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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)

OMB No 1545-0047

2006

Open to Public
Inspection

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

A For the 2006 calendar year, or tax year beginning AUG 1, 2006 and ending JUL 31, 2007

B Check if applicable

Please use IRS label or print or type. See Specific Instructions

C Name of organization

KENNEDY BOOSTER CLUB

D Employer identification number

51-0193415

 Address change Name change Initial return Final return Amended return Application pending

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

G Website: ►WWW.KENNEDYACTIVITIES.COM

J Organization type (check only one) ► 501(c)(4) (insert no) 4947(a)(1) or 527K 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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	160,789.
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	
	e Total (add lines 1a through 1d) (cash \$ 58,158. noncash \$ OCT 2010)	1e	58,158.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	18,718.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	89.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss). Subtract line 6b from line 6a		
	7 Other investment income (describe ►)	7	
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis and sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	9a	45,084.
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9b	30,753.
	b Less: direct expenses other than fundraising expenses		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	SEE STATEMENT 1	14,331.
	10 a Gross sales of inventory, less returns and allowances	10a	37,989.
	b Less: cost of goods sold	10b	21,915.
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	STMT 2	
	11 Other revenue (from Part VII, line 103)	10c	16,074.
	12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	11	751.
		12	108,121.
Expenses	13 Program services (from line 44, column (B))	13	127,318.
	14 Management and general (from line 44, column (C))	14	
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses Add lines 16 and 44, column (A)	17	127,318.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-19,197.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	44,266.
Net Assets	20 Other changes in net assets or fund balances (attach explanation)	20	0.
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	25,069.

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

Form 990 (2006)

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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			
		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>					
22a	Grants paid from donor advised funds (attach schedule)				
	(cash \$ 0 . noncash \$ 0 .)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule)				
	(cash \$ 0 . noncash \$ 0 .)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0 .	0 .	0 .	0 .
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0 .	0 .	0 .	0 .
25c	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)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping	567 .	567 .		
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	5,312 .	5,312 .		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	<u>PROGRAM ALLOCATIONS</u>	120,466 .	120,466 .		
b	<u>INSURANCE</u>	867 .	867 .		
c	<u>MISCELLANEOUS EXPENSE</u>	106 .	106 .		
d					
e					
f					
g					
44	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 NoIf "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? ► <u>SEE STATEMENT 3</u>	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.)	
a KENNEDY ATHLETIC BOOSTER CLUB WORKED IN SUPPORT OF ALL CO-CURRICULAR ACTIVITIES PROVIDED BY KENNEDY HIGH SCHOOL.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 127,318.	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► <input type="checkbox"/> 127,318.	

Form 990 (2006)

Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
	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		6,348.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> 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 Total assets (must equal line 74) Add lines 45 through 58		44,266.	42,592.
	60 Accounts payable and accrued expenses			60
	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
	66 Total liabilities. Add lines 60 through 65		0.	17,523.
	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
	71 Paid-in or capital surplus, or land, building, and equipment fund		0.	71
	72 Retained earnings, endowment, accumulated income, or other funds		44,266.	72
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			25,069.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		44,266.	73
			44,266.	74
				42,592.

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements

b Amounts included on line a but not on Part I, line 12

- 1 Net unrealized gains on investments
- 2 Donated services and use of facilities
- 3 Recoveries of prior year grants
- 4 Other (specify) _____
Add lines b1 through b4

c Subtract line b from line a

d Amounts included on Part I, line 12, but not on line a:

- 1 Investment expenses not included on Part I, line 6b
- 2 Other (specify) _____
Add lines d1 and d2

N/A

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- a Total expenses and losses per audited financial statements
- b Amounts included on line a but not on Part I, line 17
 - 1 Donated services and use of facilities
 - 2 Prior year adjustments reported on Part I, line 20
 - 3 Losses reported on Part I, line 20
 - 4 Other (specify) _____
Add lines b1 through b4
- c Subtract line b from line a
- d Amounts included on Part I, line 17, but not on line a:
 - 1 Investment expenses not included on Part I, line 6b
 - 2 Other (specify) _____
Add lines d1 and d2

N/A

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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	
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	
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	
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 ► N/A, section 4912 ► N/A; section 4955 ► N/A	89b	X
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	89c	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	89e	0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	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?		
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	90c	0
91 a	The books are in care of ► <u>RUTH LAMB</u> Located at ► <u>4545 WENIG ROAD NE, CEDAR RAPIDS, IA</u>	Telephone no. ► 319-558-2251	ZIP + 4 ► 52402
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 ► N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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

Yes	No

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

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

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

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

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			
	► <i>Ruth Lamb</i>	Date	10/10/10	
Paid Preparer's Use Only	Signature of officer			
	► <i>RUTH LAMB, TREASURER</i>	Type or print name and title	Preparer's SSN or PTIN (See Gen. Inst. X)	
Preparer's signature	► <i>Detra A. K. D. CPA</i>	Date	10-7-10	Check if self- employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTON GUNDERSON LLP 1715 1ST AVENUE SE CEDAR RAPIDS, IA 52402	EIN	► <input type="checkbox"/>
		Phone no.	► (319) 363-2697	

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

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

THE FOCUS OF THE KENNEDY ATHLETIC BOOSTER CLUB IS ON PROVIDING KENNEDY HIGH SCHOOL STUDENT-ATHLETES WITH AN ENVIRONMENT THAT ALLOWS THEM TO TRAIN AND PERFORM TO THEIR FULL POTENTIAL. THE KENNEDY ATHLETIC BOOSTER CLUB PROVIDES SUBSTANTIVE FINANCIAL SUPPORT TO ALL CO-CURRICULAR SPORTS/ACTIVITIES.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 4
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEN TERUKINA 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	PRESIDENT 0.25	0.	0.	0.
KAREN BRENNEMAN 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	SECRETARY 0.25	0.	0.	0.
RUTH LAMB 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	TREASURER 0.25	0.	0.	0.
CONNIE CAVINESS 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
AARON STECKER 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DEB GULICK 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
TOM ZAHN 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.
DAN CLAFLIN 4545 WENIG RD NE CEDAR RAPIDS, IA 52402	DIRECTOR 0.25	0.	0.	0.

KENNEDY BOOSTER CLUB

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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

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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.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 5

INDIVIDUAL'S NAME

TITLE OR ROLE

RICK SIEVERTSEN

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

CINDY SIEVERTSEN

DIRECTOR

EXPLANATION OF RELATIONSHIP

RICK & CINDY SIEVERTSEN ARE MARRIED.

INDIVIDUAL'S NAME

TITLE OR ROLE

RICK DAMISCH

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

BETTY DAMISCH

DIRECTOR

EXPLANATION OF RELATIONSHIP

RICK & BETTY DAMISCH ARE MARRIED.

INDIVIDUAL'S NAME

SPENCER .STIGALL

TITLE OR ROLE

DIRECTOR

INDIVIDUAL'S NAME

MARTY STIGALL

TITLE OR ROLE

DIRECTOR

EXPLANATION OF RELATIONSHIP

SPENCER & MARTY STIGALL ARE MARRIED.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 6

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

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.