## Form **990**

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 Inspection

Form **990** (2021)

Internal Revenue Service A For the 2021 calendar year, or tax year beginning 09/01/2021 and ending 08/31/2022 D Employer identification number C Name of organization B Check if applicable KIDS EMPOWERED BY YOUR SUPPORT, INC. 20-4846463 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change P.O. BOX 532 (203)761 - 0150Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW CANAAN, CT 06840 G Gross receipts \$ 801,425. Application pending H(a) Is this a group return for F Name and address of principal officer: JONATHAN BURLEIGH Yes Χ Nο subordinates' H(b) Are all subordinates included? No BOX 532, NEW CANAAN, CT 06840 Yes If "No," attach a list. See instructions Tax-exempt status: 4947(a)(1) or X 501(c)(3) 501(c) ( WWW.KEYSMUSIC.ORG Website: H(c) Group exemption number L Year of formation: 2006 M State of legal domicile: Form of organization: X Corporation Other > СТ Summary Part I 1 Briefly describe the organization's mission or most significant activities: KEYS' MISSION IS TO PROVIDE FREE MUSIC LESSONS AND PERFORMANCE OPPORTUNITIES TO UNDER-RESOURCED Governance STUDENTS OF BRIDGEPORT if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 13 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 13 5 3 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 20 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 735,934 789,010. Revenue Program service revenue (Part VIII, line 2g) 3,200 6,440 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 473 493. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 45,399 -3,755Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 785,006 792,188. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 NONE NONE Benefits paid to or for members (Part IX, column (A), line 4) NONE 14 NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 224,555 253,028. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 399,051 560,892. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 623,606 813,920. Revenue less expenses. Subtract line 18 from line 12 161,400 -21,732.s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 659,668 636,244. Total liabilities (Part X, line 26) 21 <u>66,9</u>98 79,429 22 Net assets or fund balances. Subtract line 21 from line 20. 592,670 556,815. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 10/15/2022 Sign Signature of officer Date Here JONATHAN BURLEIGH TREASURER Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed BRIAN C WHITE 10/15/2022 P00058320 Preparer Firm's name ► NANAVATY DAVENPORT STUDLEY WHITE 06-1402749 Firm's FIN Use Only 203-426-8500 123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470 May the IRS discuss this return with the preparer shown above? See instructions . . . . . . . . . X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	art III	Statement of Program Servi	ce Accomplishments s a response or note to any line in this Part	III	
1	Briefly o	lescribe the organization's miss		<u> </u>	
	-	=	S AND GROUP MUSIC INSTRUCTION	N TO	
			BRIDGEPORT, CT WHO HAVE NO OT		
	THIS	EMPOWERING LIFE EXPE	RIENCE.		
2			gnificant program services during the yea		
	prior Fo	rm 990 or 990-EZ?			Yes X No
		describe these new services of			
3		=	ing, or make significant changes in he		
		describe these changes on Sc	hadula O		Yes X No
4			service accomplishments for each of its	s three largest program service	es, as measured by
•			(c)(4) organizations are required to repo		
			, for each program service reported.	· ·	
4a	(Code:	) (Expenses \$	586,698. including grants of \$	) (Revenue \$	11,922. )
	FREE		MUSIC LESSONS TO CHILDREN IN		
	CT.				
4 h	(Codo:	\ (Eypapaa ¢	including grants of \$	) (Bayanua <sup>¢</sup>	\
40	(Code.	) (Expenses \$		) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other p	rogram services (Describe on S	Schedule O.)		
_	(Expens	es \$ including	grants of \$ ) (Revenue	\$ )	
4 -	Totalna	ogram carvida avnancas	F0C C00		

**4e** Total program service expenses ► JSA 1E1020 1.000

586,698.

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Part	V Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		21
7	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,	_		- 1
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		3.5
•	·	-		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I Parts Land II	21		v

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Part	IV Checklist of Required Schedules (continued)			- 3 -
			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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	3,7	
Part	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
rait	Check if Schedule O contains a response or note to any line in this Part V			
	Official in Confedure O Contains a response of flote to any line in this Fact v	· · ·	Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) with saskap withingtaing raise for reportable payments to vehicle and	1c	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	:		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> 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		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
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		
	If "Yes " complete Form 6069			

20-4846463

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
·	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
· u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			•
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy
	and financial statements available to the public during the tax year.			ŕ
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		
	TONATURA DIDI ETCU 2 CDOOVED MILE DOAD DADIEN CT 06820			

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Form **990** (2021)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than or is both Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ed				
(1) RUSSELL COOPER	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(2) JON BURLEIGH	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(3) GREG BAUER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) REV SARA D. SMITH	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) WILLIAM YOUNG	1.00									
VICE-CHAIR	NONE	X		Х				NONE	NONE	NONE
(6) AMY MARSHALL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) ANDREW FOOTE	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(8) REINE BOYER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) EDWIN FARROW	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) MAX JELLINEK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) ADRIENNE REEDY	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) DAVID SACHS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) SHELITA WASHINGTON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14)										

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Pa	rt VII	Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and F	ligl	hest Compensat	ed Employees	(continued)
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e that or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation
1b	Sub-to	tal							<b></b>	NONE	NON	E NONE
С	Total f	rom continuation sheets to Part VII, S	ection A						<b>•</b>	NONE	NON	E NONE
d	Total (	add lines 1b and 1c)							$\blacktriangleright$	NONE	NON	E NONE
	Total n	umber of individuals (including but not able compensation from the organization	limited to t	hose	liste		bov	e) who	re	eceived more than	\$100,000 of	
												Yes No
3	Did th	e organization list any former offic	er, directo	r, or	tru	uste	e,	key e	mp	loyee, or highest	compensated	
		ee on line 1a? If "Yes," complete Sched										3 X
4	organiz	y individual listed on line 1a, is the a zation and related organizations gro	eater than	\$15	50,0	00?	P It	"Yes	,"	complete Schedu	le J for such	
5	Did an	ualy person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	4 X
S0.		vices rendered to the organization? If "You independent Contractors	es," comple	te Scr	nedu	ıle .	J toi	such	per	son		5   X
	Compl	ete this table for your five highest com- nsation from the organization. Report of										
		(A)								(B)		(C)
		Name and business add	aress							Description of se	rvices	Compensation
2	Total r	number of independent contractors (in	ncluding bu	ut not	t lin	nite	d to	thos	⊥ e li	isted above) who	received	

NONE

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

20-4846463

# Form 990 (2021) KID Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	70		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ڡۜٙڲ	С	Fundraising events 1c	274,432.				
ifts r A	d	Related organizations 1d					
آۋ	е	Government grants (contributions) 1e	69,053.				
Sin	f	All other contributions, gifts, grants,					
e Ë		and similar amounts not included above . 1f	445,525.				
들된	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$ 12,978.				
ಶ ರ	h	Total. Add lines 1a-1f		789,010.			
			Business Code				
9	2a	PROGRAM SERVICES FEES		6,440.	6,440.		
Program Service Revenue	b						
Sel	С						
ev	d						
90 R	е						
<u>~</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,440.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	493.			493.
	4	Income from investment of tax-exempt bond	proceeds . ►	NONE			
	5	Royalties	1	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
$\simeq$	C	Gain or (loss)					
Other	d	Net gain or (loss)		NONE			
₹	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18	9,237.				
	b	Less: direct expenses	-	-9,237.			
	C	. ,		5,257.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
		· · · · · · · · · · · · · · · · · · ·	NONE				
	b C	Less: direct expenses		NONE			
	10a	Gross sales of inventory, less					
	Toa	returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
e son	11a	MISCELLANEOUS REVENUE	900099	5,482.	5,482.		
ane	b						
	C						
Miscellaneous Revenue	d	All other revenue					
≥		Total. Add lines 11a-11d		5,482.			
	12	Total revenue. See instructions		792,188.	11,922.		493.

20-4846463

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
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	NONE			
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	226,584.	162,084.	64,500.	
	Pension plan accruals and contributions (include	NONE			
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,142.		2,142.	
10	Payroll taxes	24,302.		24,302.	
11	Fees for services (nonemployees):				
	Management	NONE			
	Legal	NONE			
	Accounting	26,213.		26,213.	
	Lobbying	NONE		·	
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
9	(A), amount, list line 11g expenses on Schedule O.)	340,115.	289,556.	50,559.	
12	Advertising and promotion	143.	207,0001	143.	
13	Office expenses	32,548.	22,609.	9,939.	
14	Information technology.	NONE	22,000.	5,555.	
15		NONE			
	Royalties	24,255.		24,255.	
	Occupancy	NONE		21,233.	
	Travel	NONE			
ıø	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
40					
	Conferences, conventions, and meetings	NONE NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	16,200.		16,200.	
	Insurance	10,200.		10,200.	
<b>∠</b> 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.)				
	, , , , , , , , , , , , , , , , , , , ,	6 200	6 200		
	CONTRACT SERVICES  DEDATES AND MAINTENANCE	6,389.	6,389.	0.000	31/377
	REPAIRS AND MAINTENANCE	8,969.	100.000	8,969.	NONI
	PROGRAM EXPENSES	106,060.	106,060.		
d					
	All other expenses	012 000	F06 600	207 222	
	Total functional expenses. Add lines 1 through 24e	813,920.	586,698.	227,222.	NONI
∠0	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

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#### Part X Balance Sheet

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			179,109.	1	154,635.
	2	Savings and temporary cash investments			478,334.	2	478,819.
	3	Pledges and grants receivable, net			NONE	3	NONE
	4	Accounts receivable, net		NONE	4	1,200.	
	5	Loans and other receivables from any current of	or fo	rmer officer, director,			
		trustee, key employee, creator or founder, subst	antia	al contributor, or 35%			
		controlled entity or family member of any of these	per	sons	NONE	5	NONE
	6	Loans and other receivables from other disqua	lified	persons (as defined			
		under section 4958(f)(1)), and persons described	in se	ection 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net			NONE	7	NONE
Assets	8	Inventories for sale or use			NONE	8	NONE
ã	9	Prepaid expenses and deferred charges SEE	SCI	EDULE O	2,225.	9	1,590.
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,920.			
	b	Less: accumulated depreciation	10k	19,920.		10c	
	11	Investments - publicly traded securities			NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11			NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	1		NONE	13	NONE
	14	Intangible assets		NONE	14	NONE	
	15	Other assets. See Part IV, line 11			NONE	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal		-	659,668.	16	636,244.
	17	Accounts payable and accrued expenses			66,998.	17	79,429.
	18	Grants payable			NONE		NONE
	19	Deferred revenue	NONE		NONE		
	20	Tax-exempt bond liabilities	NONE		NONE		
	21	Escrow or custodial account liability. Complete Pa			NONE	21	NONE
es	22	Loans and other payables to any current or					
Ħ		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of these	•	F	NONE		NONE
-	23	Secured mortgages and notes payable to unrelate		· ·	NONE		NONE
	24	Unsecured notes and loans payable to unrelated		· –	NONE	24	NONE
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	3 17-	24). Complete Part X			
	00	of Schedule D	• •		NONE		NONE
	26	Total liabilities. Add lines 17 through 25			66,998.	26	79,429.
Fund Balances		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	her	e► X			
and	27	Net assets without donor restrictions			E00 000	27	FF6 01F
Bal	28	Net assets with donor restrictions.		<b>—</b>	588,890. 3,780.	28	556,815. NONE
pg	20	Organizations that do not follow FASB ASC 958			3,700.	20	NONE
		and complete lines 29 through 33.	, 611	CON HEICE			
ō	29	Capital stock or trust principal, or current funds .				29	
Assets	30	Paid-in or capital surplus, or land, building, or equ		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated incompared in the compared of the co	-	<b>—</b>		31	
	32	Total net assets or fund balances		·	592,670.	32	556,815.
Net	33	Total liabilities and net assets/fund balances			659,668.	33	636,244.
			• •		037,000.		Form <b>990</b> (2021)

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Form **990** (2021)

Form 9	90 (2021)			Pa	ge <b>12</b>		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				. X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	13,	<u>920</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		21,	<u>732</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6		12,	<u>978</u>		
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	5	56,	<u>815</u>		
Part							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	n				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-					
	the audit, review, or compilation of its financial statements and selection of an independent accounta			X			
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain o	n				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		_				
	Single Audit Act and OMB Circular A-133?			-	<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3b				

#### 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

KII	OS I	EMPOWERED BY YOUR S	UPPORT, INC.				20-4	846463
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owner	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	_			•		
7	X	, 3	•	•	ipport fro	om a go	vernmental unit or fro	om the general public
		described in <b>section 170(b</b> )						
8		A community trust describe						
9		An agricultural research or	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	t the college or
40		university:	II			·	. ()	
10		An organization that norma receipts from activities rela support from gross investman acquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions me (less complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		` '` '	em court that never again of
12		An organization organized a one or more publicly suppo		-	-			
		the box on lines 12a through	_					
_	Г	_					·	· · · · ·
а	_	<b>Type I.</b> A supporting organization	•	•	•		• , ,	
		the supported organization supporting organization.				ajonty of	the directors of truste	es of the
b	Г	Type II. A supporting org	•	•		with its	supported organizati	on(s) by having
		control or management of						· · · · · -
		organization(s). You must	•	•	tiro oarri	o po.co.	io that control of that	ago ino oupportou
С	Г	Type III functionally inte	•	•	ated in co	onnectio	n with, and functiona	lly integrated with.
	_	its supported organization						,,
d		Type III non-functionally		-				ted organization(s)
		that is not functionally into			-			
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	rganizat	ion.	
f		iter the number of supported						
g	Pro	ovide the following information		orted organization(s).	1			T
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	1	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
— (D)								
(E) ——								
Tota	al							

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	435,835.	468,367.	364,469.	529,956.	508,040.	2,306,667.
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	435,835.	468,367.	364,469.	529,956.	508,040.	2,306,667.
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						2,306,667.
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	
_	ndar year (or fiscal year beginning in)	(a) 2017 435,835.	<b>(b)</b> 2018	(c) 2019 364,469.	(d) 2020 529,956.	(e) 2021 508,040.	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	435,835.	4,149.	4,257.	473.	493.	9,490.
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						2,316,157.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup	•					
14	Public support percentage for 2021 (li					14	99.59 %
15	Public support percentage from 2020						99.58 %
16a	331/3% support test - 2021. If the organization of	_					
<b>L</b>	box and <b>stop here.</b> The organization q <b>33</b> 1/3% <b>support test - 2020.</b> If the org	-		-			
b	this box and <b>stop here</b> . The organization	=					
172	10%-facts-and-circumstances test - 2	-		_			
17a	10% or more, and if the organization	_					
	Part VI how the organization meets			=	•		
<b>L</b>	organization						
D	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets					-	
	organization						▶ □
18	<b>Private foundation.</b> If the organization instructions						

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

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

500	tion A Bublic Support				•		
	tion A. Public Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	•	•		•		` ` ` ` _
	organization, check this box and stop here			<del></del>			▶ 🔼
	tion C. Computation of Public Supp					T T	
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 🔃

#### 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.)

		Yes	No
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Part	V Supporting Organizations (continued)			- 5 -
			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 <b>Part VI.</b>	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons).	
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	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	(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	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	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					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	•	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional (see instructions).	lly integra	ted Type III supporting	g organization			

Schedule A (Form 990) 2021

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

Page 7 Schedule A (Form 990) 2021

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) 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 - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2021 from				
4	Section D, line 7:				
	Applied to underdistributions of prior years				
a b	Applied to 2021 distributable amount				
C	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, <i>explain in Part VI</i> . 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 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.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number KIDS EMPOWERED BY YOUR SUPPORT, INC. 20-4846463 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

19,920.

19,920

Schedule D (Form 990) 2021

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Complete if the organization answered	"Yes" on Form 99	0 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 valua Cost or end-of-year mark	tion:
(1) Financi	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				
I alt VIII	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
<u>(1)</u>			Cook of one of your man	tot valuo
(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	"Ves" on Form 99	n Part IV line 11d See Form 990	Part X line 15
		scription	o, raitiv, ilie tra. Gee roilli 550	(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			T
1. (1) Fodo		tion of liability		(b) Book value
_ ` '	ral income taxes			
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			

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

JSA 1E1270 1.000

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	791,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,145.
3	Subtract line 2e from line 1	3	792,188.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	792,188.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	826,898.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	12,978.
3	Subtract line 2e from line 1	3	813,920.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	813,920.
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

PART X LINE 2

KIDS EMPOWERED BY YOUR SUPPORT, INC., IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. KIDS EMPOWERED BY YOUR SUPPORT, INC., RECOGNIZES THE BENEFITS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. KIDS EMPOWERED BY YOUR SUPPORT, INC., IS SUBJECT TO ROUTINE AUDITS BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S 2019 THROUGH 2021 FISCAL YEARS TAX FILINGS REMAIN OPEN FOR EXAMINATION BY FEDERAL, STATE OR LOCAL AUTHORITIES.

### **SCHEDULE G** (Fo

### Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047

Depa Interr

rm 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, o organization entered more than \$15,000 on Form 990-EZ, line 6a.	r if the	2021
artment of the Treasury nal Revenue Service	► Attach to Form 990 or Form 990-EZ.  ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
e of the organization	En	nployer identification	on number

$\overline{}$	IDS EMPOWERED BY YOUR SUPPORT, INC.  art I Fundraising Activities. Complete if the organization answered "Yes" on Form 99			20-4846463			
Part	Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solid	itation of r	non-government g	rants	
b	Internet and email solicitations	f	Solid	itation of	government grants	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o	r oral agreement v	with any in	dividual (in	cluding officers, d	lirectors, trustees,	
b	or key employees listed in Form 990 If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	viduals or entities					Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
3	List all states in which the organiza registration or licensing.	tion is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from

	Fundraising Events. Complete than \$15,000 of fundraising eve gross receipts greater than \$5,000	ent contributions and g	swered "Yes" on Form	n 990, Part IV, line					
		(a) Event #1  ANNUAL GALA (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))				
Revenue	1 Gross receipts	274,432.			274,432.				
<u>~</u>	2 Less: Contributions 3 Gross income (line 1 minus								
	line 2)	274,432.			274,432.				
	4 Cash prizes								
Ś	5 Noncash prizes								
Direct Expenses	6 Rent/facility costs								
Ĭ,	7 Food and beverages								
Direc	8 Entertainment								
	9 Other direct expenses	8,414.			8,414				
	10 Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		8,414.				
	11 Net income summary. Subtract lin				266,018.				
Ρā	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, I	Part IV, line 19, or	reported more than				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1 Gross revenue								
benses	2 Cash prizes								
	3 Noncash prizes								
Direct Ex	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	Yes % No	Yes% No	Yes% No					
	7 Direct expense summary. Add line	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Su	ubtract line 7 from line	1, column (d)						
9 a			in each of these state	es?	Yes No				
l O a	Were any of the organization's gaming b If "Yes," explain:	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No				
_	= = 1 = 1 = 1								

Sched	ule G (Form 990 or 990-EZ) 2021 KIDS EMPOWERED BY YOUR SUPPORT, INC. 20-4846463 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
C	ir res, enter name and address of the tillid party.
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 20-4846463

KIDS EMPOWERED BY YOUR SUPPORT, INC.

#### FORM 990 PART VI SEC B LINE 11B

THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR REVIEW THE 990 PRIOR TO FILING.

#### FORM 990 PART VI SEC B LINE 12C

BOARD MEMBERS SIGN THE CONFLICT OF INTEREST STATEMENT WHICH REQUIRES THEM
TO INFORM THE ORGANIZATION IF ANY CONFLICTS ARISE.

#### FORM 990 PART VI SEC C LINE 19

ALL ORGANIZING DOCUMENTS, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION UPON PRIOR WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

#### FORM 990 PART VI SEC B LINE 15A

THE BOARD OF DIRECTORS APPROVE EMPLOYEES COMPENSATION ANNUALLY.

#### FORM 990 PART XI LINE 9

ROUNDING

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Employer identification number Name of the organization KIDS EMPOWERED BY YOUR SUPPORT, INC. 20-4846463 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS \_\_\_\_\_\_ ENDING DESCRIPTION BOOK VALUE ----------PREPAID EXPENSES 1,590. \_\_\_\_\_ 1,590. TOTALS

# Form **4562**

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172
2021

Attachment Sequence No. 179

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

Identifying number

KIDS EMPOWERED BY YOUR SUPPORT, INC. 20-4846463 Business or activity to which this form relates GENERAL DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . . . . . . . . . . Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (business/investment use (e) Convention (f) Method placed in only - see instructions) service 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MMS/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I **c** 30-year 30 yrs. MMS/L MM d 40-year 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Eorr	n 4562 (	(2021)														20	-4846	463	Page '
	art V	Listed				automol r amusem		certai	n oth	ner ve	hicle	s,	certa	in air	craft,	and	proper	ty us	ed fo
		24b, colu	umns	(a) thre	ough (c) of	Section A,	all of S	Section	B, and	Section	Cifa	appl	licable						<b>1ly</b> 24a
248	a Do vo					Other Info				e the in	No No			mits foi Yes," is t				es.) Yes	No
		(a)			(b)	(c)				(e)		Ť	(f)		g)	Ι .	(h)	т ,	(i)
		Type of property (list vehicles first)  Date placed in service  Business/investment us percentage									reciation Recovery			Method/ Convention		Depreciation deduction		Elected section 179	
25						qualified lis									25				
26	Prope	erty used	more	than 5	0% in a qı	ualified busir	ness us	se:											
							%												
			-				%												
27	Pron	erty used	50%	or less	in a qualif	l ied business	% 												
	Пор	City docu	70 70 1	JI 1033	iii a quaiii		%					Τ		S/L -					
							%							S/L -					
							%							S/L -					
28	Add a	amounts ir	n colu	mn (h)	, lines 25	through 27.	Enter	here ar	nd on li	ine 21, <sub> </sub>	page	1			. 28				
29	Add a	amounts ir	n colu	mn (i),	line 26. E	nter here a	nd on	line 7, p	age 1 .								. 29		
								Inform											
						a sole prop Section C to												rovided	vehicle
то у	our em	pioyees, ms	ot allov	vei tile	questions ii	1 Section C to		(a)		(b)		_		T .	d)	т .	e)		(f)
	<b>.</b>				Vehicle 1		1	Vehicle 2		<b>(c)</b> Vehicle 3		,	icle 4		icle 5	(f) Vehicle 6			
30		Total business/investment miles drive the year ( <b>don't</b> include commuting mi																	
31	-	otal commuting miles driven during the year																	
	Total		•	rsonal	(nonco														
	miles driven																		
33		miles d 30 throug								_									
34		the vehic					Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
	use during off-duty hours?							1									-		
35						a more													
36	ls an	other veh				sonal use?		<u> </u>	<u> </u>										
Δno	ewar tl	hasa ayas				ons for Em								•				who s	ren't
						See instruc		орион	.0 0011	ipiotiiig	0000		D 101	VOITIOIO	o uocu	by on	pioyeco	WIIO C	0
37		ou mainta				statement t												Yes	No
38	-					statement t													<del>                                     </del>
00	-					vehicles use	-							-			-		
39						ployees as													
40	Do y	ou provid	e mo	re tha	n five ve	hicles to y	our er	nployee	s, obta	ain info	rmati	on	from	your er	nploye	es abo	ut the		
	use o	of the vehic	cles, a	ind ret	ain the info	ormation re	ceived'	?											ــــــ
41						rning qualif													
					, 38, 39, 4	0, or 41 is	"Yes,"	don't co	mplete	Sectio	n B fo	or th	e cove	ered vel	nicles.				
Ρĕ	art VI	Amorti	zatio	<u>n</u>				T								,			
		(a) (b) Date amor begin				ortization Amorti			(c) zable amount		(d) Code section			(e) Amortization period or percentage		Amortiza	<b>(f)</b> Amortization for this y		
42	Amor	rtization of	costs	that b	egins dur	ing your 20	21 tax	year (se	ee instr	uctions	):				, ,,,,,,	9~			
_								Ĺ											
						ore your 20										43			
44	Total	I. Add am	ounts	in colu	ımn (f). Se	ee the instr	uctions	for whe	ere to r	eport .			<u> </u>	<u> </u>	<u> </u>	44			

2021 KIDS EMPOWERED BY YOUR SUPPORT, INC. 20-4846463

#### **Description of Property**

GENERAL DEPRECIATION

ח	F	D	D	F	CI	۷.	TI	<b>^</b>	N	ı

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
CHIMES	07/31/2012		100.000			7,920.	7,920.		SL		7.000	Oidoo		5.4555	<u> </u>
PIANO	07/31/2012		100.000			12,000.	12,000.	12,000.			7.000				
-		,				,	,	,							
Less: Retired Assets															
Subtotals		19,920.				19,920.	19,920.	19,920.	1						
Listed Property															
Liotod i Toporty															
Less: Retired Assets									1						
Subtotals															
TOTALS		19,920.				19,920.	19,920.	19,920.							
AMORTIZATION		0 1													
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
<u> </u>															
TOTALS	1							-							

<sup>\*</sup>Assets Retired

JSA 1X9024 1.000