

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, *e.g.*, Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

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. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website 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.

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. 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.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availabilityrequirements

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

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

OMB No. 1545-0047

Inspection

Inter	nal Reve	enue Serv	vice		Go to w	ww.irs.gov/F	0111990 10	r instructions	and the late	est infor	mation.		Inspection
A F	or th	e 2021	calendar	year, or tax y	ear beginnin	g	1	0/01/2023	1 and ending	g		09	/30/2022
_			C Name of	organization							D Employer ide	ntifica	ation number
Bc	Check if a	pplicable:	KIWAN	NIS YOUTH	I PROGRA	MS, INC.							
	Addre			siness as							36-6072	2042	2
		e change	-	and street (or F	P.O. box if mail	is not delivered	to street add	dress)	Room/suite		E Telephone nu		
-	-	-						,			(217)0	75	0766
		return return/		WOODVIEW		, and ZID or for		ada			(317)8	/5-	8/55
	termi	nated					eign postal d	ode					
	Amer returi	n		ANAPOLIS,		68					G Gross receipts		4,465,913.
	_ Appli _ pend	cation ing	F Name ar	nd address of p	incipal officer:	STAN	SODER	STROM			H(a) Is this a gro subordinates		rn for Yes X No
			3636 V	WOODVIEW	TRACE,	INDIANAP	OLIS,	IN 46268			H(b) Are all subord	linates ir	ncluded? Yes No
I.	Tax-ex	empt st	atus: X	501(c)(3)	501(c)	() ┥ (ir	nsert no.)	4947(a)(1)) or 5	27	lf "No," a	ttach a	list. See instructions
J	Websi	ite: 🕨	WWW.KI	IWANIS.OF	G						H(c) Group exem	ption n	umber 🕨 1021
к	Form	of organ	nization: X	Corporation	Trust	Association	Other		L Year	of format	tion: 1946 M	State	of legal domicile: IN
	art I	-	immary										
	1			the organizati	on's mission	or most signi	ficant activ	itios: KTWA	NTS VOID	קם עי	OCRAMS IS	7	SUBSIDIARY OF
0	•		•	0		0							SUBSIDIARI OF
nc.											2 STUDENT	5	
rna	_					-					ADERSHIP.		
Governance	2				•		•	•			of its net asset	1 1	
Ğ	3											3	12
ŝ	4	Numb	per of indep	pendent voting	members c	f the governi	ng body (Pa	art VI, line 1b)				4	11
Activities &	5	Total	number of	individuals er	nployed in c	alendar year 2	021 (Part)	√, line 2a)				5	8
ţ	6	Total	number of	volunteers (es	timate if nec	essary)						6	204,917
Ac	7a	Total	unrelated b	ousiness rever	ue from Part							7a	
								e 11				7b	NONE
	~	itor ui					, r arc i, ini				Prior Year		Current Year
	8	Contri	ibutiona on	d granta (Dart	VIII line 1h						1,410,47	70	2,057,653.
ne	-												· · · · · · · · · · · · · · · · · · ·
Revenue	9										112,49		165,239.
Re	10										606,50	50.	211,418.
	11	Other	revenue (l	Part VIII, colu	mn (A), lines	5, 6d, 8c, 9c,	10c, and 1	1e)		-	N	ONE	NONE
	12	Total	revenue - a	add lines 8 th	ough 11 (mu	ust equal Part	VIII, colum	n (A), line 12)			2,129,53	34.	2,434,310.
	13	Grant	s and simil	lar amounts pa	aid (Part IX, c	olumn (A), lin	es 1-3) 🔒				1	50.	1,873.
	14	Benef	its paid to	or for member	s (Part IX, co	olumn (A), line	4)				N	ONE	NONE
Ś	15							A), lines 5-10)			629,09	97.	686,230.
Expenses	16a										N	ONE	NONE
bei	b			g expenses (Pa						•		-	-
ŵ	17										1,293,69	a	1,807,998.
								ne 25)			1,922,94		2,496,101.
			•		• •			,					
- 0	19	Rever	iue iess ex	penses. Subu	act line 18 fr	om line 12					206,58		-61,791.
Net Assets or Fund Balances										Begin	ning of Current		End of Year
sse sala	20			t X, line 16) .						•	3,444,94		3,152,519.
d R	21	Total	liabilities (F	Part X, line 26)						•	372,55	51.	946,022.
<u>z</u> ,	22	Net as	ssets or fu	nd balances.	Subtract line	21 from line 2	0				3,072,39	98.	2,206,497.
Pa	art II	Sig	gnature B	llock									
Un	der pe	nalties c	of perjury, I	declare that I h	ave examined	this return, inc	luding acco	mpanying schee	ules and state	ements, a	and to the best o	fmyl	knowledge and belief, it is
true	e, corre	ect, and	complete. D	eclaration of pre	eparer (other tr	nan officer) is ba	ased on all II	nformation of wh	nich preparer h	nas any ki	nowledge.		
											08/	15/3	2023
Sig	jn	Ī	Signature of	officer							Date	- /	
He	re			W. BRODE	יסדריג			CF	0				
				name and title	RICK			CF	0				
			Type prepar			Bronoror's	signaturo	-	Date				PTIN
Paid	ł					Preparer's					Check		
	parer	NIC	OLE B F	ISHBACK		TUCO	u p. 7	ishDack	08/1	5/202	3 self-employ		P01279475
	Only	Firm's	s name 🕨 🕨	FORVIS,	LLP						Firm's EIN 🕨	4	4-0160260
		Firm's	s address 🕨	201 N. 2	LLINOIS	STREET	INDIAN	APOLIS, I	IN 46204	:	Phone no.	3	17-383-4000
Ma	y the	IRS d	iscuss thi	s return with	the prepar	er shown al	oove? Se	e instructions		<u> </u>	<u></u>		. X Yes No
For	Pape	rwork	Reduction	Act Notice, s	see the sepa	rate instructio	ns.						Form 990 (2021)
	-				-								

KIWANIS YOUTH PROGRAMS, INC.	
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36-6072042

Form 990 (20	,			Page
Part III	Statement of Program Se	rvice Accomplishments ains a response or note to any line in this Part		x
Briefly	describe the organization's m			X
•	SCHEDULE O			
prior F		significant program services during the yea		the Yes X No
Did th	e organization cease cond	ucting, or make significant changes in h		
Descri expens	ses. Section 501(c)(3) and 5	Schedule O. Im service accomplishments for each of it i01(c)(4) organizations are required to repo Iny, for each program service reported.		
) (Expenses \$ GCHEDULE O	1,007,698. including grants of \$) (Revenue \$	263.)
-) (Expenses \$ SCHEDULE O	147,415. including grants of \$) (Revenue \$	41,866.)
c (Code: SEE S) (Expenses \$ SCHEDULE O	410,179. including grants of \$) (Revenue \$	123,110.)
d Other (Expen		n Schedule O.) SEE SCHEDULE O ing grants of \$ 1,873.) (Revenue	\$)	
e Total p	program service expenses ►	2,175,827.	,	
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Part	V Checklist of Required Schedules		I	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII.	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			- 21
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17		47		v
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
• -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
U	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u>X</u>
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		77
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			-
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
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 1a NONE			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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KIWANIS YOUTH PROGRAMS, INC.

Form 990 (2021)

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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 8			
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 e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
JSA		Form	990	(2021)
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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b bel	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	Э. See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on A. Governing Body and Management			
			Yes	No
1a		.2		
	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	.1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	ו 📃		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	;t		
	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir			
	one or more members of the governing body?	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g		
	the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		<i>.)</i> Yes	No
		40-		
	Did the organization have local chapters, branches, or affiliates?	10a	X	<u> </u>
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?		X X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	A	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	A	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e 12b	x	
	rise to conflicts?			<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,″ 12c	x	
	describe on Schedule O how this was done	13	X	<u> </u>
13	Did the organization have a written whistleblower policy?	14	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval b	-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		X	
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
a	Other officers or key employees of the organization	155		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	h		
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			x
L	with a taxable entity during the year?			
a	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IN ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99		tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	5 1 (300		51(0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	of inte	reet r	olicy
13	and financial statements available to the public during the tax year.	or mue	.031	, oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords 🕨		
	ANGELA CONNER 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268			
	317-875-8755	Form	990	(2021)
JSA 1E1042	1.000			,
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Page 7

Part VII	Compensation d	of Officers,	Directors,	Trustees,	ĸey	Employees,	Hignest	Compensated	Employees,	and
	Independent Con	ntractors								
		• • • • • • • • • •			·	Devision				

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

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

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

*(***^**)

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

				(C Posi						
(A) Name and title	(B) Average	(do r				e than o	one	(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	hours					is both		compensation	compensation	of other
	per week	office	er and	l a d	irect	or/trust	ee)	from the	from related	compensation
	(list any hours for	or .	Ins	Officer	Kej	Hic	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	Individual trustee or director	Institutional trustee	icer	Key employee	hest	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	ona		ploy	e or		,	,	
	below	uste	ltrus		ee	nper				
	dotted line)	õ	stee			Highest compensated employee				
						å				
(1) MICHELLE STUDY-CAMPBELL	20.00									
KYP EXECUTIVE DIRECTOR	20.00	Х		Х				57,605.	57,605.	24,632.
(2) KATRINA BARANKO	1.00									
DIRECTOR	7.00	Х						NONE	907.	NONE
(3) ALEXIS LANGERAK	1.00									
DIRECTOR	7.00	Х						NONE	NONE	NONE
(4) ARTHUR RILEY	1.00									
DIRECTOR	7.00	Х						NONE	NONE	NONE
(5) CHUCK FLETCHER	1.00	-								
DIRECTOR	7.00	Х						NONE	NONE	NONE
(6) DAN LEIKVOLD	1.00	-								
DIRECTOR	7.00	Х						NONE	NONE	NONE
(7) DONNA PARTON	1.00									
VICE CHAIR	7.00	Х		Х				NONE	NONE	NONE
(8) GARY COOPER	1.00									
DIRECTOR	7.00	Х						NONE	NONE	NONE
(9) GARY GRAHAM	1.00	-								
DIRECTOR	7.00	X						NONE	NONE	NONE
(10) GEORGE CADMAN	1.00	-								
CHAIR	7.00	X		Х				NONE	NONE	NONE
(11) KARIN CHURCH	1.00	-								
DIRECTOR	7.00	Х						NONE	NONE	NONE
(12) PAUL PALAZZOLO	1.00	-								
DIRECTOR	7.00	X						NONE	NONE	NONE
(13)										
(14)										

KIWANIS YOUTH PROGRAMS, INC.

Form 990 (2021) Part VII Section A. Officers, Directors, Tru	istees Ke	v Fm	nlo		26 2	and H	lial	hest Compensat	ed Employees	Page 8
(A)	(B)	у с п	ipic	<u>بالحور</u> ((ngi	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	Position (do not check more than o box, unless person is both officer and a director/trust					an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated
	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-MIS	C) from the organization and related organizations
		-								
1b Sub-total							►	57,605.	58,51	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		••	••	••			NONE 57,605.	NO 58,51	
 Total number of individuals (including but not reportable compensation from the organizatio) 	limited to t			d al		e) who	o re			21,032
· · · · ·										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ivid	ual	••	•••	••			3 X
4 For any individual listed on line 1a, is the organization and related organizations grand individual.	eater than	\$15	0,0	00?	lf	"Yes	s," (
 Did any person listed on line 1a receive or for services rendered to the organization? If "Y 	accrue co	mpen	sati	on f	from	n any	un			
Section B. Independent Contractors					-		1			
 Complete this table for your five highest com compensation from the organization. Report of year. 										
(A) Name and business add	lress							(B) Description of se	ervices	(C) Compensation
							-			
2 Total number of independent contractors (in	ncluding bu	ut not	: lin	nited	d to	thos	e li	sted above) who	received	

more than \$100,000 in compensation from the organization **>**

NONE

Form 990 (2021)

KIWANIS YOUTH PROGRAMS, INC. Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part \	/111		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŚŚ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1,864,493.				
פֿפֿ		Fundraising events		_,,				
Å,	c	-		60 702				
lar lar	d	Related organizations		60,792.				
s,	e	Government grants (contribu		132,312.				
50	f	All other contributions, gifts,	-					
het be		and similar amounts not include	d above - 1f	56.				
ĞË	g	Noncash contributions inclue	ded in					
ğğ		lines 1a-1f	1g	\$				
a c	h	Total. Add lines 1a-1f		<u> </u>	2,057,653.			
				Business Code				
e	2a	KEY LEADER FEES		561000	40,866.	40,866.		
۵. ۲	b	MISCELLANEOUS INCOME		900099	124,373.	124,373.		
2 Se								
E S	C							
Re	d							
Program Service Revenue	е							
<u>n</u>	f	All other program service rev		L				
	g	Total. Add lines 2a-2f			165,239.			
	3	Investment income (inclue	0 /	,				
		other similar amounts)		►	83,105.			83,105.
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	NONE			
	5	Royalties		<u> </u>	NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NONE	NONE				
	d 7a	Net rental income or (loss) .			NONE			
		Gross amount from	(i) Securities	(ii) Other				
	10							
		sales of assets						
		other than inventory 7a	2,159,916.					
Revenue	b	Less: cost or other basis						
/en		and sales expenses 7b	2,031,603.					
Ś	С	Gain or (loss) 7c	128,313.					
	d	Net gain or (loss)	<u></u>	<u></u>	128,313.			128,313.
Other	8a	Gross income from f	undraising					
0		events (not including \$	-					
		of contributions reported						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from fu		· >	NONE			
			-					
	9a	Gross income from	gaming	NONE				
		activities. See Part IV, line 19						
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from g	aming activities.	<u></u> ►	NONE			
	10a	Gross sales of invente						
		returns and allowances	<u>10a</u>	NONE				
	b	Less: cost of goods sold	10b	NONE				
	С	Net income or (loss) from sa	les of inventory	<u></u>	NONE			
S				Business Code				
e e	11a							
ane	b							
ell: ÿe								
Miscellaneous Revenue	c b	All other revenue						
Ξ	d	Total. Add lines 11a-11d		L	NONE			
	<u>е</u> 12	Total revenue. See instruction				165 000		211 410
	14	i Jiai revenue. See mstructio		••••	2,434,310.	165,239.		211,418.

Part IX Statement of Functional Expenses

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	1,873.	1,873.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	74,776.	60,524.	14,252.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	426,127.	344,911.	81,216.	
8 Pension plan accruals and contributions (include	19,386.	15,630.	3,756.	
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	129,592.	104,812.	24,780.	
0 Payroll taxes	36,349.	29,289.	7,060.	
1 Fees for services (nonemployees):				
a Management	586,992.	495,996.	90,996.	
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	13,988.		13,988.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	140,913.	127,042.	13,871.	
12 Advertising and promotion	30,709.	30,062.	647.	
3 Office expenses	59,548.	56,376.	3,172.	
4 Information technology	83,122.	81,617.	1,505.	
I 5 Royalties	NONE			
6 Occupancy	700.	700.		
7 Travel	214,813.	157,942.	56,871.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	345,533.	337,373.	8,160.	
0 Interest	NONE			
1 Payments to affiliates	NONE			
2 Depreciation, depletion, and amortization	NONE			
3 Insurance	NONE			
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP MATERIALS & LIT.	331,680.	331,680.		
b				
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	2,496,101.	2,175,827.	320,274.	NOI
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	T	T		
from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

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following SOP 98-2 (ASC 958-720)

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orm 90	KIWANIS YOUTH PROGRAMS, INC. 0 (2021)		36-6	5072042 Page 11
Part				
	Check if Schedule O contains a response or note to any line in this Pa	irt X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	134,068.	1	194,991
	2 Savings and temporary cash investments	NONE	2	NON
3	B Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	26,584.	4	806,927
5	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	NONE	5	NON
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).	NONE	6	NON
ts Its	Notes and loans receivable, net	NONE	7	NON
ssets	Inventories for sale or use	NONE	8	NON
ې ¦ک	Prepaid expenses and deferred charges	13,871.	9	186,988
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	3,270,426.	12	1,963,613
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,444,949.	16	3,152,519.
17	Accounts payable and accrued expenses	240,239.	17	946,022
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20		NONE	20	NON
21	, ,	NONE	21	NON
ຮູ 22				
Ē	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	NONE	22	NON
- 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24		132,312.	24	NON
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26		372,551.	26	946,022
lces	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>la</u> 27	Net assets without donor restrictions	3,027,648.	27	2,174,214
<u>n</u> 28		44,750.	28	32,283
Net Assets or Fund Balances	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ک 29			29	
30 ets	· · · · · · ·		30	
SS 31			31	
ta 32		3,072,398.	32	2,206,497
ž 33		3,444,949.	33	3,152,519.
		-,,// -//		Form 990 (2021)

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- ----**T 3 T C**

		J/Z04	2			4.0
-	90 (2021)				Pa	ige 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				310
2	Total expenses (must equal Part IX, column (A), line 25)	2				101
3	Revenue less expenses. Subtract line 2 from line 1	3				791
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>3,0</u>	72,	<u>398</u>
5	Net unrealized gains (losses) on investments	5		-8	04,	110
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,2	06,	497.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.					
	i i				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	on			
	Schedule O.	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
24	If "Yes," check a box below to indicate whether the financial statements for the year were co					
	reviewed on a separate basis, consolidated basis, or both:	mplied				
	Separate basis Consolidated basis Both consolidated and separate basis					
h				2b	х	
a	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were au			2.0		
	separate basis, consolidated basis, or both:		a			
	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 o	-		2c	x	
	the audit, review, or compilation of its financial statements and selection of an independent account to the approximation of the terror of terror o			20		
	If the organization changed either its oversight process or selection process during the tax year,	explain	un			
•	Schedule O.		.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f			3a		x
	Single Audit Act and OMB Circular A-133?			Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	•		3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	auulis 🛛		วม		

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

inten		venue Service		,					Inspection
Nam	e of ti	ne organization							fication number
1		IS YOUTH P							5072042
Pa				· ·	organizations must			,	iS.
	orga		•		is: (For lines 1 through the second	-	•	,	
1 2	\square				tion of churches desc			70(D)(1)(A)(I).	
2	—				. (Attach Schedule E rganization described	-		(1)(A)(iii)	
4	\vdash	-		-	conjunction with a host				Viii) Enter the
-		hospital's nan	-	-		opital do			
5			-		a college or universit	tv owned	d or ope	rated by a governm	ental unit described in
		-	-	Complete Part II.)	<u> </u>				
6		-			rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organizati	on that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fi	rom the general public
		described in s	section 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9		-		-	ed in section 170(b)(1		-	-	
		=	or a non-land-	grant college of ag	griculture (see instruct	tions). Ei	nter the i	name, city, and state o	of the college or
		university:			(I		,		
10		receipts from support from acquired by th	activities rela gross investm ne organizatio	ited to its exempt f nent income and up on after June 30, 1	pre than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (C	ceptions ome (less Complete	s; and (2) no more tha s section 511 tax) fron e Part III.)	an 331/3 % of its
11	Щ	•	•		usively to test for publi				
12		-	-	-	-	-			rry out the purposes of
		•	• • • •	•	es the type of suppor				ction 509(a)(3). Check
_			-					-	-
а					, supervised, or contr regularly appoint or e	-			
			-		e Part IV, Sections A		ajonty of		
b			-		ed or controlled in co		with its	supported organizat	ion(s) by having
				-	rganization vested in				
			-		, Sections A and C.				
с		-		-	ng organization opera	ated in co	onnectio	n with, and functiona	ally integrated with,
	_	_ its supporte	d organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		_ Type III nor	n-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppo	rted organization(s)
		that is not fu	unctionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement ar	id an attentiveness
					omplete Part IV, Sect				
е					a written determinatio				II, Type III
	Γ	•	-	•••	ionally integrated sup	porting o	organizat	ion.	
t a				l organizations	orted organization(s).				•••••
g		ame of supported	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	() !	ame of supported	organization		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	docur Yes	ment? No	instructions)	instructions)
						103			
(A)									
(B)									
									-
(C)									
(D)									
(E)									
Tota	d l								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,958,522.	2,370,192.	2,139,400.	1,410,479.	2,057,653.	9,936,246.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,958,522.	2,370,192.	2,139,400.	1,410,479.	2,057,653.	9,936,246.
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).						NONE
6	Public support. Subtract line 5 from line 4						9,936,246.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,958,522.	2,370,192.	2,139,400.	1,410,479.	2,057,653.	9,936,246.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,274.	62,137.	49,163.	55,343.	83,105.	316,022.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						10,252,268.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,733,165.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup	oort Percenta	ge			1	
14	Public support percentage for 2021 (lin		· ·			14	96.92 %
15	Public support percentage from 2020					15	97.08 %
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			•	•		
h	organization						
D		-					
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-	
	organization			-	-		
18	Private foundation. If the organizatio						
	instructions						
							<u> </u>

Schedule A (Form 990) 2021

Page 3

Schedule	А	(Form	990)	202

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
b	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b Public support. (Subtract line 7c from						
8							
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	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 fo	-			•		
	organization, check this box and stop here						<u></u> ▶
	tion C. Computation of Public Sup	•		(1)			
15	Public support percentage for 2021 (line 8					15	%
$\frac{16}{800}$	Public support percentage from 2020 Scho			<u></u>		16	%
	tion D. Computation of Investmen			10. eel:		47	0/
17	Investment income percentage for 2021 (li					17	<u>%</u>
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the o	-					
L	17 is not more than 331/3%, check thi	-	-	•			
a	331/3% support tests - 2020. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
20 JSA		and not offerra		,	, опоок ина ро		A (Form 990) 2021
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	tions).	
а	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 in	struction	ıs).
•		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(c) to which the organization was responsive? If "Yea" then in Part II identify		

the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
those supported organizations and explain how these activities directly furthered their exempt purposes,
how the organization was responsive to those supported organizations, and how the organization determined
that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **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.*

Schedule A (Form 990) 2021

2a

2b

3a

3b

1

2

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Sch	edule A (Form 990) 2021			Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1				in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	•		,
Se	ection 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		
_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection 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		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5		5		
		6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1		1		
2		2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	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		
		Iller had a corre	(

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	· · · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

KIWANIS YOUTH PROG	RAMS, INC.	36-6072042
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pr	ivate foundation
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

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	8 (Form 990) (2021)		Page 2
Name of c	organization KIWANIS YOUTH PROGRAMS, INC.		Employer identification number 36-6072042
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$132,312.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$60,792.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	(Form 990) (2021)		Page
lame of or	rganization		lentification number
	KIWANIS YOUTH PROGRAMS, INC.	•	-6072042
Part II	Noncash Property (see instructions). Use duplicate copies	or Part II if additional space is ne	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		Φ	
(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
		 \$	
		V	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Name of org	(Form 990) (2021)			Page · Employer identification number
vanie or org	KIWANIS YOUTH PROGRAM	S. INC.		36-6072042
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	, contributions to o the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee
ISA				Schedule B (Form 990) (202

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SCHEE	DULE D
(Form	990)

Department of the Treasury

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.

20 **Open to Public**

OMB No. 1545-0047

Interr	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and	d the latest inform		Inspection
Name	e of the organization				Employer identifi	cation number
-	NANIS YOUTH PR				36-607	2042
Pa	-	tions Maintaining Donor Adv			Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part	t IV, line 6.		
			(a) Donor advised for	unds	(b) Funds ar	nd other accounts
1	Total number at e	and of year				
2	Aggregate value of	of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor	-			
	•	anization's property, subject to the	•	•		
6	-	ion inform all grantees, donors, a				
		e purposes and not for the bene				
		nissible private benefit?				. Yes No
Ра		ation Easements.	"Voo" on Form 000 Dari	t IV/ line 7		
1		e if the organization answered				
1		nservation easements held by the on of land for public use (for example			f a biatariaallu i	magneticational area
		of natural habitat	e, recreation or education)		of a certified his	mportant land area
		on of open space		Freservation	a certineu nis	
2		a through 2d if the organization h	eld a qualified conservation	contribution in	the form of a co	nservation
2		last day of the tax year.				he End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easement			2b	
c		rvation easements on a certified			2c	
d		rvation easements included in (
-		listed in the National Register			2d	
3		ervation easements modified, tra			nated by the or	aanization during the
	tax year 🕨				,	0 0
4	Number of states	where property subject to conse	rvation easement is located	▶		
5		zation have a written policy reg				:
		forcement of the conservation ea				Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations	, and enforcing o	conservation ease	ements during the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, a	and enforcing co	nservation ease	ments during the year
	▶\$					
8	Does each conser	vation easement reported on line	2(d) above satisfy the requir	ements of sectio	on 170(h)(4)(B)(i	
	and section 170(h	n)(4)(B)(ii)?				. 🗌 Yes 🔛 No
9	In Part XIII, descr	ibe how the organization reports	conservation easements in	its revenue and	expense statem	
	•	id include, if applicable, the text of	5	ization's financia	al statements that	at describes the
		counting for conservation easeme		•	<u></u>	
Ра		tions Maintaining Collections e if the organization answered			Similar Asset	S.
	•					
1a	If the organization of art, historical	n elected, as permitted under FA treasures, or other similar asse n Part XIII the text of the footnote	ASB ASC 958, not to report ts held for public exhibitions	rt in its revenue on, education, (e statement and or research in	balance sheet works furtherance of public
b		n elected, as permitted under F				alance sheet works of
D	art, historical trea provide the follow	sures, or other similar assets he ring amounts relating to these ite	ld for public exhibition, ed ms:	ucation, or rese	arch in furthera	nce of public service,
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			►	\$
	(ii) Assets include	ed in Form 990, Part X			►	\$
2	If the organizatio	on received or held works of a	rt, historical treasures, or	other similar a	ssets for finance	cial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to th	iese items:		
а	Revenue included	I on Form 990, Part VIII, line 1				\$
b	Assets included in	n Form 990, Part X.			🏲	\$

Schedule D (Form 990) 2021

		WANIS YOUT						6072042	Page 2
Ра	rt III Organizations Maintain							•	
3	Using the organization's acquisiti collection items (check all that app				-		-	gnificant us	e of its
a	Public exhibition		d		or exchan				
b	Scholarly research		е	Other	•				
C	Preservation for future gene								
4	Provide a description of the orga	inization's colle	ections and	explain how	they furth	er the or	ganization's exem	pt purpose	in Part
_	XIII.								
5	During the year, did the organizati								
De	assets to be sold to raise funds rat rt IV Escrow and Custodial			as part of the	organizati	ons colle	cuon?	Yes	No
Гa	rt IV Escrow and Custodial A Complete if the organiz			Form 990	Part IV lir	ne 9 or r	eported an amo	unt on Forr	n
12	990, Part X, line 21. Is the organization an agent, true								
Ia	included on Form 990, Part X?			-				Yes	No
h	If "Yes," explain the arrangement							165	
				le fellewing te			Amou	nt	
с	Beginning balance				1	c	7.1100		
	Additions during the year					d			
e	Distributions during the year					e			
f	Ending balance					f			
2a	Did the organization include an ar						account liability?	Yes	No
	If "Yes," explain the arrangement								
	rt V Endowment Funds.								
	Complete if the organiz	ation answer	ed "Yes" on	Form 990,	Part IV, lir	ne 10.			
		(a) Current y	ear (k) Prior year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses	L							
g	End of year balance								
2	Provide the estimated percentage			alance (line 1g	ı, column (a	a)) held as	:		
а	Board designated or quasi-endown		%						
b	Permanent endowment								
С	Term endowment	_%							
•	The percentages on lines 2a, 2b,						the second form the s		
3a	Are there endowment funds not in	the possession	on of the org	anization that	are neid a	and admi	histered for the	Ye	s No
	organization by: (i) Unrelated organizations							3a(i)	3 110
	(ii) Related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the relation							3b	
4	Describe in Part XIII the intended	•							
	rt VI Land, Buildings, and Eg		ganization 3	endowment it	1103.				
	Complete if the organiz	zation answer				1			
	Description of property	(a)	Cost or other ba (investment)		or other basis		cumulated reciation	(d) Book value	
1a	Land		,,		,				
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Tota	I. Add lines 1a through 1e. (Colum		al Form 990,	Part X, colun	nn (B), line	10c.)			

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.			
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
	ESTMENTS HELD BY KIWANIS	1,963,613.	FMV	
	ERNATIONAL ON BEHALF OF			
,	ANIS YOUTH PROGRAMS			
(D)				
(E) (F)				
(G)				
(C) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	1,963,613.		
Part VIII	Investments - Program Related.	1,000,010.		
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	on:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered), Part IV, line 11d. See Form 990,	
	(a) De	scription		(b) Book value
<u>(1)</u>				
(2)				
<u>(3)</u>				
<u>(4)</u> (5)				
(5) (6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.	,		
	Complete if the organization answered line 25.	1 "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the s liability for uncertain tax positions under FASB			

JSA 1E1270 1.000 3319DF D310 07/13/2023 09:48:00

Schedu	IN A KIWANIS YOUTH PROGRAMS, INC.	36-	-6072042 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,616,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a804,110.		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-804,110.
3	Subtract line 2e from line 1	3	2,420,322.
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		
b	Other (Describe in Part XIII.) 4b	1	
c	Add lines 4a and 4b	4c	13,988.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,434,310.
Part	NUL Descentilistics of Emergence and Audited Einstein Otetem at Mith Emergence and Date		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	2,482,113.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		2,482,113.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2,482,113.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		2,482,113.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments		2,482,113.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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		2,482,113.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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 Part XIII.)		2,482,113.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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 Part XIII.) Add lines 2a through 2d	1	2,482,113.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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 Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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 Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 d c 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a13, 988.	1 2e	
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 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 losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	1 2e	
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a13,988.4b	1 2e 3	2,482,113.

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

SEE SUPPLEMENTAL PAGE

Page 5

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.

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

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.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3:

THE EMPLOYEES OF KIWANIS YOUTH PROGRAMS, INC. ARE PAID THROUGH A COMMON

PAYMASTER AND REPORTED BY KIWANIS INTERNATIONAL ON ITS FORM W-3.

FORM 990, PART VI, SECTION A, LINE 6

CLASSES OF MEMBERS AND STOCKHOLDERS:

THE SOLE MEMBER IS KIWANIS INTERNATIONAL.

FORM 990, PART VI, SECTION A, LINE 7A

VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS:

KIWANIS INTERNATIONAL IS THE ONLY MEMBER OF THE GOVERNING BODY OF KIWANIS YOUTH PROGRAMS. THE COMPOSITION OF THE BOARD OF KIWANIS YOUTH PROGRAMS IS DETERMINED BY THE KIWANIS INTERNATIONAL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 8B

DOCUMENT MEETINGS BY COMMITTEES ACTING ON BEHALF OF GOVERNING BODY:

THIS QUESTION DOES NOT APPLY TO THE ORGANIZATION BECAUSE THE ORGANIZATION DOES NOT HAVE ANY BOARD COMMITTEES. THE ENTIRE BOARD MEETS TO MAKE THE DECISIONS OF THE ORGANIZATION.

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

PROCESS TO REVIEW FORM 990:

TAX RETURN IS COMPILED BY THE KIWANIS INTERNATIONAL (KI) CONTROLLER, COMPLETED BY OUR INDEPENDENT TAX ADVISOR, AND IS REVIEWED BY THE KIWANIS YOUTH PROGRAMS EXECUTIVE DIRECTOR, KEY CLUB MANAGER, OPERATIONS DIRECTOR, KI CFO, AND THE EXECUTIVE DIRECTOR OF KIWANIS INTERNATIONAL AT THE TIME IT IS FINALIZED AND FILED WITH THE IRS. THE BOARD OF DIRECTORS FOR KIWANIS YOUTH PROGRAMS RECEIVES AN EMAIL OF THE FORM 990 PRIOR TO IT

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

KIWANIS YOUTH PROGRAMS, INC.

BEING FILED WITH THE IRS.

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

MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY: THE KIWANIS INTERNATIONAL, INC. CONFLICT OF INTEREST POLICY GOVERNS THE KIWANIS YOUTH PROGRAM ORGANIZATION. THE FOLLOWING IS KIWANIS INTERNATIONAL'S CONFLICT OF INTEREST POLICY: THE BOARD OF DIRECTOR ACTIVITIES AND BOARD MEETINGS DURING THE YEAR ARE REVIEWED AND MONITORED BY THE CHIEF OPERATING OFFICER AND THE EXECUTIVE DIRECTOR OF KIWANIS INTERNATIONAL. ALL BOARD OF DIRECTOR MEMBERS ARE REQUIRED TO SIGN A FORM ANNUALLY INDICATING THAT THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. DOCUMENTS ARE MAINTAINED IN THE HUMAN RESOURCE OFFICE. ALL BOARD MEMBERS ARE REQUIRED TO READ THE POLICY AND DISCLOSE CONFLICTS OF INTEREST. IF A CONFLICT DOES ARISE, A BOARD MEMBER WILL ABSTAIN FROM DISCUSSION AND VOTING ON SUCH AGENDA ITEMS THAT THEY HAVE CONFLICTS WITH.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

PROCESS TO REVIEW PRESIDENT, OFFICER, AND KEY EMPLOYEE COMPENSATION: A SALARY BAND FOR THE POSITION IS CREATED THAT REFLECTS COMPENSATION BASED UPON LEVEL OF DUTIES, RESPONSIBILITIES, EXPERIENTIAL REQUIREMENTS, AND SPECIFIC TRAINING OR SKILLS ALONG WITH A COMPARISON TO EQUIVALENT POSITIONS TAKING INTO ACCOUNT THE DEMOGRAPHICS OF THE LOCATION OF THE POSITION. ALL POSITIONS HAVE A CORRESPONDING SALARY BAND DETERMINED SIMILARLY. THE KIWANIS INTERNATIONAL EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL EMPLOYEES BASED ON SIMILAR CRITERIA. THE REVIEW IS PERFORMED ANNUALLY WITH THAT LAST ONE PERFORMED IN FEBRUARY 2021 AND COORDINATED BY THE DIRECTOR OF OPERATIONS (HUMAN RESOURCES) OF KIWANIS

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWI	v.irs.gov/form990. Inspection
Name of the organization		Employer identification number
KIWANIS YOUTH PROC	GRAMS, INC.	36-6072042

INTERNATIONAL. THE RESULTS OF THE COMPENSATION REVIEW WERE DELIVERED TO

THE ORGANIZATION IN JULY 2021.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY, & FINANCIAL STATEMENTS: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE VIA MAIL UPON REQUEST. THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE.

Schedule O (Form 990 or 990-EZ) 2021	Page
Name of the organization	Employer identification number
KIWANIS YOUTH PROGRAMS, INC.	36-6072042

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

KIWANIS YOUTH PROGRAMS IS A SUBSIDIARY OF KIWANIS INTERNATIONAL AND EXISTS TO DELIVER PROGRAMS FOR K-12 STUDENTS TO PROVIDE COMMUNITY SERVICE, BUILD CHARACTER AND DEVELOP LEADERSHIP. KIWANIS YOUTH PROGRAMS (KYP) PRIDES ITSELF ON PROVIDING MORE THAN 12 MILLION HOURS OF SERVICE TO THEIR HOMES, SCHOOLS, AND COMMUNITIES. PROJECTS RANGE FROM ASSISTING SHUT-INS TO TUTORING ELEMENTARY SCHOOL STUDENTS. THE ORGANIZATION PARTNERS WITH THE US FUND FOR UNICEF DURING HALLOWEEN FOR THE ANNUAL TRICK-OR-TREAT FOR UNICEF WHICH ANNUALLY BRINGS MORE THAN \$250,000. KYP PARTNERS WITH CHILDREN'S MIRACLE NETWORK AND MARCH OF DIMES AS WELL TO PROVIDE SERVICE TO YOUNG CHILDREN. BRANDS AND PROGRAMS THAT ARE PART OF KYP INCLUDE: KEY CLUB (FOR HIGH SCHOOL STUDENTS), BUILDERS CLUB (FOR MIDDLE SCHOOL STUDENTS), K-KIDS (FOR ELEMENTARY SCHOOL STUDENTS), AND KEY LEADER (HIGH SCHOOL LEADERSHIP WORKSHOP).

Name of the organizationEmployer identification numberKIWANIS YOUTH PROGRAMS, INC.36-6072042

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

KEY CLUB INTERNATIONAL (KCI) - A MAJOR FOCUS OF KIWANIS YOUTH PROGRAMS (KYP) IS LEADERSHIP EDUCATION AND DEVELOPMENT FOR STUDENTS IN HIGH SCHOOL. THROUGH THE MANY EFFORTS OF STAFF, THE TRAINING MEETINGS, AND THE EDUCATIONAL MATERIALS PRODUCED, THE STUDENTS ARE PROVIDED AN OPPORTUNITY TO LEARN LIFE-LONG SERVICE LEADERSHIP SKILLS. MEMBERS OF KCI LEARN SUCH SKILLS BY PARTICIPATING IN LEADERSHIP WORKSHOPS AND SEMINARS, PERFORMING COMMUNITY SERVICE ACTIVITIES THROUGH THEIR LOCAL KCI CLUB AND SPONSORING KIWANIS CLUB, LEADING THE ORGANIZATION ON A MEMBER-ELECTED BOARD, WORKING AS OFFICERS AND MEMBERS OF THEIR LOCAL KEY CLUB CLUBS, WORKING WITH OTHER ADULTS IN SPONSORING KIWANIS CLUBS, AND RECEIVING LEADERSHIP AND SERVICE MATERIALS PROVIDED BY THE INTERNATIONAL ORGANIZATION. MANY MATERIALS AND EDUCATION MEETINGS HELP TO WALK STUDENTS THROUGH THE STEPS OF SERVICE LEADERSHIP IN ORDER TO ENVISION, ENLIST, EMBODY, EMPOWER, EVALUATE, AND ENCOURAGE. STUDENTS LEARN THAT TRUE LEADERSHIP IS BASED ON SERVANT LEADERSHIP, WHICH REQUIRES LEADERS TO PUT THE NEEDS OF OTHERS FIRST, AND TO REALIZE THAT NO MATTER WHETHER OR NOT YOU HAVE A TITLE, THERE IS ALWAYS A NEED FOR SERVICE TO ONE ANOTHER AND TO THE WORLD. MANY KCI PROGRAMS TAKE MEMBERS OF KCI THROUGH ACTIVITIES AND SERVICE PROJECTS TOGETHER - GAINING HANDS-ON EXPERIENCE WITH OTHER SERVICE-MINDED ADULTS. KCI CONTINUES TO BE THE LEADING ORGANIZATION IN YOUTH DEVELOPMENT IN HIGH SCHOOLS AND A LARGE PORTION OF THAT DEVELOPMENT IS THE CREATION AND DISTRIBUTION OF LEADERSHIP HANDBOOKS AND MANUALS. KCI PROVIDES A LEADERSHIP GUIDE FOR ALL OFFICERS OF EACH OF THEIR CLUBS AS WELL AS ADDITIONAL RESOURCES THAT HELP WITH PRODUCING SUCCESSFUL MEETINGS AND COMMUNITY AND SCHOOL SERVICE PROJECTS. IN ADDITION, KCI PUBLISHES OTHER MATERIALS DURING THE YEAR FOR ALL OF ITS MEMBERS THAT CONTAINS EDUCATIONAL MATERIAL ON THE IMPORTANCE OF SERVICE LEADERSHIP AND PERFORMING CHARITABLE SERVICE TO THE LOCAL AND GLOBAL COMMUNITIES.

LINE 4B, PROGRAM SERVICE

KEY LEADER (KL) - ANOTHER FOCUS OF KIWANIS YOUTH PROGRAMS (KYP) IS LEADERSHIP EDUCATION AND DEVELOPMENT EXPERIENTIAL WORKSHOP FOR HIGH SCHOOL STUDENTS. ATTENDANCE IS OPEN TO ANY INTERESTED HIGH SCHOOL STUDENT THAT PAYS THE APPLICABLE REGISTRATION FEE. MOST ATTENDEES Page **2**

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Schedule O (Form 990 or 990-EZ) 2021		Page
Name of the organization	Employer identification number	
KIWANIS YOUTH PROGRAMS, INC.	36-6072042	

FORM 990, PART III - PROGRAM SERVICE

ARE MEMBERS OF KEY CLUB. THROUGH THIS WORKSHOP, THE INSTRUCTION GIVEN AND THE EDUCATIONAL MATERIALS PROVIDED, THE STUDENTS ARE PROVIDED AN OPPORTUNITY TO LEARN LIFE-LONG SERVICE LEADERSHIP SKILLS IN A WEEKEND CAMP SETTING. ATTENDEES OF KL LEARN SUCH SKILLS BY PERFORMING ACTIVITIES AT THESE LEADERSHIP WORKSHOPS. ATTENDEES ARE SPONSORED BY LOCAL KIWANIS CLUBS, KIWANIS DISTRICTS, SCHOOLS, OR PARENTS. THE WORKSHOPS ARE PROFESSIONALLY-LED AND ALLOW ATTENDEES THE OPPORTUNITY TO ENGAGE IN ACTIVITIES THAT PROMOTE LEADERSHIP, SELF-ESTEEM AND TEAM BUILDING. EACH WORKSHOP IS ADULT-LED AND SUPERVISED. MEMBERS OF THE LOCAL KIWANIS CLUBS AND HOSTING KIWANIS DISTRICT SUPPORT THE WORKSHOP WITH CHAPERONES AND FUNDS. EDUCATIONAL MATERIALS ARE PROVIDED TO ALL ATTENDEES TO BE USED DURING THE WEEKEND AND ALSO AS A REFERENCE UPON COMPLETION OF THE EVENT.

LINE 4C, PROGRAM SERVICE

INTERNATIONAL CONVENTION - THE ANNUAL KEY CLUB INTERNATIONAL (KCI) CONVENTION TAKES PLACE IN VARIOUS LOCATIONS FROM YEAR-TO-YEAR. IT BRINGS TOGETHER AS MANY AS 1,500 YOUNG ADULTS FROM ALL OVER THE GLOBE TO LEARN SERVICE AND SOCIAL SKILLS FROM OTHER MEMBERS. IT ALLOWS THE MEMBERS AN OPPORTUNITY TO MEET PEOPLE FROM OTHER CITIES, STATES, AND COUNTRIES WITHIN THE KCI ORGANIZATION, TO CELEBRATE THEIR ACCOMPLISHMENTS FROM THE PAST YEAR AND TO FOCUS ON THE FUTURE SERVICE GOALS OF THE ORGANIZATION. WORKSHOPS AND OTHER TRAINING SESSIONS ARE CONDUCTED TO TRAIN THE MEMBERS ON SERVICE LEADERSHIP OPPORTUNITIES AND LEADERSHIP DEVELOPMENT. IN ADDITION, THE STUDENT LEADERSHIP OF THE ORGANIZATION (BOARD OF DIRECTORS) IS ELECTED DURING THIS ANNUAL MEETING AND LEGISLATIVE SESSIONS TAKE PLACE TO MAKE CHANGES TO THE KEY CLUB INTERNATIONAL BYLAWS, WHICH ARE SUBSEQUENTLY RATIFIED BY THE ADULT KIWANIS YOUTH PROGRAMS BOARD OF DIRECTORS.

Name of the organization	Employer identification number
KIWANIS YOUTH PROGRAMS, INC.	36-6072042

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES _____

DESCRIPTION	GRANTS	EXPENSES	REVENUE
BUILDERS CLUB (BC) AND K-KIDS (KK) -	1,873.	610,535.	

ANOTHER FOCUS OF KIWANIS YOUTH PROGRAMS (KYP) IS LEADERSHIP EDUCATION AND DEVELOPMENT FOR STUDENTS IN MIDDLE SCHOOL (BUILDERS CLUB) AND ELEMENTARY SCHOOLS (K-KIDS). THROUGH THE MANY EFFORTS OF STAFF, THE TRAINING MEETINGS, AND THE EDUCATIONAL MATERIALS PRODUCED, THE STUDENTS ARE PROVIDED AN OPPORTUNITY TO LEARN LIFE-LONG SERVICE LEADERSHIP SKILLS. MEMBERS OF BUILDERS CLUB (BC) AND K-KIDS (KK) LEARN SUCH SKILLS BY PERFORMING COMMUNITY SERVICE ACTIVITIES THROUGH THEIR LOCAL CLUBS AND SPONSORING KIWANIS CLUB, WORKING AS OFFICERS AND MEMBERS OF THEIR LOCAL CLUBS, WORKING WITH OTHER ADULTS IN SPONSORING KIWANIS CLUBS, AND RECEIVING LEADERSHIP AND SERVICE MATERIALS PROVIDED BY THE INTERNATIONAL ORGANIZATION. MANY MATERIALS AND EDUCATION MEETINGS HELP TO WALK STUDENTS THROUGH THE STEPS OF SERVICE LEADERSHIP IN ORDER TO ENVISION, ENLIST, EMBODY, EMPOWER, EVALUATE, AND ENCOURAGE STUDENTS THAT TRUE LEADERSHIP IS BASED ON SERVANT LEADERSHIP, WHICH REQUIRES LEADERS TO PUT THE NEEDS OF OTHERS FIRST, AND TO REALIZE THAT NO MATTER WHETHER OR NOT YOU HAVE A TITLE, THERE IS ALWAYS A NEED FOR SERVICE TO ONE ANOTHER AND TO THE WORLD. MANY BC AND KK PROGRAMS TAKE MEMBERS THROUGH ACTIVITIES AND SERVICE PROJECTS TOGETHER - GAINING HANDS-ON EXPERIENCE WITH OTHER SERVICE-MINDED ADULTS. BC AND KK CONTINUES TO BE A LEADING ORGANIZATION IN YOUTH DEVELOPMENT IN MIDDLE SCHOOLS AND ELEMENTARY SCHOOLS AND A LARGE PORTION OF THAT DEVELOPMENT IS THE CREATION AND DISTRIBUTION OF HANDBOOKS AND MANUALS. BC AND KK PROVIDES A MEMBER HANDBOOK AND GUIDE FOR ALL OFFICERS OF EACH OF THEIR CLUBS AS

1,873.

Schedule O (Form 990 or 990-EZ) 2021

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization			Employer iden	tification number
KIWANIS YOUTH PROGRAMS, INC.		36-6072042		
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	ERVICES			
	======			
DESCRIPTION	GRANTS	EXPE	NSES	REVENUE
WELL AS ADDITIONAL RESOURCES THAT HELP				
WITH PRODUCING SUCCESSFUL MEETINGS AND				
COMMUNITY AND SCHOOL SERVICE PROJECTS.				
ALL MATERIALS DISTRIBUTED TO MEMBERS				
HAVE THE PURPOSE TO EDUCATE MEMBERS ON				
THE IMPORTANCE OF SERVICE LEADERSHIP				
AND PERFORMING CHARITABLE SERVICES TO				
THE LOCAL, SCHOOL, AND GLOBAL				
COMMUNITIES. TWO PROGRAMS THAT K-KIDS				
HAS DEVELOPED THAT ARE COMMUNICATED TO				
MEMBERS AND IMPLEMENTED IN THE K-KIDS				
CLUBS ARE "BRING UP GRADES" (BUG) AND				

"TERRIFIC KIDS" (TK).

TOTALS

1,873. 610,535.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

KIWANIS YOUTH PROGRAMS, INC.

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

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

Part II

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

Name, address, a	(a) nd EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) olled
							Yes	No
(1) KIWANIS CHILDREN'S FUND	36-6072039							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	FUNDRAISING	IN	501(C)(3)	7	KIWANIS INTL		х
(2) KIWANIS INTERNATIONAL	36-1327510							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	COMMUNITY SVC	IN	501(C)(4)		N/A		х
(3) CIRCLE K INTERNATIONAL	10-0772160							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	YOUTH EDUC	IN	501(C)(4)		KIWANIS INTL		х
(4)		_						
(5)		_						
(6)		_						
(7)		_						

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

Schedule R (Form 990) 2021



OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

36-6072042

JSA

Schedule R (Form 990) 2021

KIWANIS YOUTH PROGRAMS, INC.

36-6072042

Page 2

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

because it had one of 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	(r Dispropi alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	part	eral or aging ner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)	-											
(2)	-											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	controlled entity?
(1)							Yes No
(2)							
<u>(3)</u> <u>(4)</u>							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2021

Schedule	R	(Form	990) 2021

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a		Х
	Gift, grant, or capital contribution to related organization(s)		1b		Х
	Gift, grant, or capital contribution from related organization(s).		1c	Х	
	Loans or loan guarantees to or for related organization(s)		1d		Х
	Loans or loan guarantees by related organization(s)		1e		Х
	5 , 5 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · [
f	Dividends from related organization(s)		1f		Х
a	Sale of assets to related organization(s)	•• [1g		Х
	Purchase of assets from related organization(s)		1h		Х
i	Exchange of assets with related organization(s).	••	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).		1j		Х
J		•••	-		
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		х
ï	Performance of services or membership or fundraising solicitations for related organization(s)	· · ⊢	11		х
, m	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	x	
			10	x	
0	Sharing of paid employees with related organization(s)	•• -		21	
	Deimburgement neid to related executation(a) for expenses		1p	x	
р	Reimbursement paid to related organization(s) for expenses.	F	1q		x
q	Reimbursement paid by related organization(s) for expenses	· ·	14		<u> </u>
			4 -		х
r	Other transfer of cash or property to related organization(s)		1r 10	x	
<u>s</u> 2	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	• •	1s		
2				».	
	(a)(b)(c)Name of related organizationTransactionAmount involvedM	lethod of	(d) f dete	rminin	g
	type (a-s)	amoun	t invo	lved	-

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) KIWANIS INTERNATIONAL	P	2,482,112.	CASH
(2) KIWANIS INTERNATIONAL	Ν,Ο	586,992.	CASH
(3) KIWANIS INTERNATIONAL	S	2,029,788.	CASH
(4) KIWANIS CHILDREN'S FUND	С	60,792.	CASH
(5)			
(6)			

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Schedule R (Form 990) 2021

36-6072042

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			(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(4.0)													
(16)													

Schedule R (Form 990) 2021

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)				
print	KIWANIS YOUTH PROGRAMS, INC. 36-607204				2			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.							
due date for	3636 WOODVIEW TRACE							
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	INDIANAPOLIS, IN 46268							
Enter the R	eturn Code for the return that this application	is for (file	a separate application for e	each return)			01	
Application		Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 o	r Form 990-EZ	01	Form 1041-A					
Form 4720		03	Form 4720 (other than i	ndividual)			09	
Form 990-P		04	Form 5227	,			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
Form 990-T	(corporation)	07						
 If the org If this is f for the whole a list with the second second	e No. ► <u>317 875-8755</u> anization does not have an office or place of 1 or a Group Return, enter the organization's fo e group, check this box ► []. It e names and TINs of all members the extensi est an automatic 6-month extension of time un organization named above. The extension is calendar year 20 or tax year beginning <u>10/</u> ax year entered in line 1 is for less than 12 m	business ir ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2021	oup Exemption Number (GE art of the group, check this 08/15_, 2023 ganization's return for: , and ending	N) 1021 box	org	If th and att anizati	iis is ach	
	Change in accounting period	1700	0000 1 11 1 1 1					
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.3a \$					NONE			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					3b	\$	NONE	
c Baland	e due. Subtract line 3b from line 3a. In	clude you	r payment with this forr	n, if required, by				
using I	EFTPS (Electronic Federal Tax Payment Syster	n). See inst	ructions.		3c	\$	NONE	
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	e Form 8453-TE and Fo	rm 8	879-TE	for payment	
For Privacy	Act and Paperwork Reduction Act Notice, see instr	ructions.			Form	n 8868	(Rev. 1-2022)	

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Form	990-T	E>	empt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047				
		o 22	<i>୭</i> ୩ 21						
Depar	tment of the Treasury		ndar year 2021 or other tax year beginning <u>10/01</u> , 2021, and ending <u>09/30</u> , 2 ► Go to <i>www.irs.gov/Form990T</i> for instructions and the latest information.						
	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				
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	D En	nployer identification number				
	address changed.		KIWANIS YOUTH PROGRAMS, INC.	36	-6072042				
	empt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number e instructions)				
X	501(C)(3)	(,						
	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		x value of all assets at end of year ▶ 3152519.						
	heck organization t	<i>,</i> ,	X 501(c) corporation 501(c) trust 401(a) trust Other trust						
	heck if filing only to	-	Claim credit from Form 8941 Claim a refund shown on Form						
	neck if a 501(c)(3)	organiza	tion filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u> ,				
			Schedules A (Form 990-T)						
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶Yes X No				
			identifying number of the parent corporation	- 07	F 07FF				
	he books are in care		NGELA CONNER Telephone number ► 31	/-8/	5-8/55				
		-	636 WOODVIEW TRACE						
		1	NDIANAPOLIS, IN 46268						
Pa	t I Total Unre	lated F	usiness Taxable Income						
1			ness taxable income computed from all unrelated trades or businesses (so	20					
•					1				
2					2				
3					3				
4			ee instructions for limitation rules)		4				
5			axable income before net operating losses. Subtract line 4 from line 3		5				
6			g loss. See instructions		6				
7			less taxable income before specific deduction and section 199A deductio		-				
			· · · · · · · · · · · · · · · · · · ·		7				
8			ally \$1,000, but see instructions for exceptions)		8				
9			iction. See instructions		9				
10			s 8 and 9		10				
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line	7,					
	enter zero			1	I1 NONE				
Pa	rt 🛛 Tax Com	outatio	1						
1	Organizations ta	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	▶∟	1 NONE				
2	Trusts taxable	at trus <u>t</u>	rates. See instructions for tax computation. Income tax on the amount of						
	Part I, line 11 fron	n: [Tax rate schedule or Schedule D (Form 1041)	▶∟	2				
3	Proxy tax. See in	structions	• • • • • • • • • • • • • • • • • • • •	►∟	3				
4	Other tax amount	s. See in	structions		4				
5			rusts only)		5				
6			ity income. See instructions		6				
7			6 to line 1 or 2, whichever applies		7 NONE				
For	Paperwork Reduct	ion Act M	lotice, see instructions.		Form 990-T (2021)				

Form 9	90-T (2021)	36-6072042	Page 2
Part	Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d.	1e	
2	Subtract line 1e from Part II, line 7	2	NONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	NONE
	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6 a	Payments: A 2020 overpayment credited to 2021	_	
b	2021 estimated tax payments. Check if section 643(g) election applies ► 6b	_	
	Tax deposited with Form 8868	-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	-	
	Backup withholding (see instructions)	-	
	Credit for small employer health insurance premiums (attach Form 8941)	-	
g	Other credits, adjustments, and payments: Form 2439		
_	Form 4136 Other Total ▶ 6g		
	Total payments. Add lines 6a through 6g		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	NONE
	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		NONE
	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
Part			
	At any time during the 2021 calendar year, did the organization have an interest in or a signature of		es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization n		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the		
	here ►	0 ,	Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here ► \$ Do not include any post-2017 NOL carry	over	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduct	ion reported on	
	Part I, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	s. Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017	NOL carryover	
	\$		
	\$		
62			37
	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	11282 If "No."	X
	explain in Part V.	1120: 11 110,	
Part			
	e the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		
	SUPPLEMENTAL INFORMATION ATTACHED		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and		wledge and
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	-	io roture
Here	ROBERT W. BRODERICK 08/15/2023 CFO	lay the IRS discuss th ith the preparer show	
		ee instructions)? X Yes	No

	Signature of officer	Date Title		(see instructions)? X Yes No	
Daid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Paid		Theole P. Fishback	08/15/2023	self-employed P01279475	
Prepare Use Or				Firm's EIN ► 44-0160260	
	Firm's address ► 201 N. ILLINOIS	STREET, INDIANAPOLIS, 1	IN 46204	Phone no. 317-383-4000	
JSA				Form 990-T (2021)	

JSA 1X2741 1.000

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

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A))IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATIONS FOR REPORTING UNRELATED BUSINESS INCOME. (Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)					
print	KIWANIS YOUTH PROGRAMS, INC.	GRAMS. INC.			36-6072042				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.								
due date for filing your	3636 WOODVIEW TRACE								
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
INDIANAPOLIS, IN 46268									
Enter the R	eturn Code for the return that this application	is for (file	a separate application for e	ach return)			07		
Application		Return	Application				Return		
Is For		Code	Is For				Code		
Form 990 o	r Form 990-EZ	01	Form 1041-A				08		
Form 4720	(individual)	03	Form 4720 (other than in	ndividual)			09		
Form 990-P	F	04	Form 5227	,			10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
Form 990-T	(corporation)	07							
 If this is f for the whole a list with the list with the list with the for the for the list with the list	anization does not have an office or place of 1 or a Group Return, enter the organization's for e group, check this box ▶	ur digit Gro f it is for pa ion is for. ntil for the org 01 , 2021	oup Exemption Number (GE art of the group, check this 08/15_, 2023 ganization's return for:	N) 1021 box	org	If ti and at janizat	his is tach		
	Change in accounting period								
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tentat	ive tax, less any					
	undable credits. See instructions.				3a	\$	NONE		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					3b	\$	NONE		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by									
using l	EFTPS (Electronic Federal Tax Payment Syster	n). See ins	tructions.		3c	\$	NONE		
Caution: If you instructions.	ou are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Fo	rm 8	879-TE	for payment		
For Privacy	Act and Paperwork Reduction Act Notice, see instr	ructions.			Forn	n 8868	(Rev. 1-2022)		

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