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Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	Fo	or the 2009 calend	dar year,	or tax year begi	nning	DOTOBE	RI	, 2009,	and e	ending	SE	गहा	NBER 30, 20/0
В	Ch	neck if applicable:	Please	C Name of organ			_	_					entification number
] Ad	ddress change	use IRS label or	MT.PLE	EASAN	T KIWA	INIS YO	nuTH F	-un	10		42	-6060231
	Na	ame change	print or	Number and stree	t (or P.O	box, if mail is not	delivered to stre	et address)			E Teleph		
⊢	•	itial return erminated	type. See	861 N	1025,	4 MAIN	8T.						
-	-		Specific	S6/ N City or town, state	or countr	y, and ZIP + 4			<u> </u>		F Grou	n Eve	motion
<u> </u>	₹ .	mended return pplication pending	Instruc- tions.	MT PL	F-AS	ANT -	IA SZ	.641				ber ▶	•
_		· · · · · · · · · · · · · · · · · · ·)						. 1	C. Assaura			☑ Cash ☐ Accrual
	•	• Section 501(c)(3)						nusi attacn	' I		-		AN Casii L Accidai
_	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☒ If the organization is not												
	147	I-L-14- N	N/A	Δ									
		ebsite: ►	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	44) 4 5	\ 45 ·)	4) . 🗆 .	_	•			chedule B (Form 990,
		x-exempt status								990-EZ			
K			-				-				-		ore than \$25,000. A
_		orm 990-EZ or Fori											
_		dd lines 5b, 6b, and											37,580
₋■				enses, and C				ia Balanc	es (See the I	nstruc	tions	s for Part I.)
5	-		_	s, grants, and s					•			_1_	
Ĺ		-		evenue includir		rnment fees a	nd contracts		•		[2	
)	- [3 Members!	hip dues	and assessme	ents .							3	17,845
3		4 Investmen									[4	
)	-			m sale of asset					↓				
•				r basis and sale	•				<u>L</u>				
) ,				sale of assets							·	5c	
	Ž			ivities (complete ap			G) If any amour	nt is from gam	ning, c	heck here	· 🗆		
	ן פֿ	a Gross reve	enue (no	t including \$_		2	of contributi	ons		A	İ		
	2	reported of						. 6a	16	1,734			
رر —آۋ	-+	- H- H-25-101/E	cr-expen	ses other than	fundrai	sing expense	s	. 6b		·			10 -01
٦				s) from special				1	line (6a)	. [6c	<i>19,</i> 734
	W	7a Gross sale	es of M	entory, less ret	urns and	d allowances							
V	311	FIE BLess:7cost	႐ ုဂျ် gရဲဝဲ င့်	is sold				. 7b	L				
1	र्ग 📗	c Gross pro	ofit or (124	క్ష్మ) from sales c	of invent	ory (Subtract	line 7b from	line 7a) .				7c	
	4	_8Other-reve)	8	
Į_	╛	到Gildaily eve									. ▶	9	37,580
_				amounts paid		schedule) .						10	
		•		r for members								11	
9	8			mpensation, an	•	-						12	
9				and other payn			contractors					13	
Ì		14 Occupand	cy, rent, i	utilities, and ma	aintenar	nce]	14	100
Ú	Ú			ons, postage, a	ınd ship	ping A					[15	1395
				lescribe 🕨			tached)	16	33,471
	_ _	17 Total exp	enses. /	Add lines 10 th	rough 10	<u> </u>			<u>.</u>		<u>.</u> ▶	17	34,866
9	او			for the year (Su								18	2,714
Č	ı N			d balances at			om line 27, o	column (A)) (mu	ist agree	with		-, 42
<	₹	end-of-ye	ar figure	reported on pr	rıor year	's return)					[19	26,451
Mot Apport	<u> </u>	20 Other cha	inges in i	net assets or fu	ınd bala	nces (attach	explanation)				[20	<u> </u>
_				l balances at er							. ▶	21	29,145
	Pa	rt II Balanc	e Shee				n (B) are \$1,2	250,000 or	more				ad of Form 990-EZ.
				(See the inst	ructions	for Part II)				(A) Begii		year	(B) End of year
2	22	Cash, savings	s, and in	vestments .						26	,431		22 29,145
, 2	23	Land and buil	ldıngs .								⋺		23 -
2	24	Other assets	(describe	e▶)		2		24 ——
2	25	Total assets								26	,431		25 29,145
2	26	Total liabilitie	es (desci	ribe ►)		α		26
_2	27	Net assets or	r fund b	alances (line 2	7 of col	umn (B) mus	agree with I	ine 21) .		26	,43		27 29,145
_					A								5 000 EZ (2000)

		11.4				
Part	Statement of Program Service Accomp		uctions for Part III	l.)		Expenses
What	is the organization's primary exempt purpose?	SERVICE TO	Yout H		(Requ	red for section
Desc	the what was achieved in carrying out the org			nd concise		(3) and 501(c)(4)
	er, describe the services provided, the number of					zations and section
		i persons benefited, and t	Milei relevant into	mation for		a)(1) trusts; optional
	program title.				for oti	ners)
28	Tree of Lights - Take	needy familia	es from			
		ropping so pare		1 17 hase		
		sopping so pure	as care	00,010(
	Clothing for Unidren	90 youth	······································			5145
	Grants \$) If this amount	<u>includes foreígn grants, ch</u>	eck here	_, ▶ ڶ	28a	2147
29	Scholaushias - Provide &	scholarships +	& avadus	itino		
	seriors 4 vonth		*	7		
	- servis 4 jours		·			
						7117
	Grants \$) If this amount	<u>ıncludes foreign grants, ch</u>	eck here	. ▶ ∐_	29a	2.112
30	Reading oromans - +	rovide funds -	to selling a	nd		
	autilia de de cara		444	F. 1901		
	puric manage is supp	ort reading pro	granes			_
	250 yerith			-		2624
	Grants \$	includes foreign grants, ch	eck here	. ▶ 📙	30a	3
31	Other program services (attach schedule)					
		includes foreign grants, ch	ock hore	▶ □	31a	2657
				·)
	Total program service expenses (add lines 28a t				32	12,538
Part	V List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	-		
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances
	9/ 60-165	PRESINENT	enter-oy	delared comper	ioution.	Otrici allowanices
112	Y SPENCE	1	<u> </u>	1		_
\mathcal{M}	T. PLEASANT IA 52641	10 Hours		-0-		4
-	NCE MAHONEY	SECRETARY	_	_		_
الم	T. PLEASANT IA 52641	5 Hours	-O	1 		A
- 6	TA ANNI 11	TREASURGE.				
<u> </u>	1A MULUN	, -	-0-	_ ^		-
M	T.PLEASANT IA SZLGAI	5 Hours	0-	70		<u> </u>
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33 ,	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	,	χ
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	4
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a →	-		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		
ээ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			,]
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			·
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► None			
42a	The organization's books are in care of ▶ RITA MULLIN Telephone no. ▶319	385	7,3/	34
	Located at ► MT.PLEASANT IA ZIP+4 ► 52	64	l	
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		Vas	N/-
	account)?	40h	res	No ス
	If "Yes," enter the name of the foreign country: ►	42b		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
•	If "Yes," enter the name of the foreign country:			· · · ·
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	4	. •.	
	and enter the amount of tax-exempt interest received or accrued during the tax year		A	
			Ves	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	F	1.69	140
~	Form 990-EZ	44		لخا
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	· r.	001	ユニフ	(0000)

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chand 51.	exempt charitab ritable trusts mus	le trusts only. Alst answer question	I section ns 46–49b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete Did the organization engage in lobbying activities	Schedule C, Part I	· · · · · · ·	[Yes No 46 X 47 X
48 49a	Is the organization a school as described in section of the organization make any transfers to an exif "Yes," was the related organization a section of the organization as the related organization a	on 170(b)(1)(A)(ii)? If "Yes," kempt non-charitable relat	complete Schedule	ε	48 X 49a X 49b NA
50	Complete this table for the organization's five h employees) who each received more than \$100,	ighest compensated empl			rustees and key
	(a) Name and address of each employee paid more than \$100,000 NO COMPENSATION PAID	hours per week devoted to position	(7)	employee benefit plans & deferred compensation	account and other allowances
	Complete this table for the organization's five \$100,000 of compensation from the organization	on. If there is none, enter "	None."	-	
	(a) Name and address of each independent contractor		(b) 1y	pe of service	(c) Compensation
d	Total number of other independent contractors	each receiving over \$100,	000▶	<u></u>	····
	Under penalties of penjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompa n of preparer (other than officer) is	nying schedules and sta based on all information	atements, and to the bes	t of my knowledge any knowledge
Sign Here	Signature of officer VINCENT D. MAH Type or print name and title	neg toney Secy	etany	JI Jan 201	(
Paid Prepare	Preparer's signature Firm's name (or	Date	Check if self- employed ▶	Preparer's identifying num	nber (See instructions)
Use On	yours if self-employed), address, and ZIP + 4		El Pl	N Pone no P	
iviay th	e IRS discuss this return with the preparer show	ii above? See instructions	<u> </u>	▶ <u>L</u>	Yes

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

M. PLEASANT KIWANIS YOUTH FUND 42: 6060231

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/2 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II **c** Type III-Functionally integrated e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Did you notify (vi) is the (vii) Amount of the organization in organization (described on lines 1-9 in col (i) listed in your organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes Total

Pai	Support Schedule for Org (Complete only if you chec	janizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·			<u> </u>	 	
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	<u> </u>	·	L	L	<u> </u>	<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	• • • • • • • • • • • • • • • • • • • •	(4) 2000	(2) 2000	(6) 2007	(4) 2000	(0) 2000	(i) iotai
7	Amounts from line 4				-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			<u> </u>		-	<u></u>
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>	nd, third, fourth			on 501(c)(3)
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-			14	<u>%</u>
15	Public support percentage from 2008 Sci					15	
16a	a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33%% support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circui	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the facts-and-circumstance organization did private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, d organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization .	IV how the
	realisation in the organization did	51.55K a bt	5 10, 10	a, 100, 17a, 01	i i o, onder tillo	DON GING GOO IIIC	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	2000		,			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		, ,					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,513	18,184	18,385	19,383	17,845	93,310
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	9936	13,155	P,877	10,342	19,734	73,044
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-	Ð	0	0	-	*
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	D	0	0	Ð	4	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	A	4	\d	-	\	0
6	Total. Add lines 1 through 5	29,449	31,339	38,26Z	29,725	37,579	166,354
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	4	0	Ð	-	0	-
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-0	0	-	-	-0	-0
c	Add lines 7a and 7b		-		-	-6-	A
8	Public support (Subtract line 7c from line 6)		y =				166,354
Sec	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	29,449	<i>31,33</i> 9	38,262	29,725	37,579	166,354
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	510	1039	1039	Z	1	2591
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Ð	-0	-0	0	↔	-8-
c	Add lines 10a and 10b	510	1039	1039	ک	1	2591
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-	0	-	-8	-0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0	-	~	<u>~</u>	-	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	29,959	32,378	39,301	29,727	37,580	168,945
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u>. </u>		h, or fifth tax y		on 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Percei	ntage		· 		
15 16_	Public support percentage for 2009 (lin Public support percentage from 2008 S			ie 13, column	• • •		.466 % .08 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 200	9 (line 10¢, col	umn (f) divided	d by line 13, c	olumn (f)) .		.534 %
18	Investment income percentage from 20					<u>.</u> _	.92 %
19a	331/3 % support tests – 2009. If the organism not more than 331/3 %, check this b	anızation did n ox and stop h e	ot check the bere. The organi	ox on line 14, a zation qualifies	and line 15 is n s as a publicly s	nore than 33½ supported orga	%, and line anization ► 🛣
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox and see inst	tructions >

	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; a	ion. Complete this and Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
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Attached to and part of the return:

Mt. Pleasant Kıwanis Club ID #: 42-6060231

Form 990EZ Fiscal year 2009

Part I: Line 6a	Special Events Revenu	ıe
Gumball machines Pancake day IWC Basketball tourna Old Threshers gate inc Rose Day Tree of Lights Swap Meet pancake b	come	212 2029 3600 1500 4345 6881 1167 19734
Part I: Line 16	Other Expenses	
Meals Dues Boy Scouts Honor Roll bumper stick Kids Against Hunger Project Crayon Kiwanis Sponsored you Reading programs Gırls Softball Annual gift Scholarships SE Iowa Symphony Tree of Lights expense Mt. Pleasant Music Boy Pumpkin Patch party Spastic Paralysis Rose Day Swap Meet Pancake Day IWC Basketball Young Eagles	uth	10085 4667 100 301 400 62 369 2624 250 100 2112 50 5145 150 260 300 2545 349 752 2535 315
	=	334/1

Attached to and part of the return:

Mt. Pleasant Kiwanis Club

ID #: 42-6060231

Form 990EZ Fiscal year 2009

Part III Line 31

Other program services

Boy Scouts	100
Honor Roll bumper sticker	301
Kids Against Hunger	400
Project Crayon	62
Kiwanis Sponsored youth	369
Girls Softball	250
Kiwanıs Annual Gift	100
SE Iowa Symphony	50
Mt. Pleasant Music Boosters	150
Pumpkin Patch party	260
Spastic Paralysis	300
Young Eagles	315

2657