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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2006**

Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **AUG 1, 2006** and ending **JUL 31, 2007****B** Check if applicable

- ☐ Address change  
☐ Name change  
☒ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**KENNEDY BOOSTER CLUB**

Number and street (or P.O. box if mail is not delivered to street address)

**4545 WENIG ROAD NE**

City or town, state or country, and ZIP + 4

**CEDAR RAPIDS, IA 52402**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**D** Employer identification number**51-0193415****E** Telephone number**319-558-2251****F** Accounting method☐ Cash ☒ Accrual  
(specify) ▶**G** Website: **WWW.KENNEDYACTIVITIES.COM****J** Organization type (check only one) ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **160,789.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b			
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>58,158.</b> noncash \$ <b>0.</b> )	1e			<b>58,158.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			<b>18,718.</b>
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			<b>89.</b>
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe ▶ )	7				
<b>Revenue</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	8a			
	<b>c</b> Gain or (loss) (attach schedule)	8b			
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	9a		<b>45,084.</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	9b		<b>30,753.</b>	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c		<b>14,331.</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	10a		<b>37,989.</b>	
	<b>b</b> Less: cost of goods sold	10b		<b>21,915.</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		<b>16,074.</b>		
<b>11</b> Other revenue (from Part VII, line 103)	11			<b>751.</b>	
<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			<b>108,121.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13			<b>127,318.</b>
	<b>14</b> Management and general (from line 44, column (C))	14			
	<b>15</b> Fundraising (from line 44, column (D))	15			
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses Add lines 16 and 44, column (A)	17			<b>127,318.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18			<b>-19,197.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			<b>44,266.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20			<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			<b>25,069.</b>

623001  
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2006)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 5b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping	567.	567.		
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	5,312.	5,312.		
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> PROGRAM ALLOCATIONS	120,466.	120,466.		
<b>b</b> INSURANCE	867.	867.		
<b>c</b> MISCELLANEOUS EXPENSE	106.	106.		
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	127,318.	127,318.	0.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>KENNEDY ATHLETIC BOOSTER CLUB WORKED IN SUPPORT OF ALL CO-CURRICULAR ACTIVITIES PROVIDED BY KENNEDY HIGH SCHOOL.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	127,318.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>127,318.</b>

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**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash non-interest-bearing	37,918.	45	28,851.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a	13,741.	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	Cost FMV	54a	
	b Investments - other securities	Cost FMV	54b	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe ► )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	44,266.	59	42,592.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	17,523.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	0.
	66 <b>Total liabilities.</b> Add lines 60 through 65	0.	66	17,523.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	44,266.	72	25,069.
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	44,266.	73	25,069.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	44,266.	74	42,592.

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>NONE</u>	90b	0
b	Number of employees employed in the pay period that includes March 12, 2006	90b	0
91 a	The books are in care of <u>RUTH LAMB</u> Telephone no. <u>319-558-2251</u> Located at <u>4545 WENIG ROAD NE, CEDAR RAPIDS, IA</u> ZIP + 4 <u>52402</u>		
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X



**Part VI Other Information** (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>PROGRAM SERVICE</b>					
b <b>ACTIVITIES</b>					18,718.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	89.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					14,331.
102 Gross profit or (loss) from sales of inventory					16,074.
103 Other revenue					
a <b>MISC</b>			01	751.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		840.	49,123.
105 Total (add line 104, columns (B), (D), and (E))					49,963.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Ruth Lamb</u> Date <u>10/10/10</u>			
Paid Preparer's Use Only	Signature of preparer <u>Det A. K. O. CPA</u> Date <u>10-7-10</u>		Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CLIFTON GUNDERSON LLP</u> <u>1715 1ST AVENUE SE</u> <u>CEDAR RAPIDS, IA 52402</u>		EIN <u>                    </u>	
			Phone no. <u>(319) 363-2697</u>	

Form 990 (2006)

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT

1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	13,160.		13,160.	4,664.	8,496.
TAILGATE	442.		442.	523.	-81.
COUGAR DEN	31,482.		31,482.	25,566.	5,916.
TO FM 990, PART I, LINE 9	45,084.		45,084.	30,753.	14,331.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

## INCOME

1. GROSS RECEIPTS . . . . .	37,989	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		37,989
4. COST OF GOODS SOLD (LINE 13) . . . . .	21,915	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		16,074

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	21,915	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		21,915
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		21,915



## KENNEDY ROOSTER CLUB

51-0193415

PAM KALB 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BEANER BRADY 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DOUG THOMAS 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
GARY LANDHAUSER 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SCOTT DONNELLY 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
ANNETTE BRIGHTWELL 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
MICHELLE HOLTON 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CINDY TEXTOR 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BILL THOMPSON 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
RICK ERICKSON 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
GINGER ZENOR 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
RICK SIEVERTSEN 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
CINDY SIEVERTSEN 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.

## KENNEDY BOOSTER CLUB

51-0193415

BILL HAPPEL 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DAN KOSKAMP 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
LARRY NESS 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
RUSS HAMILTON 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
RICK DAMISCH 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
BETTY DAMISCH 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOM CAHALAN 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
JOAN STEINMETZ 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
SPENCER STIGALL 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
MARTY STIGALL 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
MIKE SHELDON 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

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FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT	5
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<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
RICK SIEVERTSEN	DIRECTOR

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
CINDY SIEVERTSEN	DIRECTOR

EXPLANATION OF RELATIONSHIP

RICK &amp; CINDY SIEVERTSEN ARE MARRIED.

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<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
RICK DAMISCH	DIRECTOR

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
BETTY DAMISCH	DIRECTOR

EXPLANATION OF RELATIONSHIP

RICK &amp; BETTY DAMISCH ARE MARRIED.



<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
SPENCER .STIGALL	DIRECTOR

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
MARTY STIGALL	DIRECTOR

EXPLANATION OF RELATIONSHIP

SPENCER &amp; MARTY STIGALL ARE MARRIED.

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FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 6
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<u>LINE</u>	<u>EXPLANATION OF RELATIONSHIP OF ACTIVITIES</u>
93A	REVENUE FROM THE SALE OF PROGRAMS, PROGRAM SPACE, FOOTBALL TICKETS, AND STAFFING OF SPORTING EVENTS USED TO DIRECTLY SUPPORT KENNEDY HIGH SCHOOL ATHLETICS.
101	REVENUE FROM SPECIAL EVENTS, INCLUDING A GOLF OUTING, TAILGATING AND FROM THE COUGAR DEN TO SUPPORT KENNEDY HIGH SCHOOL ATHLETICS.
102	REVENUE FROM A CONCESSION STAND AT KENNEDY HIGH SCHOOL ATHLETIC EVENTS.