	Ending balance Did the organization include an am				Lagazint liabiliti	Vaa	N _a	
	If "Yes," explain the arrangement in	•	·		, _	Yes	No	
$\overline{}$	rt V Endowment Funds.	Trait Alli. Check he	ere ii trie explanation	rias been provided	OII Fait Alli			
ı a	Complete if the organiza	ition answered "Ye	s" on Form 990 F	Part IV line 10				
	Complete ii allo organiza	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back	
4.	Decimina of year balance	16,031,537.	15,792,322.	15,864,186.		14,270		
1a	Beginning of year balance	29,435.	17,476.	46,488.			,500	
b	Contributions		·	•	,			
С	and losses	2,925,455.	1,646,583.	695,502.	1,043,804.	1,638	,631	
d	Grants or scholarships	175,390.	828,348.	723,660.	354,123.	705	,194	
	Other expenditures for facilities							
·	and programs	5,266,931.	508,031.					
f	Administrative expenses	100,671.	88,465.	90,194.	91,823.	87	,751	
q	End of year balance	13,443,435.	16,031,537.	15,792,322.	15,864,186.	15,134	,162	
2	Provide the estimated percentage	of the current year	end balance (line 1g.	column (a)) held as	s:			
а	Board designated or quasi-endown		%	(-),				
b	Permanent endowment ▶ 51.7	^{'000} %	_					
С	Term endowment ▶ 48.3000	%						
	The percentages on lines 2a, 2b, a	ınd 2c should equal 1	100%.					
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and admi	nistered for the			
	organization by:					Yes	No	
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations					3a(ii)	X	
b	If "Yes" on line 3a(ii), are the relate	•	•			3b		
4	Describe in Part XIII the intended u		tion's endowment fu	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	lipment. ation answered "Ye	es" on Form 990.	Part IV. line 11a.	See Form 990. Pa	art X. line 10).	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis (c) Ad	ccumulated (d	Book value		
	Lond	(invest	tment) (o	ther) dep	reciation			
_	Land							
b	Buildings							
Q C	Leasehold improvements							
d e	Equipment							
Tota	Other I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990. Part X. colum	n (B). line 10c.)	•			

Schedule D (Form 990) 2020

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	(a) Description of security or category		Part IV, line 11b. See Form 990, Part X	,
	(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X	, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X	, line 15.
	(a) Des	cription	(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(0)				
(9)	ımn (b) must equal Form 990. Part X. col. (B) li	ne 15.)		
(9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li. Other Liabilities.	ne 15.)		
(9)				Part X,
Total. (Colu	Other Liabilities. Complete if the organization answered line 25. (a) Description		Part IV, line 11e or 11f. See Form 990,	Part X,
Total. (Cold Part X 1. (1) Feder	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
Total. (Cold Part X 1. (1) Feder (2) ANNU	Other Liabilities. Complete if the organization answered line 25. (a) Description	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
(9) Total. (Cold Part X 1. (1) Feder (2) ANNU (3)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	
(9) Total. (Cold Part X 1. (1) Feder (2) ANNU (3) (4)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
(9) Total. (Cold Part X 1. (1) Feder (2) ANNU (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
1. (1) Feder (2) ANNU (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
(9) Total. (Column 1) 1. (1) Feder (2) ANNU (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
(9) Total. (Cold Part X 1. (1) Feder (2) ANNU (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990,	Book value
(9) Total. (Cold Part X 1. (1) Feder (2) ANNU (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, (b)	Book value

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 .

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Part 2	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	6,437,807.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•				
	Net unrealized gains (losses) on investments					
	Donated services and use of facilities					
	Recoveries of prior year grants					
	Other (Describe in Part XIII.)					
	Add lines 2a through 2d	2e	873,051.			
3	Subtract line 2e from line 1	3	5,564,756.			
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 100,671.					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c	104,272.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,669,028.			
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.				
1	Total expenses and losses per audited financial statements	1	3,370,866.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities					
	Prior year adjustments					
	Other losses					
	Other (Describe in Lart Alli.)	2-	3,965.			
	Add lines 2a through 2d	2e 3	3,366,901.			
3	Subtract line 2e from line 1	3	3,300,301.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 100,671.					
	Investment expenses not included on Form 990, Part VIII, line 7b					
	Add lines 4a and 4b	4c	100,671.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	3,467,572.			
Part 2	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; P					
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.				
SEE	PAGE 5					

Schedule D (Form 990) 2020 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE KIWANIS CHILDREN'S FUND ENDOWMENT FUNDS PROVIDE A PERPETUAL SOURCE OF INCOME FROM WHICH THE ORGANIZATION PROVIDES ASSISTANCE TO CHILDREN AND THE COMMUNITIES IN WHICH THEY LIVE, SCHOLARSHIPS, AND SUPPORT TO KIWANIS INTERNATIONAL SERVICE PROJECTS.

SCHEDULE D, PART X

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUES TO AUDITED FINANCIAL STATEMENTS:

CHANGE IN VALUE OF ANNUITIES PAYABLE \$3,601

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES TO AUDITED FINANCIAL STATEMENTS:

CURRENCY EXCHANGE \$ 3,965

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KIW	ANIS INTERNATIONAL FOUR	NDATION			36-60720	39
Part	General Information o Form 990, Part IV, line 14th		Outside the	United States. Compl	ete if the organization a	answered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	X Yes No
	For grantmakers. Describe in I outside the United States. Activities per Region. (The follow		·		_	d other assistance
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	GRANTMAKING	81,630.
(2)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	GRANTMAKING	155,623.
(3)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	GRANTMAKING	6,142.
(4)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GRANTMAKING	7,500.
(5)	EUROPE	0.	0.	PROGRAM SERVICES	GRANTMAKING	2,100.
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)	Subtotal					252 QQF
3a b	Subtotal					252,995.

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

Totals (add lines 3a and 3b)

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252,995.

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	SOUTH AMERICA EAST ASIA/PACIFIC EAST ASIA/PACIFIC NORTH AMERICA	HEALTH & EDU YOUTH EDUCAT YOUTH EDUCAT HEALTH & NUT	7,500. 38,286. 30,258.	WIRE TRANS. WIRE TRANS. WIRE TRANS.			
	EAST ASIA/PACIFIC	YOUTH EDUCAT	30,258.	WIRE TRANS.			
	NORTH AMERICA	HEALTH & NUT	153,060.	WIRE TRANS.			
B) organization by th	3) organization by the IRS, or for which	B) organization by the IRS, or for which the grantee or counsel l		3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equiv	3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ber of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2020 Page **4**

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page **5**

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S.:

GRANTS ARE AWARDED TO QUALIFIED KIWANIS CLUBS AND DISTRICTS.

DOCUMENTATION IS KEPT ELECTRONICALLY IN THE ELECTRONIC GRANT

MANAGEMENT SYSTEM. ALL GRANTEES ARE TO SUBMIT A 6-MONTH PROGRESS

REPORT TO ENSURE THE GRANT IS ON TRACK. A ONE-YEAR FINAL REPORT MUST

SUMMARY OF THE PROJECT (INCLUDING THE NUMBER OF CHILDREN SERVED AND

BE SUBMITTED BY GRANTEE WHICH SHOULD INCLUDE PHOTOS, AN EVALUATIVE

OBJECTIVES MET), A NON-AUDITED FULL ACCOUNTING OF FUNDS SPENT, AND

RECEIPTS TO PROVE EXPENDITURES.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
KIWANIS INTERNATIONAL FOUNDATION						36-607203	39
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the grain to be presented in Part IV the organization's process. 	nts or assistand	e?					X Yes No
Part IV, line 21, for any recipient		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNICEF USA							
125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)3	446,282.		CASH		MEDICAL
(2) FARMINGTON RIO DEL SOL KIWANIS							KIWANIS CLOTHES FOR
PO BOX 843 FARMINGTON, NM 87499	46-2638469	501(C)3	10,000.		CASH		KIDS
(3) FOREVER YOUNG FOUNDATION							
1424 S STAPLEY DR MESA, AZ 85204	87-0509354	501(C)3	25,000.		CASH		HEALTH & EDUCATION
(4) KIWANIS CLUB OF MERIDIAN HILLS FOUNDATION							
10794 NORTHHAMPTON DR FISHERS, IN 46038	35-1789684	501(C)3	5,600.		CASH		MENGERING FUND
(5) KIWANIS CLUB OF NEWBURGH							
11 RACQUET RD NEWBURGH, NY 12550	14-6024803	501(C)4	12,673.		CASH		HEALTH & RECREATION
(6) KIWANIS FOUNDATION OF NEW ENGLAND FDTN							
PO BOX 50891 NEW BEDFORD, MA 02745	23-7209028	501(C)3	6,671.		CASH		EDUC-SCHOLARSHIPS
(7) NEW JERSEY DISTRICT KIWANIS FOUNDATION							
120 MORRIS AVE SUMMIT, NJ 07901	02-0572183	501(C)3	6,000.		CASH		DISTRICT SCHOLARSHIP
(8) NEW YORK DISTRICT FOUNDATION INC							
50 RANDALL AVE STATEN ISLAND, NY 10301	23-7035969	501(C)3	10,000.		CASH		DISTRICT SCHOLARSHIP
_(9)							
(10)							
(44)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	d government	ı organizations lis	ted in the line 1 tal	⊔ ble			7.
3 Enter total number of other organizations li	_	-					1.
For Paperwork Reduction Act Notice, see the Instruc						-	:hedule I (Form 990) 2020

JSA

0E1288 1.000

Schedule I (Form 990) (2020) Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCESS FOR MONITORING GRANTS PAID:

A SPREADSHEET IS KEPT ON AWARDED GRANTS AND TIMELINES OF GRANTS. GRANT REPORTS ARE DUE EVERY 6 MONTHS AND AT THE END OF THE GRANT PROJECT. GUIDELINES SET FORTH ON THE GRANT APPLICATION AND IN THE POLICIES OF THE KIWANIS CHILDREN'S FUND PROVIDE THAT GRANTEES ONLY HAVE ONE YEAR TO CLAIM FUNDS FROM THE DATE OF AWARD. THE GRANTEE MUST THEN SUBMIT PAID INVOICES TO CLAIM FUNDS AWARDED OR PROVIDE AN INVOICE FROM A VENDOR (THE VENDOR IS THEN PAID DIRECTLY). MOST GRANTS ARE AWARDED TO KIWANIS CLUBS, KIWANIS DISTRICTS, OR OTHER AFFILIATE CLUBS/DISTRICTS.

Schedule I (Form 990) (2020)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIWANIS INTERNATIONAL FOUNDATION

Employer identification number 36-6072039

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		X
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in or receive payment from an equity-based compensation arrangement?	46 4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The fee any of miles fa e, not the percent and provide the applicable amounte for each form in rank in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	'		25
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STAN D. SODERSTROM	(i)	45,116.	0.	0.	1,805.	3,370.	50,291.	
	(ii)	212,688.	0.	0.	8,508.	15,886.	237,082.	
ANN UPDEGRAFF SPLETH	(i)	125,031.	0.	2,000.	5,001.	18,620.	150,652.	
	(ii)	0.	0.	0.	0.	0.	0.	
DAMETA MORMAN (REC 9/1/	(i)	21,229.	0.	333.	849.	3,103.	25,514.	
3 ^{CHIEF PHILANTHROPY OFFICER}	(ii)	106,146.	0.	1,667.	4,246.	15,517.	127,576.	
	(i)							
	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, QUESTION 3

ESTABLISHMENT OF COMPENSATION:

COMPENSATION IS REVIEWED AND ESTABLISHED BY KIWANIS INTERNATIONAL, A

RELATED ORGANIZATION.

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.

OMB No. 1545-0047

Ombox 2020

Open to Public Inspection

Employer identification number

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 organization

36-6072039

FORM 990, PART V, QUESTION 2A

KIWANIS INTERNATIONAL FOUNDATION

NUMBER OF EMPLOYEES REPORTED ON FORM W-3:

THE EMPLOYEES OF KIWANIS INTERNATIONAL FOUNDATION ARE PAID THROUGH A COMMON PAYMASTER.

FORM 990, PART VI, SECTION A, LINE 4

CHANGES TO THE ORGANIZATIONAL DOCUMENTS:

IN FEBRUARY 2021, THE ARTICLES WERE AMENDED FOR THE DESIGNATION OF OFFICERS SECTION. THIS SECTION WAS EXTENDED TO INCLUDE THAT THE BOARD ALSO MAY CREATE, APPOINT, AND DEFINE THE DUTIES OF SUCH OTHER OFFICERS AND AGENTS IT DEEMS ADVISABLE.

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

PROCESS TO REVIEW FORM 990:

THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990. ONCE THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM AND REVIEWED BY MANAGEMENT (EXECUTIVE DIRECTOR, CHIEF PHILANTHROPY OFFICER, CFO AND CONTROLLER), THE FINAL FORM IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL PRIOR TO FILING.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH C.O.I. POLICY:

EACH BOARD MEMBER IS REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND DISCLOSE CONFLICTS OF INTEREST ON A FORM SIGNED BY THEM. THESE CONFLICTS

ARE THEN CLOSELY MONITORED BY THE BOARD AND THE CHIEF PHILANTHROPY OFFICER. IF CONFLICTS ARISE, THE BOARD MEMBERS MUST DISCLOSE THE CONFLICT, AND ABSTAIN FROM DISCUSSION AND VOTING ON THE ITEMS IN WHICH THEY HAVE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A & 15B PROCESS TO REVIEW PRESIDENT, OFFICER, AND KEY EMPLOYEE COMPENSATION: A SALARY BAND FOR THE POSITIONS 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 BOARD OF TRUSTEES DETERMINES THE COMPENSATION BASED ON HOW THE INDIVIDUAL MEETS THE CRITERIA OF THE POSITION AND ON THE LEVEL OF PERFORMANCE OF THE DUTIES AND RESULTS ACHIEVED.

ALL POSITIONS HAVE A CORRESPONDING SALARY BAND DETERMINED SIMILARLY TO THE EXECUTIVE DIRECTOR BAND. THE EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL OF THE OFFICERS OR KEY EMPLOYEES BASED ON SIMILAR CRITERIA ESTABLISHED BY THE KIWANIS INTERNATIONAL HUMAN RESOURCES DEPARTMENT. THE MOST RECENT COMPENSATION REVIEW DATA WAS OBTAINED FROM OUTSIDE SOURCES PER THE HUMAN RESOURCES DEPARTMENT IN FEBRUARY 2021 WITH THE RESULTS DELIVERED TO KCF IN JULY 2021.

FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY AND FINANCIAL STATEMENTS: Name of the organization
KIWANIS INTERNATIONAL FOUNDATION

Employer identification number 36-6072039

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN PUBLISHED FORM. IN ADDITION, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE:

CURRENCY EXCHANGE & BAD DEBT LOSSES -3,965

CHANGES IN ANNUITIES PAYABLE -3,600

TOTAL -7,565

ATTACHMENT 1

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

THE ORGANIZATION PROVIDES GRANTS FOR THE ELIMINATE PROJECT (A

PARTNERSHIP WITH UNICEF) TO PROVIDE FUNDING TO REDUCE THE IMPACT THAT

MATERNAL AND NEONATAL TETANUS HAS ON THE GLOBAL COMMUNITY. IN

ADDITION, THE ORGANIZATION PROVIDES GRANTS FOR YOUTH SCHOLARSHIPS,

PROJECTS UNDERTAKEN BY KIWANIS FAMILY CLUBS THROUGHOUT THE WORLD THAT

HELP UNDERSERVED CHILDREN IN NEED. THE ORGANIZATION EXISTS TO SUPPORT

THE MISSION OF KIWANIS INTERNATIONAL, WHOSE MEMBERS PROVIDE MORE THAN

18.5 MILLION VOLUNTEER HOURS IN MORE THAN 150,000 SERVICE PROJECTS

(VALUED AT MORE THAN \$425 MILLION) AND RAISE MORE THAN \$100 MILLION

EVERY YEAR FOR COMMUNITIES, FAMILIES, AND PROJECTS.

ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BELGIUM

JAPAN

Name of the organization Employer identification number KIWANIS INTERNATIONAL FOUNDATION 36-6072039 ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

 $\mathtt{AL},\mathtt{AK},\mathtt{AR},\mathtt{CA},\mathtt{CO},\mathtt{CT},$

FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,

 \mathtt{MN} , \mathtt{MS} , \mathtt{MO} , \mathtt{NV} , \mathtt{NH} , \mathtt{NJ} , \mathtt{NM} , \mathtt{NY} , \mathtt{NC} , \mathtt{ND} , \mathtt{OH} , \mathtt{OK} , \mathtt{OR} , \mathtt{PA} ,

RI, SC, TN, UT, VA, WA, WV, WI,

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KIWANIS INTERNATIONAL FOUNDATION

36-6072039

(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 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) IN 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	g) 512(b)(13) rolled iity?
							Yes	No
(1) KIWANIS INTERNATIONAL	36-1327510							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	COMMUNITY SVC	IN	501(C)(4)		N/A		X
(2) KIWANIS YOUTH PROGRAMS	36-6072042							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	YOUTH EDUC	IN	501(C)(3)	7	N/A		X
(3) CIRCLE K INTERNATIONAL	01-0772160							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	YOUTH EDUC	IN	501(C)(4)		N/A		X
(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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3 Schedule R (Form 990) 2020

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	(-)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1р	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
					_		3.7
	Other transfer of cash or property to related organization(s)				1r	37	X
	Other transfer of cash or property from related organization(s).	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t			action thre		S	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	ıg
	·	type (a-s)		amou	ınt invo	olved	•
(1)	KIWANIS INTERNATIONAL	S	251,337.	CASH			
(1)	KIWANIS INTERNATIONAL	5	231,337.	CASII			
(2)	KIWANIS INTERNATIONAL	N, O	915,301.	CASH			
(-)			713,301.	011011			
(3)	KIWANIS INTERNATIONAL	P	2,854,629.	CASH			
(0)	······································		_, -, -,, -				
(4)	KIWANIS INTERNATIONAL	C	1,196.	CASH			

Schedule R (Form 990) 2020

(5)

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 sections 512 - 514)	Are all sec 501 organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(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 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Form **990-T**

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

		For cale	ndar year 2020 or other tax year beginning $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	2 1	2020
	rtment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		On an to Bublic Inspection for
Intern	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 to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.				yer identification number
		Duint	KIWANIS INTERNATIONAL FOUNDATION		5072039
_	empt under section	Print or			exemption number
X	501(C)(3)	Туре	3636 WOODVIEW TRACE	`	,
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		INDIANAPOLIS, IN 46268 F		Check box if an amended return.
	529(a) 529A	C Bool	k value of all assets at end of year $21,834,740$.		
	check organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust		pplicable reinsurance entity
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 24		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
K D	ouring the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶ Yes X No
			identifying number of the parent corporation		
L T	he books are in care	e of 🕨 I	ROBERT W. BRODERICK, CFO Telephone number ▶ 317-	-875-	8755
			3636 WOODVIEW TRACE		
			INDIANAPOLIS IN 46268		
Pa	rt I Total Unre	elated E	Business Taxable Income		
1			ness taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	
2	Reserved			2	
3					
4			see instructions for limitation rules)		
5			axable income before net operating losses. Subtract line 4 from line 3		0.
6	Deduction for net	operatin	g loss. See instructions	6	
7	Total of unrelat	ed busir	ness taxable income before specific deduction and section 199A deduction.		
8			ally \$1,000, but see instructions for exceptions)		
9	Trusts. Section 1	99A dedi	uction. See instructions	9	
10	Total deductions.	. Add line	s 8 and 9	10	
11	Unrelated busin	ess taxa	Ible income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Pa	rt				
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable	at trust	rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 fron	_	Tax rate schedule or Schedule D (Form 1041)	2	
3			s	3	
4			structions	4	
5			trusts only)	5	
6	Tax on noncomp	liant faci	lity income. See instructions	6	
7			6 to line 1 or 2, whichever applies	7	
For	Paperwork Reduct	ion Act N	Notice, see instructions.		Form 990-T (2020)

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Form 990-T (2020) Page **2**

FOIIII	990-1 (ZI	520)				·	raye Z
Par	t III	Tax and Payments					
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other o	redits (see instructions)	1b				
С	Genera	I business credit. Attach Form 3800 (see instructions)	1c				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total c	redits. Add lines 1a through 1d		1e			
2	Subtrac	ct line 1e from Part II, line 7		2			
3		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 880					
		Other (attach statement)		3			
4	Total ta	xx. Add lines 2 and 3 (see instructions). Check if includes tax previously	deferred under				
	section	1294. Enter tax amount here	.	. 4			0.
5	2020 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	4	5			
6 a	Paymei	nts: A 2019 overpayment credited to 2020	6a				
b	2020 e	stimated tax payments. Check if section 643(g) election applies	6b				
С	Tax dep	posited with Form 8868	6c				
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup	withholding (see instructions)	6e				
f	Credit f	or small employer health insurance premiums (attach Form 8941)	6f				
g	Other c	redits, adjustments, and payments: Form 2439					
	F	orm 4136 Other Total ▶	6g				
7	Total p	ayments. Add lines 6a through 6g		7			
8	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	▶└	8			
9	Tax du	e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		.▶ 9			
10	Overpa	yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	id	.▶ 10			
11	Enter th	e amount of line 10 you want: Credited to 2021 estimated tax	Refunded				
Par	t IV	Statements Regarding Certain Activities and Other Info	ormation (see instruc	tions)			
1	At any	time during the 2020 calendar year, did the organization have an in	nterest in or a signature	or other	authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country?	f "Yes," the organization	may hav	e to file		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	," enter the name of t	he foreigr	country		
		BELGIUM, JAPAN				X	
2	_	the tax year, did the organization receive a distribution from, or v	-				
	foreign	trust?			!		X
	,	" see instructions for other forms the organization may have to file.					
3	Enter th	ne amount of tax-exempt interest received or accrued during the tax year	▶\$				
4 a	Did the	organization change its method of accounting? (see instructions) $\ \ \ldots \ \ $!		X
b	If 4a	is "Yes," has the organization described the change on Form 990,	990-EZ, 990-PF, or Fo	rm 1128?	If "No,"		
		in Part V					<u> </u>
Par	t V	Supplemental Information					
Provi	de the ex	xplanation required by Part IV, line 4b. Also, provide any other additional inform	ation. See instructions.				
		SUPPLEMENTAL INFORMATION ATTACHED					
	<u> </u>						
0:	tr	nder penalties of perjury, I declare that I have examined this return, including accompanying so ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		he best of m	y knowledge	and bel	iet, it is
Sign		ROBERT W. BRODERICK 08/15/2022 CFO		May the	IRS discuss	this ı	return
Her					preparer sh		_ I
		ignature of officer Date Title Print/Type preparer's name Preparer's signature	Date	(see instructi	ons)? X Ye	es	No
Paid		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00/15/0000	heck L if	D010	7045	<i>,</i> =
	arer	L HODING TIP		elf-employed			
	Only	Firm's name ► FORVIS, LLP Firm's address ► 201 N. ILLINOIS STREET, INDIANAPOLIS		irm's EIN ►	44-016 17-383-4		
JSA	-	Firm's address ► ZUI IN. ILLINUIS SIREEI, INDIANAPULIS	, IN 40204 P	hone no. 31			
0X274	1 1.000				Form 99	9U-1	(2020)

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SUPPLEMENTAL INFORMATION DETAIL

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 $\S512(A)$) 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.