Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2021 Open to Public Inspection ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>		ne 2021 calendar year, or tax year beginning ±0		9/30/2		F	. Ideatification assesses							
			STRICT OF KIWANIS		l D	⊏mployer	identification number							
Ш	Address of	3.	INTERNATIONAL, INC. Doing business as 54-0160298											
	Name cha	nange 5	to atract address.\	1 .										
一	Initial retu	4440	Number and street (or P.O. box if mail is not delivered to street address) 4410 BROOKFIELD CORPORATE DR 220469 Room/suite F Telephone number 703-544											
-	Final retu				 									
\sqsubseteq	terminated	d CHANTILLY V	A 20153-0469			Crocc roo	eipts \$ 1,568,586							
	Amended		A 20155 0105			Gross rec	<u> </u>							
	Application	on pending JEFFREY WOLFF			H(a) Is this a group	return for s	ubordinates? Yes X No							
ш	11	4410 BROOKFIELD CORP	ODATE DD 220469		H(b) Are all subordi	inates incl	uded? Yes No							
		CHANTILLY	VA 20153-0469				See instructions							
_	_					aoi. a iioi.								
<u></u>		mpt status:501(c)(3)X501(c) (4) ◀ (in-	sert no.) 4947(a)(1) or	527										
<u>J</u>	Website		1 .		H(c) Group exempti									
		organization: X Corporation Trust Association	Other	L Yea	ar of formation: 191	L9	M State of legal domicile: MD							
P	Part I	Summary												
	1 1	Briefly describe the organization's mission or most significant	gnificant activities:											
çe		SEE SCHEDULE O												
Jan														
Governance		· · · · · · · · · · · · · · · · · · ·												
6	2 (Check this box ▶ if the organization discontinued	its operations or disposed of m	ore than 25%	of its net assets	s.								
∞ಶ	3 1	Number of voting members of the governing body (Pa	art VI, line 1a)			3	10							
es	4 1	Number of independent voting members of the govern	ning body (Part VI, line 1b)			4	10							
Activities	5	Total number of individuals employed in calendar year	r 2021 (Part V, line 2a)			5	1							
듗				A		6	200							
_	7a -	Total unrelated business revenue from Part VIII, colur	mn (C), line 12			7a	0							
	l d	Net unrelated business taxable income from Form 99		7b	0									
					Prior Year	•	Current Year							
a	8 (Contributions and grants (Part VIII, line 1h)		L	155,		199,588							
Revenue	9 1	Program service revenue (Part VIII, line 2g)		L	29,	519	150,382							
eve		Investment income (Part VIII, column (A), lines 3, 4, a		l l	24,	685	135,466							
Ř	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9					97,428							
		Total revenue – add lines 8 through 11 (must equal P			210,	147	582,864							
		Grants and similar amounts paid (Part IX, column (A)			29,	642	43,576							
	1	Benefits paid to or for members (Part IX, column (A),	/				0							
"	15	Salaries, other compensation, employee benefits (Par			39,	574	52,253							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			337371		0							
ber	b.	Total fundraising expenses (Part IX, column (D), line	25) ▶	Λ Ι										
Ä	17 (Other expenses (Part IX, column (A), lines 11a–11d,		·····-	106,	406	302,219							
		Total expenses. Add lines 13–17 (must equal Part IX,			175,		398,048							
	1	Revenue less expenses. Subtract line 18 from line 12		I		525	184,816							
JO d		TOTOTAL 1000 CAPOTISES. SUBITACI IIIIE 10 IIUIII IIIIE 12			Beginning of Curren		End of Year							
Net Assets or	20	Total assets (Part X, line 16)			1,142,		1,000,695							
Ass	21	T-1-1 P-1-177 (D1)/ P 00)				654	2,066							
i.et	22	Net assets or fund balances. Subtract line 21 from line			1,136,		998,629							
	art II	Signature Block	<u> </u>				223,122							
		enalties of perjury, I declare that I have examined this return,	including accompanying schedules	and statement	e and to the heet	of my kn	owledge and helief it is							
		rect, and complete. Declaration of preparer (other than office				Of fifty Kill	owicago and bolici, it is							
				*										
Sig	n	Signature of officer				Date								
He	_	JEFFREY WOLFF		EXECUT	IVE DIRE)							
116	16	Type or print name and title		EARCOI	IVE DIKE	.C 1 O1	<u>. </u>							
		' · · · · ·	Preparer's signature		Date	Chris	if PTIN							
Pai	d		, -			Check	□ "							
	parer	DIDALITOR C COMP	DUSTIN W DIDAWICK CPA		12/22/22	•								
	e Only	Firm's name DIDAWICK & COMP	PANY, P.C.		Firm's	s EIN 🕨	54-1384711							
USE	Unity	P.O. BOX 2976	4400				E40 00E 00E							
		-	4402		Phon		540-885-0855							
		RS discuss this return with the preparer shown above					X Yes No							
For	Paneru	work Reduction Act Notice, see the senarate instruction	e				Form QQ (2024)							

350,832

4e Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	x	
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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,	-		- 22
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ü	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	۳		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt as a finite as a mineral W West II as makets Oak and a D. Bort IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		3.5
	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			37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		v
	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	4-		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
200	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	^
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	democracy government on a data is, designing try, mile 1: ii 100, demplote democrate i, i alto i and ii	1 -		1

Form 990 (2021) CAPITAL DISTRICT OF KIWANIS
Part 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			
	employees? If "Yes," complete Schedule J	23		X
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			
	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	245		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
252		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 22
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		х
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	2015 - 2014 7704 0 - 24 004 7704 00 WW/- 1 - 2014 14 D. Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"		
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		<u>-</u> -	
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 T.,	
	E		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
	, J J J J J J J J J J J J J J J J J J J			

Pa	int V Statements Regarding Other IRS Filings and Tax Compliance (Contin	uea)			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	1	٦		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		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	S.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financia	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).	_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactive (%) and the last shelter (%) and the last sh	tion?		5b		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	е		6-		х
h	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contribution qifts were not tax deductible?	115 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	aboor				
-	and agricus provided to the pover?	joodo		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	l	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	ا مما	I			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	11a		_		
b		11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Le the conservation because it is been asset first benefit and the conservation of the conservation.			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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the experimentary receive any neumants for indeer tenning convices during the tay year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	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	incom	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2021) CAPITAL DISTRICT OF KIWANIS 54-0160298 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 10 1b 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? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE

- 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 Another's website Upon request Other (explain on Schedule O)

- 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

JEFFREY WOLFF

4410 BROOKFIELD CORPORATE DR 220469

CHANTILLY

VA 20153-0469 703-544-5655

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

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

x

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if	neither the organization	nor any related	organization compensated	d any current officer, director,	or trustee.
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								•		
(A) Name and title	(B) Average hours per week	box	x, unle	ess pe	tion more rson i	than one s both ar or/trustee)	n :)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ELANA GARDNER GOVERNOR	5.00	x		x				0	0	0
(2) JEN WOLFF										
	2.00	37		3,5				12 000	0	_
GOVERNOR-ELECT (3) JEFFREY WOLFF	0.00	Х		X				12,000	0	0
(3) OEFFREI WOHFF	20.00									
EXECUTIVE DIRECTOR	0.00			X				33,000	0	0
(4) DENNIS BAUGH										
	2.00								_	_
IMMED. PAST GOVERNOR	0.00	X		X			_	0	0	0
(5) JOSHUA HISCOCK	2.00									
TRUSTEE	0.00	x						0	0	0
(6) BILL WATSON	0.00	21						•	<u> </u>	
(0, = = = = = = = = = = = = = = = = = = =	2.00									
TRUSTEE	0.00	X						0	0	0
(7) RENEE MACKEY										
	2.00							_	_	_
TRUSTEE	0.00	X					_	0	0	0
(8) TIMOTHY GILLETTI	1									
TRUSTEE	2.00	x						0	0	0
(9) RICHARD PIPPIN	0.00	^					\dashv	U	0	0
(9) KICIPAD I III IIV	2.00									
TRUSTEE	0.00	x						0	0	0
(10) ROBERT LEWIT								-		
	2.00									
TRUSTEE	0.00	X						0	0	0
(11) KEITH WHITE										
	2.00	3,							_	
TRUSTEE	0.00	X						0	0	Eorm 990 (2021)

2521 12/22/2022 12:53 PM Form 990 (2021) **CAPITAL DISTRICT OF KIWANIS**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													9-	
	(A) Name and title	(B) Average hours	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated of oth compens	er	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations			s
									00					
									2.0					
									45,000					
1b c	Subtotal Total from continuation shee			ion	Δ			>	45,000					
d	Total (add lines 1b and 1c)							•	45,000					
2	Total number of individuals (in	cluding but not l	imite		thos	se lis	ted a	bov	e) who received more than	\$100,000 of				
	reportable compensation from	the organization	1	0									Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	" complete Sched	dule	J for	r suc	ch in	dividi	ıal .				3		х
7	organization and related organ													
5	individual	1a receive or acc								r individual		4		X
	for services rendered to the o	rganization? If "\										5		X
	Complete this table for your fi			- 4I	ملدما:			4		than \$400,000 at				
1	Complete this table for your fir compensation from the organia	zation. Report co							lar year ending with or with	nin the organization's tax ye	ear.			
	Name and	(A) business address							Descrip	(B) tion of services		Coi	(C) mpensati	ion
2	Total number of independent or received more than \$100,000								se listed above) who	0				

Form 990 (2021) CAPITAL DISTRICT OF KIWANIS

Part VIII Statement of Revenue

ra	πν			r Revenue edule O conta	ains a	a respor	nse or 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
ıts	1a	Federated camp	aigns		1a						
Contributions, Girts, Grants and Other Similar Amounts	b	Membership due	es		1b		182,033				
A, a	С	Fundraising ever	nts		1c						
<u>a</u>	d	Related organiza	ations		1d						
ini,		Government grants (co			1e						
on in	f	All other contributions,					17 555				
텵	а	and similar amounts no Noncash contributions i			1f		17,555				
	9	lines 1a-1f			1g	\$					
a 2	h	Total. Add lines	1a-1f				>	199,588			
							Business Code				
ا بو	2a	CONFERENCES	AND	EVENTS				150,382	150,382		
ه کظ	b										
Program Service Revenue	С										
Ğ d	d										
έŢ	е										
_	f	All other progran	n servi	ice revenue							
	g	Total. Add lines	2a-2f					150,382			,
	3	Investment incor	ne (ind	cluding dividend	ls, inte	rest, and					
		other similar am						21,919			21,919
	4	Income from inve	estmer	nt of tax-exemp	t bond	proceeds	s 🕨				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·			<u> </u>)	\bigcirc			
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с				-0	V			
	d 72	Net rental incom Gross amount from	e or (le					·			
	ı a	sales of assets	ļ	(i) Securities		(i	i) Other				
		other than inventory	7a	1,099	,269						
Other Revenue	b	Less: cost or other				C.X					
Ver		basis and sales exps.	7b		,722		—				
~		Gain or (loss)	7c		,547						
he		Net gain or (loss			,	<i></i>	······ •	113,547			113,547
ŏ	8a	Gross income from		ising events							
		(not including \$									
		of contributions rep		n line							
		1c). See Part IV, lin			8a						
		Less: direct expe			8b						
		Net income or (le		_	events	;	······ •				
	9a	Gross income from	_	-							
		activities. See Pa			9a						
		Less: direct expe			9b						
		Net income or (le			vities .	<u></u> I					
	10a	Gross sales of ir		•	l						
		returns and allow			10a	-					
		Less: cost of god			10b						
	с	Net income or (le	oss) tro	om sales of inv	entory						
sa							Business Code	07.400			07 400
e 9	11a	ACQUISITION	CON	SIDERATION				97,428			97,428
le la	b	•					\vdash				
Miscellaneous Revenue	C										
Σ		All other revenue						07 420			
		Total Add lines						97,428 582,864	150,382	0	232,894
	12	Total revenue.	See in	ISTRUCTIONS			P	JO4,504	130,384	ı	434,694

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a resp	•		mplete column (A).	П
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охроносс	goneral expenses	одролосс
•	and domestic governments. See Part IV, line 21	43,576	43,576		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	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,	50,400	31,200	19,200	
_	trustees, and key employees	30, 400	31,200	19,200	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,853	927	926	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,500		4,500	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,732		9,732	
g			•		
Ŭ	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	10,396		10,396	
14	Information technology				
15					
16	Royalties				
17	Occupancy	197,180	197,180		
10	Travel Payments of travel or entertainment expenses		1377100		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	51,671	51,671		
19 20	Interest	J1,0/1	JI,U/I		
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	800		800	
23	Insurance	800		800	
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.)	14 000	14 000		
а	AWARDS/CERTIFICATES	14,989	14,989		
b	SERVICES LEADERSHIP PROG	11,289	11,289		
С	TELEPHONE/INTERNET	1,363		1,363	
d	PROFESSIONAL SERVICES	299		299	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	398,048	350,832	47,216	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part Y Ralance Sheet

Pa	art >					
		Check if Schedule O contains a response or note	e to any line in this Part X	(A)		 (B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		0 0 7	1	,
	2	Savings and temporary cash investments		165,266	2	140,028
	3	Pledges and grants receivable, net		,	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former	er officer, director.			
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these pers	•		5	
	6	Loans and other receivables from other disqualified pe				
ွ		under section 4958(f)(1)), and persons described in se			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,387	9	
	10a	Land, buildings, and equipment: cost or other		-		
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments—publicly traded securities		974,630	11	860,667
	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		1,142,283	16	1,000,695
	17	Accounts payable and accrued expenses		5,654	17	2,066
	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	
ģ	22	Loans and other payables to any current or former offi				
Liabilities		trustee, key employee, creator or founder, substantial	contributor, or 35%			
iabi		controlled entity or family member of any of these pers	ons		22	
7	23	Secured mortgages and notes payable to unrelated this	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables				
		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		5,654	26	2,066
		Organizations that follow FASB ASC 958, check he	re ▶ X			
Se		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		1,136,629	27	998,629
å	28				28	
n l		Organizations that do not follow FASB ASC 958, ch	neck here ▶			
Assets or Fund Balances		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme			30	
	31	Retained earnings, endowment, accumulated income,	or other funds		31	***
Net	32			1,136,629	32	998,629
\Box	33	Total liabilities and net assets/fund balances		1,142,283	33	1,000,695

Form **990** (2021)

Pa	art 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		82,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		98,	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	84,8	816
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1		
5	Net unrealized gains (losses) on investments	5	-3	22,8	816
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9	98,	629
Pa	art 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 Accrual X Other MODIFIED	CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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		3b		

Form **990** (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizations: Complete Part III								
Nam	e of organization CAPITAL DISTRICT OF	KIWANIS			ification number				
	INTERNATIONAL, INC.			54-01602					
Pa	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	on 527 organization	on.				
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. See ins	tructions for					
	definition of "political campaign activities."								
2	Political campaign activity expenditures. See instructions			▶\$					
3_	Volunteer hours for political campaign activities. See instru	actions		,					
Pa	t I-B Complete if the organization is exem	npt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶\$					
2	Enter the amount of any excise tax incurred by organizatio	n managers under section 495	5	▶\$					
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No				
	Was a correction made?				Yes No				
_	If "Yes," describe in Part IV.	1 1 2 50%		5047 \/0\					
Pa	t I-C Complete if the organization is exem			on 501(c)(3).					
1	Enter the amount directly expended by the filing organization								
_	activities			▶\$					
2	Enter the amount of the filing organization's funds contribu-	9							
_				▶\$					
3									
	line 17b			▶\$	□ Vos □ No				
4	Did the filing organization file Form 1120-POL for this year	?			Yes No				
5	Enter the names, addresses and employer identification nu	, ,		-					
	organization made payments. For each organization listed,	•	0 0						
	the amount of political contributions received that were pro								
	as a separate segregated fund or a political action committee	1 ' '	· •		()				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and				
				funds. If none, enter -0	promptly and directly				
					delivered to a separate				
					political organization. If none, enter -0				
(1)									
(')									
(2)									
(-)									
(3)									
(5)									
(4)									
۱٠/									
(5)									
٠-/									
(6)									
ν,									

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

Schedule C (Form 990) 2021 CAPITA	L DISTRICT OF K	IWANIS	54-0160298	Page 2				
Part II-A Complete if the organiza	tion is exempt under se	ction 501(c)(3) and	filed Form 5768 (ele	ction under				
section 501(h)).			-					
A Check ► if the filing organization b	elongs to an affiliated group	(and list in Part IV eac	h affiliated group memb	er's name,				
address, EIN, expenses,	and share of excess lobbyin	g expenditures).						
B Check ▶ ☐ if the filing organization of	hecked box A and "limited co	ontrol" provisions apply						
Limits on Lobb	ying Expenditures		(a) Filing	(b) Affiliated				
(The term "expenditures" m			organization's totals	group totals				
1a Total lobbying expenditures to influence pub								
b Total lobbying expenditures to influence a le								
c Total lobbying expenditures (add lines 1a an	d 1b)							
e Total exempt purpose expenditures (add line								
f Lobbying nontaxable amount. Enter the amo	unt from the following table in bo	oth						
columns.								
If the amount on line 1e, column (a) or (b) is:	If the amount on line 1e, column (a) or (b) is:							
Not over \$500,000	20% of the amount on line 1e.							
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess	over \$500,000.						
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.						
Over \$17,000,000	Over \$17,000,000 \$1,000,000.							
g Grassroots nontaxable amount (enter 25% o	·							
h Subtract line 1g from line 1a. If zero or less,								
i Subtract line 1f from line 1c. If zero or less,								
j If there is an amount other than zero on eith								
reporting section 4911 tax for this year?		······		Yes No				
	4-Year Averaging Period U							
(Some organizations that made				ns below.				
Se	e the separate instructions	for lines 2a through	2f.)					
Lab	hadaa Faraanditaas Barrina	A Veer Averening De						
LOD	bying Expenditures During	4-Year Averaging Pe	rioa					
Calendar year (or fiscal year	(a) 2018 (b) 201	(a) 2020	(4) 2021	(a) Total				
beginning in)	(a) 2018 (b) 201	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount								
b Lobbying ceiling amount								
(150% of line 2a, column (e))								
(10070 01 iiii0 24, 00141111 (0))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

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	(election under section 501(h)).		(a) (k)	
description of t	" response on lines 1a through 1i below, provide in Part IV a detailed he lobbying activity.	Yes	No		Amo	unt	
legislation, referendum	year, did the filing organization attempt to influence foreign, national, state, or local including any attempt to influence public opinion on a legislative matter or a, through the use of:						
a Volunteers	?						
	or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media adv							
d Mailings to	members, legislators, or the public?						
e Publication	s, or published or broadcast statements?						
f Grants to d	other organizations for lobbying purposes?						
b Polling do	act with legislators, their staffs, government officials, or a legislative body? monstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activ	til o						
7 Total. Add	lines 1c through 1i ivities in line 1 cause the organization to be not described in section 501(c)(3)?						
	ter the amount of any tax incurred under section 4912						
c If "Ves" er	iter the amount of any tax incurred by organization managers under section 4912						
	organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or s	ection			
	501(c)(6).	,,,					
						Yes	N
	tantially all (90% or more) dues received nondeductible by members?				1	Х	
2 Did the org	panization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
	panization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		2
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."					3, is	
1 Dues, asse	assements and similar amounts from members		1				
	2(e) nondeductible lobbying and political expenditures (do not include amounts of						
	expenses for which the section 527(f) tax was paid).						
-	ar		2a				
b Carryover	rom last year		2b				
			2c				
	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
	vere sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	es the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	al expenditure next year?		4				
	nount of lobbying and political expenditures. See instructions		5				
	Supplemental Information						

DAA Schedule C (Form 990) 2021

Schedule C (For	m 990) 2021	CAPITAL	DISTRICT	OF	KIWANIS		54-0160298	Page 4
Part IV	Supplemental	Information	(continued)					<u> </u>
						J. J		
					•			
					•			
					• · · · · · · · · · · · · · · · · · · ·			
			C.X.	,				
			7					
			`					

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

CAPITAL DISTRICT OF KIWANIS

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CAPITAL DISTRICT OF INTERNATIONAL, INC		Employer identification number 54-0160298					
Part I General Information on Grants and	l Assistance						
Does the organization maintain records to substantiate the selection criteria used to award the grants or assista Describe in Part IV the organization's procedures for mo Part II Grants and Other Assistance to Depart IV, line 21, for any recipient that	nce? nitoring the use of omestic Organ	grant funds	s in the United States. and Domestic Go	overnments. Com	plete if the org	anization ans	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) KIWANIS CHILDREN'S FUND 3636 WOODVIEW TRACE INDIANAPOLIS IN 46268	36-6072039	501C3	43,576	000			PROGRAM SUPPORT
(2)	30 3072033	30200	-0				
(3)							
(4)		1					
(5)							
(6))					
(7)	O .						
(8)							
(9)							
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the line 		d in the line	1 table				>

Part III Grants and Other Assistance to	Domestic Individua	als. Complete if the	organization answered	d "Yes" on Form 990, Part	IV, line 22.				
Part III can be duplicated if addition									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1									
2									
3									
4									
5				· ·					
6									
7		,							
Part IV Supplemental Information. Prov	ride the information re	quired in Part I, line	2; Part III, column (b)	; and any other additional	information.				
\circ									
		N/							
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047
2021

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization CAPITAL DISTRICT OF KIWANIS INTERNATIONAL, INC. 54-0160298 FORM 990 - ORGANIZATION'S MISSION THIS ORGANIZATION IS THE ADMINISTRATIVE OFFICE THAT OVERSEES THE KIWANIS CLUBS, KEY CLUBS, AND CIRCLE K CLUBS IN ITS DISTRICT. RESPONSIBLE FOR TRAINING, ELECTIONS, CONVENTIONS, CONFERENCES, AND HIGH SCHOOL AND COLLEGE AGED YOUTH ACTIVITIES. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS JEN WOLFF JEFFREY WOLFF GOVERNOR-ELECT EXECUTIVE DIRECTOR FAMILY RELATIONSHIP FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THERE ARE DUES PAYING MEMBERS. FORM 990, PART VI, LINE 7A ELECTION OF THEIR RIGHTS MEMBERS AND OFFICERS ARE NOMINATED BY A NOMINATING COMMITTEE AND ELECTED AT THE ANNUAL CONFERENCE. FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS GOVERNING BODY DECISIONS ARE PER THE BYLAWS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED AT REGULAR MEETING OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Schedule O (Form 990) 2021 Page 2 Employer identification number Name of the organization 54-0160298 CAPITAL DISTRICT OF KIWANIS PRIOR TO ASSUMING OFFICE OR COMMITTEE MEMBERSHIP, EACH INDIVIDUAL MUST SIGN A STATEMENT THAT AFFIRMS HE/SHE UNDERSTANDS AND COMPLIES WITH THE DISTRICT POLICY ON CONFLICT OF INTEREST. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION AMOUNTS REQUIRE APPROVAL BY THE BOARD OF TRUSTEES. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON REQUEST FROM THE TREASURER. FORM 990, PART VII - ADDITIONAL INFORMATION CAPITAL DISTRICT KIWANIS, CAPITAL DISTRICT KEY CLUB, AND CAPITAL DISTRICT CIRCLE K EACH HAVE SEPARATE GOVERNING BODIES THAT OVERSEE THE OPERATIONS OF THE PROGRAMS. DUE TO PRIVACY CONCERNS OVER STUDENTS AND MINORS THAT MAKE UP THE BOARDS OF THE KEY CLUB AND CIRCLE K, CAPITAL DISTRICT KIWANIS HAS ELECTED TO NOT DISCLOSE THE NAMES OF THE BOARD MEMBERS OF THOSE PROGRAMS ON FORM 990, PART VII.