Return of Organization Exempt From Income Tax

OMB No. 1545-0047

			Under costion 501(c)	= 527 or 4047(c)(1) of the	- Internal Boyon	in Code (ave	ont priv	ato found	otions)	2020
				527, or 4947(a)(1) of the					ations)	
•		e Treasury		ter social security numb		-		-		Open to Public
	Revenue			<u>www.irs.gov/Form990 for</u>						Inspection
_			year, or tax year begin		10-0	· · ·	na enair			9-30,2021
	neck if ap			ys for Kids Minia	stries, In	C			D Empl	oyer identification number
Ξ	ldress ch	•	Doing business as							38-1675000
Na Na	ame chan	ige		O. box if mail is not delivered to st	reet address)		Room/suit	e	E Telep	hone number
	tial return	n	2060 43rd Stre	et SE						(616)647-4500
Fir	nal return	/terminated		vince, country, and ZIP or foreign	postal code				G Gros	s receipts
An An	nended re	eturn	Grand Rapids,	MI 49508					\$	1,963,909
Ap	plication	pending		ncipal officer: Greg Yoder	•			H(a) Is this a g	roup return	for subordinates? Yes X No
			Same as C abov					H(b) Are all s	subordinate	es included? Yes No
I Ta	x-exemp		01(c)(3) 501(c) () < (insert no.) 4947	(a)(1) or 5	27		If "No," a	attach a lis	st. See instructions
J W	ebsite:		keysforkids.org					H(c) Group e	exemption	number 🕨
	-	-	Corporation Trust Ass	ociation Other ►	L	Year of formation	on: 194	2 M S	State of leg	gal domicile: MI
Par		Summary								
	1 6	Briefly describ	e the organization's miss	ion or most significant acti	vities: Keys	for Kid	s Min:	istries	is a	n international
	<u> </u>	Christian	ministry based	on the Gospel of	Jesus Chr	ist, prod	ducing	g and d	istri	buting excellent
nce	I	media res	ources to ignite	a passion for C	hrist in k	ids, teen	ns and	l their	fami	lies worldwide.
rna										
Governance	2 (Check this box	if the organization	n discontinued its operatior	ns or disposed o	f more than 2	25% of it	s net asset	ts.	
Ğ	3 1	Number of vot	ing members of the gove	erning body (Part VI, line 1	a)				3	6
ŝ	4 1	Number of ind	ependent voting member	s of the governing body (F	Part VI, line 1b)				4	6
Activities &	5	Total number o	of individuals employed in	n calendar year 2020 (Part	: V, line 2a)				5	25
ctiv	6 -	Total number o	of volunteers (estimate if	necessary)					6	10
A	7a ⁻	Total unrelated	d business revenue from	Part VIII, column (C), line	12				7a	0
	bl	Net unrelated	business taxable income	from Form 990-T, Part I, I	ine 11				7b	0
								Prior Year		Current Year
	8 (Contributions a	and grants (Part VIII, line	1h)				1,080	,549	1,680,647
e	9 Program service revenue (Part VIII, line 2g)							8,005		17,637
Revenue	10 I	Investment inc	ome (Part VIII, column ()	A), lines 3, 4, and 7d)					146	149
Rev				nes 5, 6d, 8c, 9c, 10c, and				111	,284	214,866
-				must equal Part VIII, colun				1,199	-	1,913,299
				X, column (A), lines 1-3)	,, ,			_,		0
			• •	K, column (A), line 4)						0
				benefits (Part IX, column				723	,557	810,354
es				column (A), line 11e)					,	0
Expense			ng expenses (Part IX, co			126,423				-
, Č			5 1 (<i>i</i>	nes 11a-11d, 11f-24e)				652	,534	652,970
		•		equal Part IX, column (A),		 		1,376		1,463,324
		•	```	18 from line 12	,				,107)	449,975
	13 1	Revenue less	expenses. Subilaci line		• • • • • • •			ning of Curre		
s or ncer	20 -	Total agaata (F	Port V line 16)					-		End of Year
Net Assets or Fund Balances		•	, ,	· · · · · · · · · · · · · · ·					,108	1,303,088
et A Ind			. ,						,283	72,640
Part		Signature		line 21 from line 20	• • • • • • •		•	783	,825	1,230,448
		-		rn, including accompanying sched	ules and statements	and to the hest of	of my know	ledge and beli	iof it is	
				icer) is based on all information of			of they know	ledge and ben	101, 11 13	
Sign		Greg 2							De	02-07-2022
-		Signature							Da	le
Here	•		Yoder, President							
		,	nt name and title	_						
		Print/Type prepa	arer's name	Preparer's signature		Date		Check	X if	PTIN
Paid		James H	Quist CPA			02-07-202	22	self-emp	ployed	P00958612
Prep		Firm's name	► James H	Quist CPA PLC			Fi	rm's EIN 🕨		
Use	Only	Firm's address	► 2425 Ave	on Ave SW			P	hone no.		
			Wyoming	MI 49519					616-	443-5344
May tl	he IRS	discuss this re	etum with the preparer sh	own above? (see instruction	ons)					X Yes 🗌 No

Form	1990 (2020) Keys for Kids Ministries, Inc 38-1675000 Pa	ge 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Keys for Kids Ministries is an international Christian ministry based on the Gospel of Jesus	
	Christ, producing and distributing excellent media resources to ignite a passion for Christ i	n
	kids, teens and their families worldwide.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,066,729 including grants of \$) (Revenue \$ 176,891)	
	Keys for Kids Ministries produces devotionals called Keys for Kids (children ages 6-12) and	
	Unlocked (teens 13-18) in print, audio, and electronic formats (apps, podcasts, social media,	and
	website). More than 200,000 devotionals were printed. In addition to English, audio versions	
	Keys for Kids devotions were produced in Albanian, Arabic, Greek, Macedonian, Nepali, and Spa	
	through our Storyteller program. Hundreds of thousands of people can listen to the Keys for K	
	syndicated radio programming on more than 600 radio outlets worldwide. Our programming is als	
	available on Keys for Kids Radio, a full-time radio station for kids at keysforkids.net or on	
	mobile app. Approximately 40,000 people have downloaded our two mobile apps that allow them t	
	read or listen to our various ministry resources. Our products are also available in our onli	ne
	store.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,066,729	
== ^	Form 990 (2)	020)

Forn	1 990 (2020) Keys for Kids Ministries, Inc 38-1675	000	F	Page 3
Pa	rt IV Checklist of Required Schedules			1
			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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	. 2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	. 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
~	complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		
10		. 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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 10		x
11	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	. 11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		_ <u>^</u>	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	. 12a	x	
b				
	"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			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		х

Form	990 (2020) Keys for Kids Ministries, Inc 38-167	5000	F	Page 4
Pa	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0 4-	employees? If "Yes," complete Schedule J.	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		
h	through 24d and complete Schedule K. If "No," go to line 25a.	. 24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
لم	to defease any tax-exempt bonds?	. 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \dots	. 240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		v
26	If "Yes," complete Schedule L, Part I	. 25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	. 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
20		. 27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
-	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	280		
	"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 lines 28a or 28b? If	200-		
20	"Yes," complete Schedule L, Part IV	. 280		X
29		. 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	. <u>30</u> . 31		X
31		. 31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		
22	complete Schedule N, Part II	. 32		x
33		22		
24	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,	24		
250	or IV, and Part V, line 1			X
35a		. 35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	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	26		
27	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	27		
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 in Schedule O for Part VI, lines 11b and	20		
Per	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	x	<u> </u>
Par	Check if Schedule O contains a response or note to any line in this Part V			
		• • • •	Yes	No
1 ~	Enter the number reported in Boy 3 of Form 1006. Enter 0, if not applicable	2	Tes	INO
1a ⊾		2		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	v	
		. 10	X	<u> </u>

Form	990 (2020) Keys for Kids Ministries, Inc 38-1675	5000	F	Page 5
Par	rt 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 2	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
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)?	. <u>4a</u>		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?			x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	. 5C		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		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?			x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		
	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. ///		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 8		
9	sponsoring organization have excess business holdings at any time during the year?	· •		
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:	. 55		
і0 а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
-	excess parachute payment(s) during the year?	. 15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	990 (2020) Keys for Kids Ministries, Inc 38-1675	000	P	age 6
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	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			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			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			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion 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	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Tou		-
	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?		x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tia	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	v	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	x	
С		120		
13	describe in Schedule O how this was done	12c	X	
	Did the organization have a written document retention and destruction policy?		x	
14 15		14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a h	The organization's CEO, Executive Director, or top management official		x	
b	Other officers or key employees of the organization	15b		x
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	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	4.01		
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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 interest policy,			
~~	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Greg Yoder (616)647-4500, 2060 43rd Street SE, Grand Rapids, MI 49508			

Form 990 (20	20) Keys for Kids Ministries, Inc	38-1675000	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	•		
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.		
	of the experimetion's everything of the store tructure (whether individuals or experimetions) record	and of any accept of	

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average					an one		Reportable	Reportable	Estimated amount
	hours					both ar (trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	Ind or a	Ins	Off	Ke	em	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	lividu	tituti	Officer	y em	ploy	Former	(related organizations
	organizations	tor tr	onal		Key employee	ee				
	below	Individual trustee or director	nstitutional trustee		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) Greg Yoder	40.00									
President				х				74,093	0	11,412
(2) Scott VanderVeen	1.00									
Member		х						0	0	0
(3) Lee Hageman	1.00									
Member		х						0	0	0
(4) Joe Moss	2.00									
Vice Chair		х		х				0	0	0
(5) Amanda Hildabrand	2.00									
Secretary		х		х				0	0	0
(6) Scott Cousino	2.00									
Treasurer		х		х				0	0	0
(7) Duane Culver	2.00									
Board Chairman		х		х				0	0	0
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
<u>(13)</u>										
<u>(14)</u>										

	90 (2020) Keys for Kids Min										3-16750	000	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an	nd H	ighe	est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss pers	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reporta compensa from rela organiza	able ation ated	cor	(F) ated amo of other npensations the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-I		orga	nization a	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		· · ·	•••	•••		• • •	• •						
d	Total (add lines 1b and 1c)							-	74,093		0		11,4	112
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I								of			Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual										• • • •	4		x
	for services rendered to the organization? If "Yes			-			-					5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensa										N VOOR			
	compensation from the organization. Report comp (A)	ensation for	the cal	enda	ar ye	ar e	naing	with	or within the organ (B)	lization's ta	ax year.	(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos		ed a	above)) wh	0					

Part \	0 (202 /III	20) Keys for Kids Mini Statement of Revenue				38-1675	000 Pag
]	Check if Schedule O contains a response o	r note to any line in thi	s Part VIII			
		· · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	a				
0	b	Membership dues	b				
ints	с	Fundraising events	c				
5 g	d	Related organizations	d				
S A	е	Government grants (contributions)	le 137,246				
and Other Similar Amounts		All other contributions, gifts, grants,					
S S			f 1,543,401				
the	g	Noncash contributions included in					
0 p		lines 1a-1f	g \$				
a c	h	Total. Add lines 1a-1f		1,680,647			
			Business Code				
	2a	Royalties	511190	17,637	17,637		
	b		_				
е	c						
Revenue	d						
Re	e		_				
	-	All other program service revenue	_				
•		Total. Add lines 2a-2f		17,637			
				1,100,1			
		Investment income (including dividends, interes other similar amounts)		149			1
		Income from investment of tax-exempt bond pr		119			
		Royalties					
	Ŭ	(i) Real	(ii) Personal				
	62	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
			· · · · · · · · •				
		, , , , , , , , , , , , , , , , , , ,					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
		Less: cost or other basis					
		and sales expenses 7b					
Other Kevenue		Gain or (loss) 7c					
eve		Net gain or (loss)					
Ĕ		Gross income from fundraising	· · · · · · · ►				
e le		events (not including \$					
5							
		of contributions reported on line	80				
		, ,	8a 8b				
		Net income or (loss) from fundraising events					
		Gross income from gaming	· · · · · · · •				
			00				
			9a 9b				
		(, 3 3 [···· ▶				
	10a	Gross sales of inventory, less					
			10a 209,864				
		5	10b 50,610	150 051	150 051		
	C	Net income or (loss) from sales of inventory .		159,254	159,254		
	44-		Business Code	F0.001			
ט		Insurance reimbursement	900099	53,324	53,324		
5	b		_	<u> </u>			+
i eve	C	All other more than	-				
Revenue		All other revenue		2,288	2,288		
		Total. Add lines 11a-11d		55,612			
	12	Total revenue. See instructions		1,913,299	232,503	0) 1

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).

38-1675000

Page 10

Do ı	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	00 806	20.066	20 974	20.06
6	Compensation not included above, to disqualified	90,806	29,966	30,874	29,96
6	•				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	601,791	506,875	67,092	27,82
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	67,283	58,449	6,708	2,12
10	Payroll taxes	50,474	39,541	6,953	3,98
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,259		2,259	
С	Accounting	11,379		11,379	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	36,947	36,578		36
12	Advertising and promotion	33,414	13,578	12,781	7,05
13	Office expenses	111,452	50,763	19,983	40,70
14	Information technology	97,164	22,000	67,831	7,33
15	Royalties		,		.,
16		53,169	15,951	31,901	5,31
17		2,648	530	1,853	26
18	Payments of travel or entertainment expenses	2,010	550	1,055	20
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	7 210	0 011	4 070	9.2
		7,319	2,311	4,276	73
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,889	16,417	5,034	43
23		6,240	4,680	1,248	31
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Keys for Kids	226,478	226,478		
b	Radio	42,612	42,612		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,463,324	1,066,729	270,172	126,42
26	Joint costs. Complete this line only if the	,,	,,.		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				

Par	990 (20 t X	120) Keys for Kids Ministries, Inc Balance Sheet	38	3-167	5000 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	27,775	1	8,879
	2	Savings and temporary cash investments	325,190	2	504,247
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,207	4	4,523
Assets	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	25,535	8	21,977
	9	Prepaid expenses and deferred charges	12,891	9	9,549
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 797,012			
	b	Less: accumulated depreciation 10b 191,242	560,510	10c	605,770
	11	Investments - publicly traded securities		11	148,143
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	961,108	16	1,303,088
	17	Accounts payable and accrued expenses	40,037	17	72,640
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	137,246	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	177,283	26	72,640
		Organizations that follow FASB ASC 958, check here 🛛 🕨 🔟			
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	505,766	27	980,151
sala	28	Net assets with donor restrictions	278,059	28	250,297
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet.	32	Total net assets or fund balances	783,825	32	1,230,448
	33	Total liabilities and net assets/fund balances	961,108	33	1,303,088

EEA

Form 990 (2020)

Form	990 (2020) Keys for Kids Ministries, Inc	38-167500	0	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	913,	,299
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	463,	,324
3	Revenue less expenses. Subtract line 2 from line 1	. 3		449,	,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		783,	,825
5	Net unrealized gains (losses) on investments	. 5		(3,	,352)
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	230,	,448
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	990 (2020)

SCH	EDU	JLE	Α
(Form	990	or 99	90-F7

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

·,		
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus	t 🖌
	poinplete in the organization is a section of (0)(5) organization of a section 4547(a)(1) nonexempt charitable if as	

Attach to Form 990 or Form 990-EZ.

Name of the organization
Internal Revenue Service
Department of the Treasury

Part I

9

11

12

Keys for Kids Ministries, Inc

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

Service	Go to www.irs.gov/Formago to instructions and the latest information		mapection
anization		Employer identifica	tion number
Kids M:	inistries, Inc	38-16750	00
Reason	for Public Charity Status. (All organizations must complete this part.) S	See instructio	ns.

The even a street and in a st	a multicate factor dettars l	haaalitia. / Tan	Lines 4 three units 40	ala ali anli ana hau \
The organization is not	a private toundation r	Decause It is: (For	lines i through 12	Check only one box
The organization is not	a privato roundation	000000000000000000000000000000000000000	intoo i unougii iz,	0110011 01119 0110 007.

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

- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- \square A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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

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

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

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

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

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

- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported orga	nizations					
g	Provide the following information about	out the supported o	rganization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	. ,	organization ur governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							
For Pane	erwork Reduction Act Notice see th	a Instructions for	Form 990 or 990-E7			Schodulo	A (Earm 990 or 990-EZ) 202

	ule A (Form 990 or 990-EZ) 2020 Keys for 1 rt II Support Schedule for Organiza	Kids Minist: ations Descri		ons 170(b)(1)(A)(iv) and	38-167500			
	(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	Section A. Public Support								
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and		. ,						
	membership fees received. (Do not								
	include any "unusual grants.")	960,963	1,079,024	1,258,325	1,080,549	1,680,647	6,059,508		
2	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
4	Total. Add lines 1 through 3	960,963	1,079,024	1,258,325	1,080,549	1,680,647	6,059,508		
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)						785,432		
6	Public support. Subtract line 5 from line 4						5,274,076		
See	ction B. Total Support	·							
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7		960,963	1,079,024	1,258,325	1,080,549	1,680,647	6,059,508		
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties, and income from								
	similar sources	419	406	543	146	149	1,663		
9	Net income from unrelated business								
	activities, whether or not the business								
	is regularly carried on								
10	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
	Total support. Add lines 7 through 10						6,061,171		
	Gross receipts from related activities, etc. (se	,			L	12	909,131		
13	First five years. If the Form 990 is for the or	•			•	. ,	• •		
	organization, check this box and stop here						· · · · ►		
	ction C. Computation of Public Suppor								
14	Public support percentage for 2020 (line 6, c					14	87.01 %		
15	Public support percentage from 2019 Sched					15 0/	85.94 %		
169	33 1/3% support test - 2020. If the organization dualified box and stop here. The organization qualified								
L	33 1/3% support test - 2019. If the organization								
Ľ	this box and stop here. The organization qu								
17-	10%-facts-and-circumstances test - 2020.								
170	10% or more, and if the organization meets t	-							
	Part VI how the organization meets the facts								
	organization			-					
F	10%-facts-and-circumstances test - 2019.								
r,	15 is 10% or more, and if the organization m	-							
	in Part VI how the organization meets the fac								
	organization			•	-				
18	Private foundation. If the organization did n						· · · · F		
	instructions						► □		

	Sche	chedule A (Form 990 or 990-EZ) 2020 Keys for Kids Ministries, Inc					38-	1675000	Page 3
If the organization fails to qualify under the tests listed below, please complete Part II.) Calendar year (or fiscal year beginning in) (if the grant of the membrank loss restricted (Dont inclute any 'unusual grant') (if the grant of the membrank loss and the grant of the gran									
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^{chedul} Part	e A (Form 990 or 990-EZ) 2020 Keys for Kids Ministries, Inc 38-167	5000	Page
Part	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comp	loto Socti	
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, c		
So of	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and completions	te Part V.)
ect	ion A. All Supporting Organizations		
	Are all of the experimetical experimetical field by some in the experimetical equation		Yes N
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
	organization was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		
	lines 3b and 3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
	organization made the determination.	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	•	
Ŭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	50	
4a		40	
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
	purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		
	was accomplished (such as by amendment to the organizing document).	5a	
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	vu	
D	designated in the organization's organizing document?	5b	
		5D 5C	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	vu	
5	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
~		30	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	

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Pa	rt IV Supporting Organizations (continued)			
			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 in lines 1	1b and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	provide		
	detail in Part VI.	11c		
Sec	tion 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 of	officers,		

- directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported
- organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1

2

1

3

Yes No

rganiza	ations	
g trust o	n Nov. 20, 1970 <i>(expla</i>	in in Part VI). See
izations	must complete Sectio	ns A through E.
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
4		
-		
		Current Year
1		
6		
	ated Type III supporting	norganization
y integra		y organization
	1 2 3 4 5 6 7 8 11a 1b 1c 1d 2 3 4 5 6 7 8 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6	1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 11 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4

Keys for Kids Ministries, Inc

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

38-1675000

Page 6

	lle A (Form 990 or 990-EZ) 2020 Keys for Kids Ministries,			1675	5000 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets	<u>.</u>		4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7: Excess from 2016				
	Evenes from 2017				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA				Sched	ule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

(Form 990)		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.				2020	
			Attach to Form 990.	, 111, 128, 01 120.		Open to Public	
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Forms		he latest informati	on	Inspection	
	of the organization				Employer identification	•	
Kev	s for Kids Mi	nistries, Inc			38-1675000	1	
Pa		ions Maintaining Donor Advised Fu	Inds or Other Similar	Funds or Accou			
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line	6.			
			(a) Donor advised	d funds	(b) Funds an	d other accounts	
1	Total number at en	d of year					
2	Aggregate value of	contributions to (during year)					
3	Aggregate value of	grants from (during year)					
4	Aggregate value at	end of year					
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in	n donor advised			
	-	nization's property, subject to the organization	-		•••••••••	Yes No	
6	-	n inform all grantees, donors, and donor adv					
		purposes and not for the benefit of the dono					
De		ssible private benefit?		• • • • • • • • • •		Yes No	
Pa		vation Easements.	- Form 000 Dort IV/ lin	o 7			
4		e if the organization answered "Yes" or		e 7.			
1		ervation easements held by the organizatio f land for public use (e.g., recreation or edu			historically importa	nt land area	
	Protection of n				certified historic st		
	Preservation o		L			luciule	
2		rough 2d if the organization held a qualified	conservation contribution	in the form of a cons	servation		
-		st day of the tax year.				he End of the Tax Year	
а							
b							
c	0	ration easements on a certified historic struct					
d		vation easements included in (c) acquired at					
					. 2d		
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or tern	ninated by the organ	nization during the		
	tax year 🕨		-		-		
4	Number of states v	where property subject to conservation ease	ement is located 🕨				
5	Does the organizat	ion have a written policy regarding the perio	odic monitoring, inspection,	handling of			
	violations, and enfo	prcement of the conservation easements it h	olds?			Yes No	
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and en	forcing conservatior	n easements during	the year	
	▶	_					
7	Amount of expense	s incurred in monitoring, inspecting, handlir	ng of violations, and enforc	ing conservation eas	sements during the	year	
	▶ \$						
8		vation easement reported on line 2(d) above					
	and section 170(h)					Yes No	
9		e how the organization reports conservatio		•			
		include, if applicable, the text of the footnot	e to the organization's final	ncial statements that	describes the		
Da		ounting for conservation easements. zations Maintaining Collections	of Art Historical Tr	assuras or Ot	har Similar Ac	sote	
Га		e if the organization answered "Yes" of			ilei Siiliidi AS	5613.	
10	· · · · · · · · · · · · · · · · · · ·	elected, as permitted under FASB ASC 958			anco shoot works		
1a	-	asures, or other similar assets held for publi					
		Part XIII the text of the footnote to its finan					
b		elected, as permitted under FASB ASC 958			e sheet works of		
5	-	ures, or other similar assets held for public e					
		g amounts relating to these items:					
	•	ded on Form 990, Part VIII, line 1			► \$		
	.,	d in Form 990, Part X					
2		received or held works of art, historical treas					
-	-	required to be reported under FASB ASC 9		-			
а	•	on Form 990, Part VIII, line 1	•		► \$		
b		Form 990, Part X					

	ule D (Form 990) 2020 Keys for Kids M						38-167			age 2
Pa	rt III Organizations Maintaining		-					Assets (C	ontinı	ued)
3	Using the organization's acquisition, accession	, and other records,	check any	of the follo	owing that ma	ake signif	ficant use of its			
	collection items (check all that apply):		_							
а	Public exhibition		d	_ Loan d	or exchange	program	S			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they fu	urther the c	organization's	sexempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations of	art, historic	al treasur	es, or other s	imilar				
	assets to be sold to raise funds rather than to be	pe maintained as pa	art of the or	ganization	's collection?			🗌 Ye	s 🗌	No
Pa	rt IV Escrow and Custodial Arran									
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	9, or re	ported an an	nount on	-orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contri	butions or	other assets	not				
	included on Form 990, Part X?							🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table	:						
							A	mount		
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Forr	n 990, Part X, line 2	1, for escro	ow or custo	odial account	liability?	• • • • • • • • •	🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the exp	planation ha	as been pr	ovided on Pa	art XIII .				
Pa	rt V Endowment Funds.									
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	10.				
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years bac	ck (e) Fou	r years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1g, co	lumn (a)) l	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
C	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are	held and	administered	for the				1
	organization by:								Yes	No
	(i) Unrelated organizations					• • • •		3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Sche	dule R?.	• • • • • •			3b		
4	Describe in Part XIII the intended uses of the c		wment fund	s.						
Pa	rt VI Land, Buildings, and Equipr									
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	11a. S	ee Form 990	, Part X, li	ne 10).
	Description of property	(a) Cost or oth		(b) Cost o	r other basis		Accumulated	(d) Boo	k value	
		(investme	ent)	(0	other)	de	preciation			
1a	Land	•			50,000				50,0	000
b	Buildings	•		(612,519		84,239		528,2	280
С	Leasehold improvements	•								
d	Equipment	•		-	134,493		107,003		27,4	490
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pai	rt X, colum	n (B), line	10c.)		►		605 , 7	770

Schedule D (Form 990) 2020

EEA

(a) Description of insortion or entrepry including them of analysis (b) Book value (c) Method of statistic control of entrol of e	Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on	Form 990, Part	IV, line 11b. See F	orm 990, Part X, line 12.
(2) Clockey-held equity interests		(a) Description of security or category		le	(c) Method of valuation:
(A) (A) (A) (A) (B) (A) (B) (A) (C) (A) (F) (A) (G) (B) (F) (A) (F) (A) (F) (A) (F) (A) (F) (B) (F) (B) (F) (B) (F) (F) (F)	(1) Financial	derivatives	•		
(A) (B) (C) (B) (C) (C) (C) (C) (C) (D) (C) (C) (D) (C) (C) (G) (C) (C) (G) (C) (C) (F) (C) (F) (F) (C) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F)	(2) Closely-he	eld equity interests			
(6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (10) (9) (11) (12) (12) (13) (13) (14) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11) (18) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11) (18) (11) (19)	(3) Other				
(C) (C) (B) (C) (F) (C) (G)					
(0) (6) (7) (7) (9) (9) (9) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (2) (9) (9) (2) (9) (9) (2) (9) (9) (1) (1) (1) (9) (1) (1) (1) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1)					
(E) (F) (G) (G) (F) (G) (G)					
(F) (G) (G) (G) (F) (G) (F) (F) (F)					
(G) (H) Conclusting (b) must equal Form 990, Part X, col. (B) line 12.)> Part VIII Investments - Program Related. (e) Description answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) book value (c) Method of valuation. Cont or and object matter value (a) (b) book value (c) Method of valuation. Cont or and object matter value (a) (c) (c) (b) (c) (c) (c) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (c) (g) (c) (c) (g) (c) (c) (g) (c) (c) (h) (c) (c) (g) (c) (c) (g) <td></td> <td></td> <td></td> <td></td> <td></td>					
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12, ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) (c) Method value (d) (c) Method value (e) (c) Method value (f) (c) (g) (c) Method value (h) (c) Method value (f) (g) Method value (g) (g) Method value (h) (g) Method value (h) (g) Method value (h) (g) Method value (h) (g) Method value <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) book value (c) Mustod of valuation: Coast or and-otypear market value (1) (a) (b) book value (c) Mustod of valuation: Coast or and-otypear market value (1) (c) (c) (c) (c) (2) (c) (c) (c) (c) (3) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (c) (8) (c) (c) (c) (c) (c) (c) (c) (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (c)					
Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) Method of valuation: Cost or end-of system market value (1) (c)	1.7				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) Whind of valuation: Coat or end-of-year market value (1) (a) (b) Book value (c) Whind of valuation: Coat or end-of-year market value (a) (c)			•		
(a) Description of investment (b) Book value (c) Method of valuation: Cost of end-of-your madet, value (1) Cost of end-of-your madet, value Cost of end-of-your madet, value (2) Cost of end-of-your madet, value Cost of end-of-your madet, value (3) Cost of end-of-your madet, value Cost of end-of-your madet, value (4) Cost of end-of-your madet, value Cost of end-of-your madet, value (6) Cost of end-of-your madet, value Cost of end-of-your madet, value (6) Cost of end-of-your madet, value Cost of end-of-your madet, value (7) Cost of end-of-your madet, value Cost of end-of-your madet, value (1) Cost of end-of-your madet, value Cost of end-of-your madet, value (1) (a) Description (b) Book value (1) (b) Description (c) Description (1) (b) Description (c) Description (6) Cost of end-of-your madet, value (c) Description (6) Cost of end-of-your madet, value (c) Description (6) Cost of end-of-your madet, value (c) Description of isot in thit with thit withit with thit with thit with thit with thit withit	Part VIII		Form 990, Part	IV. line 11c. See F	orm 990. Part X. line 13.
Cost of and dryest market value (1) Cost of and dryest market value (2)		· •			
(2)		(a) Description of investment	(b) Book valu		
(3) (4) (4) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (7) (7) (9) (7) (7) (9) (8) (7) (9) (9) (9) (9) (9) (9) (1) (9) (9) (3) (9) (9) (4) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (9) (9) (9) (1) (1) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (2) (1) (1) (3) (1)					
(4) (5) (6) (7) (8) (9) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (9) (1) (9) (2) (9) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (6) (1) (2) (3) (4) (5)					
(6)					
(6)					
(7) (8) (8) (8) (8) (8) (9) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13,					
(8) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b) Book value (1) (b) Book value (2) (b) Book value (3) (1) (4) (1) (6) (1) (7) (1) (8) (1) (9) (2) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (1) (8) (2) (9) (2) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (1) (1) (2) (2) (2) (3) (4) (1) (2) (3) (3) (4) (4) (3) (4) (4) (6) (6) (7) (6) (2) (3) (4) (4) (5) (6) (2) (3) (6) (4) (4)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13▶ Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (b) Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) Column (b) must equal Form 990, Part X, col. (B) line 15.). (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) (c) (9) (c) (c) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) (c) (c) (1) Federal income taxes (c) (c) (c) (c) (3) (c) (c) (c) (c) (c) (c) (4) (c) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (c) (6) (c) (c) (c)					
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (b) Book value (c) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) (6) (c) (c) (1) Federal income taxes (c) (2) (b) Book value (1) Federal income taxes (c) (3) (c) (4) (c) (5) (c) (3) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (3) (c)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (a) (b) Book value (c) (c) </td <td></td> <td></td> <td>•</td> <td></td> <td></td>			•		
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(2)	(1)				
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(4)					
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Image: Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (a) (b) Book value (b) (b) Book value (c) (b) (c) (c) (c) (a) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (3) (c)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (a) Complete if the organization and the part of the part income taxes (3) (b) Book value (4) (c) (5) (c) (6) (c) (7) (c) (8) (c)		n (b) must equal Form 990. Part X, col. (B) line 15.).			•
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (1) Federal income taxes (3) (2) (4) (2) (5) (3) (6) (3) (7) (8)					
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	4				
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(6) (7) (8)					
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(8)					

Keys for Kids Ministries, Inc

Total. (Column (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.

38-1675000

Page 3

Schedule D (Form 990) 2020

Sched	ule D (Form 990) 2020 Keys for Kids Ministries, Inc	38-1675000	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,912,329
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2)	
b	Donated services and use of facilities	2	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(970)
3	Subtract line 2e from line 1	3	1,913,299
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,913,299
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,465,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,382
3	Subtract line 2e from line 1	3	1,463,324
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,463,324
Pa	rt XIII Supplemental Information.		

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

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

Keys for Kids Ministries, Inc

38-1675000

01. Form 990 governing body review (Part VI, line 11)

The 990 is reviewed and approved by the finance committee. A copy of the 990 is provided

to each board member with a recommendation for filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

The organization has a conflict of interest policy that requires each board member to sign

the document annually.

03. CEO, executive director, top management comp (Part VI, line 15a)

Annually, the board reviews the compensation package for the president. The review

consists of analyzing the financial health of the organization, the current economic

conditions, a review of the president's performance, and a review of salaries for

individuals in similar management positions. The deliberations and discussions take place

among the board members without the president and are documented.

04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available to the public upon request to and approval by the board.

Form	88	79-	ΕO

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 10-01-2020 , and ending 09-30-2021

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

2020

Taxpayer identification number

38-1675000

Nam	ne of	exe	empt	orgar	nization	or perso	n subject	to tax

Keys for Kids Ministries, Inc

Name and title of officer or person subject to tax

Greg Yoder, President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► X b To	tal revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	1,913,299
2a	Form 990-EZ check here b	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b	Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ► _ b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here b	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here b	Total tax (Form 4720, Part III, line 1)	
P	art II Declaration and Sign	ature Authorization of Officer or Person Subject to Tax	

Under penalties of perjury, I declare that	I am an officer of the above organization or	I am a person subject to tax with respect to	
(name of organization)	(EINI)	and that I have examined a conv	

(name of organization) _________, (EIN) _________ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

FIN. CO	eck one L						
x	I authoriz	e James H Quia		to enter my PIN	40415	_ as m	ny signature
			ERO firm name		Enter five numbers, but do not enter all zeros	t	
	state age		harities as part of the IRS F	dicated within this retum tha Fed/State program, I also au			0
	electronic	ally filed return. If I h	ave indicated within this ret	rganization, I will enter my F um that a copy of the retum , I will enter my PIN on the r	is being filed with a	a state a	agency(ies)
Signature	of officer or	person subject to tax			Date 🕨	02-	-07-2022
Part	III Ce	ertification and	Authentication				
ERO's	EFIN/PIN	Enter your six-digit	electronic filing identificatio	n			
number	r (EFIN) fo	llowed by your five-di	git self-selected PIN.		403	423	40415
							Do not enter all zeros
I certify	that the a	bove numeric entry is	my PIN, which is my signa	ture on the 2020 electronica	ally filed return indica	ated ab	ove. I confirm
that I ar	m submitti	ng this return in acco	rdance with the requireme	nts of Pub. 4163, Moderniz	ed e-File (MeF) Infe	ormatio	n for Authorized
IRS e-fi	ile Provide	ers for Business Retu	rns.				
ERO's sig	nature 🕨				Date ►	02-	-07-2022
			ERO Must Reta	in This Form - See Ir	structions		

Do Not Submit This Form to the IRS Unless Requested To Do So