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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 06-01-2017 , and ending 05-31-2018

Name of foundation
THE KENNETH K KINSEY FAMILY FOUNDATION

A Employer identification number
36-4154135

Number and street (or P O box number if mail is not delivered to street address)
38 POST ROAD

Room/suite

B Telephone number (see instructions)
(319) 354-5000

City or town, state or province, country, and ZIP or foreign postal code
IOWA CITY, IA 52245

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 5,370,502

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	101,841			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	13,757	13,757		
	4	Dividends and interest from securities	143,632	143,632		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-53,356			
	b	Gross sales price for all assets on line 6a 376,929				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	-2,783	0		
	12	**Total.** Add lines 1 through 11	203,091	157,389		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	3,960	1,980		1,980
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	5,429	590		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	217	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	9,606	2,570		1,980
	25	Contributions, gifts, grants paid	224,050			222,550
	26	**Total expenses and disbursements.** Add lines 24 and 25	233,656	2,570		224,530
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-30,565			
	b	**Net investment income** (if negative, enter -0-)		154,819		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	116,031	180,149	180,149
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,963,013	1,754,342	4,706,039
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	373,550	487,538	484,314
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	2,452,594	2,422,029	5,370,502
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	2,452,594	2,422,029	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	0	0	
	30 **Total net assets or fund balances** (see instructions)	2,452,594	2,422,029	
	31 **Total liabilities and net assets/fund balances** (see instructions)	2,452,594	2,422,029	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,452,594
2	Enter amount from Part I, line 27a	2	-30,565
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	2,422,029
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,422,029

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	376,929		430,285	-53,356
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				-53,356
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-53,356
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	194,842	4,580,637	0 042536
2015	184,337	3,936,175	0 046832
2014	154,842	3,819,832	0 040536
2013	137,810	3,187,288	0 043237
2012	124,333	2,710,981	0 045863

2	**Total** of line 1, column (d)	2	0 219004
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 043801
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	5,281,466
5	Multiply line 4 by line 3	5	231,333
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,548
7	Add lines 5 and 6	7	232,881
8	Enter qualifying distributions from Part XII, line 4	8	224,530

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	3,096
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	3,096
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	3,096
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 3,240		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	3,240
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	144
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 144 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ NONE

14 The books are in care of ▶ KENNETH K KINSEY Telephone no ▶ (319) 338-2580

Located at ▶ 38 POST ROAD IOWA CITY IA ZIP+4 ▶ 52245

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2017 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☑ Yes	☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			**5b**	**Yes**
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**6b**	**No**
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			**7b**	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KENNETH K KINSEY 38 POST ROAD IOWA CITY, IA 52245	PRESIDENT 1 00	0	0	0
JEANETTE A KINSEY 38 POST ROAD IOWA CITY, IA 52245	DIRECTOR 1 00	0	0	0
ELIZABETH J HAWLEY 38 POST ROAD IOWA CITY, IA 52245	DIRECTOR 1 00	0	0	0
KRISTOFER K KINSEY 38 POST ROAD IOWA CITY, IA 52245	DIRECTOR 1 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	0
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	0
2	
All other program-related investments See instructions 3	0
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	5,205,968
b	Average of monthly cash balances	1b	155,926
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	5,361,894
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	5,361,894
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	80,428
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,281,466
6	**Minimum investment return.** Enter 5% of line 5	6	264,073

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	264,073
2a	Tax on investment income for 2017 from Part VI, line 5	2a	3,096		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	3,096
3	Distributable amount before adjustments Subtract line 2c from line 1			3	260,977
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	260,977
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	260,977

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	224,530
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	224,530
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	224,530

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				260,977
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			222,278	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 224,530				
a Applied to 2016, but not more than line 2a			222,278	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				2,252
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				258,725
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013. . . .				
b Excess from 2014. . . .				
c Excess from 2015. . . .				
d Excess from 2016. . . .				
e Excess from 2017. . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				224,050
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	13,757	
4 Dividends and interest from securities. . . .			14	143,632	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-53,356	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a DCP MIDSTREAM PARTNERS K-1	211110	-2,783			
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		-2,783		104,033	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	101,250

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge

******	2018-08-16	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
SHAWNA HULS				P01315330
Firm's name ▶ RSM US LLP				Firm's EIN ▶41-1944416
Firm's address ▶ 201 FIRST ST SE SUITE 800 CEDAR RAPIDS, IA 52401				Phone no (319) 298-5333

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000).

KENNETH K KINSEY
JEANETTE A KINSEY

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGING SERVICES317 7TH AVE SE 302 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	1,500
ALZHEIMER'S ASSOCIATION EAST CENTRAL IOWA 317 SEVENTH AVENUE SE STE 402 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	750
AMERICAN CANCER SOCIETY 4080 1ST AVE SE 101 CORALVILLE, IA 52402	NONE	PC	GENERAL OPERATING FUND	250
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMO CITY, OK 73123	NONE	PC	GENERAL OPERATING FUND	200
AMERICAN CANCER SOCIETY HOPE LODGE 750 HAWKINS DR IOWA CITY, IA 52246	NONE	PC	GENERAL OPERATING FUND	1,500
AMERICAN SENIORS GOLF ASSN PO BOX 100 MARSTONS MILLS, MA 02648	NONE	PC	GENERAL OPERATING FUND	3,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHLETES IN ACTION - CO CRAIG WELT 3741 LACINA DR SW IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	300
BIG BROTHERS BIG SISTERS 3109 OLD HWY 218 SOUTH IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	500
BIRDIES THAT CAREPO BOX 2336 CEDAR RAPIDS, IA 52406	NONE	PC	GENERAL OPERATING FUND	4,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLANK CHILDRENS HOSPITAL (CENTRAL IOWA HOSPITAL CORPORATION) 1200 PLEASAND ST DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING FUND	200
BOSTON CHILDREN'S HOSPITAL TRUST 401 PARK DR BOSTON, MA 02115	NONE	PC	GENERAL OPERATING FUND	400
BRETT GREENWOOD FOUNDATION 2001 SPRUCE HILLS DR BETTENDORF, IA 52722	NONE	PC	GENERAL OPERATING FUND	400
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLINE EDUCATION FOUNDATION PO BOX 470652 BROOKLINE, MA 02447	NONE	PC	GENERAL OPERATING FUND	200
CAMP COURAGEOUS 12007 190TH STREET MONTICELLO, IA 52310	NONE	PC	GENERAL OPERATING FUND	2,000
CEDAR RAPIDS MUSEUM OF ART 410 THIRD AVE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 450 5TH AVE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	1,000
CEDAR RAPIDS SCOTTISH RITE 616 A AVE NE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	500
COMMUNITY DEVELOPMENT ALTERNATIVES FOR KIDS 410 E WASHINGTON ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	300
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF JOHNSON COUNTY 325 E WASHINGTON STREET IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	5,000
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	2,000
COMMUNITY MENTAL HEALTH CENTER FOR MIDEASTERN IOWA 507 E COLLEGE ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	3,000
Total . . . . . ▶ **3a**				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORALVILLE COMMUNITY FOOD PANTRY 1002 5TH STREET CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,500
DOMESTIC VIOLENCE INTERVENTION PROGRAM PO BOX 3170 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	2,000
DONALD ROSS SOCIETY FOUNDATION (DRS) 450 MONTBROOK LANE KNOXVILLE, TN 37919	NONE	PC	GENERAL OPERATING FUND	1,000
Total 3a . . . . . ▶				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO RD WEST DES MOINES, IA 50265	NONE	PC	GENERAL OPERATING FUND	400
EKWANOK SCHOLARSHIP TRUST 9 GRANITE ST WESTERLY, RI 02891	NONE	PC	GENERAL OPERATING FUND	500
EL KAHIR SHRINE HOSPITAL 1400 BLAIRS FERRY RD NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING FUND	300
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION ONE BRIAR RD GOLF, IL 60029	NONE	PC	GENERAL OPERATING FUND	2,500
FARAJA FUND FOUNDATION C/O DON TOLMIE 8919 PARK RD UNIT 249 CHARLOTTE, NC 28210	NONE	POF	GENERAL OPERATING FUND	1,500
FEED MY STARVING CHILDREN C/O MARGY TOWERS 175 E DOVETAIL DR CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILM SCENE118 E COLLEGE ST 101 IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
FIRST CONGREGATIONAL CHURCH 500 8TH AVE SE MINNEAPOLIS, MN 55414	NONE	PC	GENERAL OPERATING FUND	1,200
FIRST PRESBYTERIAN CHURCH 2701 ROCHESTER AVE IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	2,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOLDS OF HONOR FND 5800 N PATRIOT DR OWASSO, OK 74055	NONE	PC	GENERAL OPERATING FUND	1,000
FRIENDS OF IOWA PUBLIC TELEVISION 6535 CORPORATE DRIVE PO BOX 6400 JOHNSTON, IA 501316400	NONE	PC	GENERAL OPERATING FUND	500
GIVE FOUNDATION3184 HWY 22 RIVERSIDE, IA 52327	NONE	PC	GENERAL OPERATING FUND	1,500
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION 324 3RD ST SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	3,000
HEALTHY KIDS COMMUNITY CARE (COMMUNITY FOUNDATION OF JOHNSON COUNTY IOWA) 325 E WASHINGTON STREET IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	5,000
HERBERT HOOVER LIBRARY 210 PARKSIDE DR WEST BRANCH, IA 52358	NONE	PC	GENERAL OPERATING FUND	3,750
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERMAN SANI SCHOLARSHIP FUND - IOWA GOLF ASSN FOUNDATION 8515 DOUGLAS AVE STE 25 URBANDALE, IA 50322	NONE	PC	GENERAL OPERATING FUND	2,500
HITCHCOCK WOODS FOUNDATION POBOX 1702 AIKEN, SC 29802	NONE	PC	GENERAL OPERATING FUND	200
HOLDEN COMPREHENSIVE CANCER CENTER PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	3,000
Total 3a . . . . . ▶				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOOVER PRESIDENTIAL FOUNDATION 302 PARKSIDE DR WEST BRANCH, IA 52358	NONE	PC	GENERAL OPERATING & STATUE FUND	2,500
I CAN READ1826 BROWN DEER COVE CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	750
ICCSD509 S DUBUQUE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	6,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IJAG GRIMES STATE OFFICE BUILDING 3RD FLOOR DES MOINES, IA 50319	NONE	PC	GENERAL OPERATING FUND	1,500
IOWA CITY FREE MEDICAL CLINIC 2440 TOWNCREST DR IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,200
IOWA CITY HOSPICE1025 WADE ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	200
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA CITY MASONIC FOUNDATION 4970 AMERICAN LEGION RD IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	4,000
IOWA CITY PUBLIC LIBRARY 123 S LINN ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
IOWA CITY ROTARY WHEEL CLUB PO BOX 684 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA CITY UNESCO CITY OF LITERATURE 123 S LINN ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
IOWA ENVIRONMENTAL COUNCIL 521 E LOCUST ST STE 220 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING FUND	2,500
IOWA GOLF ASSOCIATION FOUNDATION 1605 N ANKENY BLVD STE 210 ANKENY, IA 50023	NONE	PC	GENERAL OPERATING FUND	1,500
Total 3a . . . . . ▶				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA PGA FOUNDATION3184 HWY 22 RIVERSIDE, IA 52327	NONE	PC	GENERAL OPERATING FUND	1,000
IOWA PUBLIC RADIO 2022 COMMUNICATIONS BUILDING AMES, IA 50011	NONE	PC	GENERAL OPERATING FUND	500
IOWA WOMEN'S FOUNDATION 2201 GRANTVIEW DR SUITE 200 CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	800
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNSON COUNTY CRISIS CENTER 1121 GILBERT COURT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,200
JOHNSON COUNTY HISTORICAL SOCIETY 860 QUARRY RD CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,000
JOURNEYCARE FOUNDATION 2050 CLAIRE COURT GLENVIEW, IL 60025	NONE	PC	MEMORIAL GIVING	300
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE 200 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	500
KIRKWOOD COMMUNITY COLLEGE FOUNDATION 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	NONE	PC	GENERAL OPERATING FUND	3,000
LEGACY FOUNDATION OF HARTFORD 1229 ALBANY AVE HARTFORD, CT 06112	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINN COUNTY HISTORICAL MUSEUM 716 OAKLAND ROAD NE STE 103 CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING FUND	800
MAKE A WISH FOUNDATION OF MINNESOTA 615 FIRST AVE NE SUITE 415 MINNEAPOLIS, MN 55413	NONE	PC	GENERAL OPERATING FUND	300
MARCY OPEN SCHOOL415 4TH AVE SE MINNEAPOLIS, MN 55414	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOSPITAL FDN500 E MARKET ST IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	1,000
MISSOURI MILITARY ACADEMY 204 N GRAND ST MEXICO, MO 65265	NONE	PC	GENERAL OPERATING FUND	1,200
MOUNT MERCY UNIVERSITY FOUNDATION 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING FUND	5,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE ON MENTAL ILLNESSJOHNSON COUNTY 1105 GILBERT CT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
NATIONAL CZECH & SLOVAK MUSEUM AND LIBRARY 1400 INSPIRATION PLACE SW CEDAR RAPIDS, IA 52404	NONE	PC	GENERAL OPERATING FUND	500
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY PO BOX 2491 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	1,200
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NISHNA VALLEY TRAILS INC C/O BOB CHASE 2824 COUNTRY CLUB DR ATLANTIC, IA 50022	NONE	PC	GENERAL OPERATING FUND	1,000
OAKNOLL FOUNDATION 1 OAKNOLL COURT IOWA CITY, IA 52246	NONE	PC	GENERAL OPERATING FUND	2,000
ORCHESTRA IOWA 119 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAYS817 PEPPERWOOD LANE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	800
RIVERSIDE THEATRE 213 N GILBERT STREET IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	1,000
RONALD MCDONALD HOUSE 730 HAWKINS DR IOWA CITY, IA 52246	NONE	PC	GENERAL OPERATING FUND	5,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY DISTRICT 6000 IOWA PO BOX 122 PELLA, IA 50219	NONE	PC	IOWA M O S T (MILES OF SMILES TEAM) - PROVIDE FREE CLEFT LIP/PALATE SURGERY	3,000
ROTARY INTERNATIONAL FOUNDATION PO BOX 684 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	1,000
SAFETY VILLAGE-MERCY IA CITY COMMUNITY RELATIONS 500 E MARKET ST IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	400
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER HOUSE COMMUNITY 429 SOUTHGATE AVE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,500
SOUTH FLORIDA PGA FOUNDATION C/O OLDE FLORIDA 9393 VANDERBILT BEACH RD NAPLES, FL 34120	NONE	PC	GENERAL OPERATING FUND	1,000
ST ANDREW PRESBYTERIAN CHURCH 2251 1ST AVE CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	500
Total 3a . . . . . ▶				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS CATHOLIC CHURCH PO BOX 80 OXFORD, IA 52322	NONE	PC	GENERAL OPERATING FUND	400
ST PIUS X CATHOLIC CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING FUND	200
SUMMER OF THE ARTS 325 E WASHINGTON ST 301 IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEET ADELINES INTERNATIONAL - METRO MIX CHORUS 1417 3RD ST SE CEDAR RAPIDS, IA 52403	NONE	PC	GENERAL OPERATING FUND	750
TABLE TO TABLE840 S CAPITOL ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,500
TEXAS 4000 FOR CANCERPO BOX 6459 AUSTIN, TX 78762	NONE	PC	GENERAL OPERATING FUND	4,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BIRD HOUSE - HOSPICE HOME OF JOHNSON COUNTY 8 LIME KILN LN NE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
THE ENGLERT THEATRE 221 E WASHINGTON ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
THE FIRST TEE OF BALTIMORE C/O SINCLAIR EADDY JR 1321 CHURCH HILL DR BALTIMORE, MD 21208	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FIRST TEE OF CENTRAL IOWA 15920 HICKMAN RD SUITE 400 CLIVE, IA 50325	NONE	PC	GENERAL OPERATING FUND	1,500
THE FIRST TEE OF CONNECTICUT 55 GOLF CLUB RD CROMWEL, CT 06416	NONE	PC	GENERAL OPERATING FUND	1,000
THE FIRST TEE OF MANHATTAN 5200 COLBERT HILLS DRIVE MANHATTAN, KS 66503	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FIRST TEE OF MINNEAPOLIS 445 ST ANTHONY PARKWAY MINNEAPOLIS, MN 55418	NONE	PC	GENERAL OPERATING FUND	500
THE FIRST TEE OF NAPLES 9393 VANDERBILT BEACH RD NAPLES, FL 34120	NONE	PC	GENERAL OPERATING FUND	1,500
THE FIRST TEE OF NAPLESCOLLIER 1370 CREEKSIDE BLVD NAPLES, FL 34108	NONE	PC	SCHOLARSHIP	3,000
Total 3a . . . . . ▶				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE IOWA CHILDRENS MUSEUM 1451 CORAL RIDGE AVE CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,200
THE READING CENTER - DYSLEXIA INSTITUTE OF MN 847 5TH ST NW ROCHESTER, MN 55901	NONE	PC	GENERAL OPERATING FUND	300
THE SALVATION ARMY IOWA CITY CORP 1116 E GILBERT COURT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE CEDAR RAPIDS 102 3RD STREET SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	1,000
TREES FOREVER770 7TH AVE MARION, IA 52302	NONE	PC	GENERAL OPERATING FUND	1,000
UNITED METHODIST CHURCH OF TIFFIN 300 WEST MARENGO ROAD TIFFIN, IA 52340	NONE	PC	GENERAL OPERATING FUND	200
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF JOHNSON COUNTY 1150 5TH ST 290 CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	3,500
UNIVERSITY OF IOWA - CHRIS STREET BASKETBALL GOLF TOURNAMENT N215 CARVER HAWKEYE ARENA IOWA CITY, IA 52242	NONE	PC	GENERAL OPERATING FUND	1,000
UNIVERSITY OF IOWA - MEN'S GOLF UNIVERSITY OF IOWA IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF IOWA ALUMNI ASSOCIATION PO BOX 1970 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	1,000
UNIVERSITY OF IOWA FOUNDATION - PONSETI INTERNATIONAL ASSN 401 SE 3RD STREET LEON, IA 50144	NONE	PC	GENERAL OPERATING FUND	1,000
UNIVERSITY OF IOWA FOUNDATION LEVITT CENTER IOWA CITY, IA 52242	NONE	PC	GENERAL OPERATING FUND	60,000
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	300
VISITING NURSE ASSN 2953 SIERRA CT SW IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
YMCA OF GREATER DES MOINES 501 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ 3a				224,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG LIFE IOWA CITY 818 S GILBERT CT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	NONE	PC	GENERAL OPERATING FUND	1,200
Total . . . . . ▶ 3a				224,050

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TY 2017 Accounting Fees Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEES	3,960	1,980		1,980

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TY 2017 All Other Program Related Investments Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Category	Amount
NONE	0

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TY 2017 Applied to Prior Year Election

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Election: PURSUANT TO REG. SEC. 53.4942(A)-3(D)(2), THE FOUNDATION HEREBY ELECTS TO APPLY EXCESS QUALIFYING DISTRIBUTIONS TO PRIOR YEAR UNDISTRIBUTED INCOME IN THE AMOUNT OF $1,135 FOR THE PRIOR YEAR ENDED DECEMBER 31, 2008._____KENNETH K. KINSEY, PRESIDENT

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TY 2017 Investments Corporate Stock Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Name of Stock	End of Year Book Value	End of Year Fair Market Value
2000 AMEREN CORP	48,230	118,380
2000 BRISTOL MYERS SQUIBB CO	47,351	105,240
1000 CALIFORNIA WATER SERVICE GROUP	19,356	40,250
5000 CENTURYLINK	145,979	91,100
10000 COEUR D ALENE MINES CORP	113,930	80,600
1000 DCP MIDSTREAM PARTNERS LP	21,275	41,910
2000 ETF MANAGERS TRUST (HACK)	53,901	75,000
10000 GREAT PLAINS ENERGY	224,899	339,400
9000 LOCKHEED MARTIN CORP	421,382	2,830,860
4500 MDU RESOURCES GROUP INC.	73,882	125,100
1000 NEWMONT MINING CORP	49,105	38,930
16500 ORASURE TECHNOLOGIES INC	130,457	280,665
3000 OTTER TAIL CORP	69,106	138,600
1000 SOUTHWEST GAS CORP	19,245	75,700
8000 TEKLA HEALTHCARE	137,876	170,080
3000 ENBRIDGE INC	113,203	93,210
1800 GOLAR LNG LIMITED	47,813	46,764
1000 SHIP FINANCE INTERNATIONAL LIMITED	17,352	14,250

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TY 2017 Investments - Other Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
1500 QWEST CORPORATION	AT COST	37,500	35,235
4000 SATURNS TR NO 2007	AT COST	72,224	46,440
1000 ETF MANAGERS TRUST (SILJ)	AT COST	16,659	11,170
1000 LIFE STORAGE INC	AT COST	87,039	92,520
1150 VANECK VECTORS	AT COST	58,235	37,639
7000 WEYERHAEUSER CO	AT COST	215,881	261,310

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TY 2017 Other Expenses Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
USPS	127	0		0
CHECK ORDER	90	0		0

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TY 2017 Other Income Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
DCP MIDSTREAM PARTNERS K-1	-2,783		-2,783

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TY 2017 Taxes Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX PAID	4,839	0		0
FOREIGN TAX PAID	590	590		0

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2017

Name of the organization
THE KENNETH K KINSEY FAMILY FOUNDATION

Employer identification number
36-4154135

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
THE KENNETH K KINSEY FAMILY FOUNDATION	36-4154135

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KERMIT KINSEY CHARITABLE LEAD UNIT BANK OF AMERICA 401 LOS OLAS BLVD FORT LAUDERDALE, FL 34394	$ 101,841	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
THE KENNETH K KINSEY FAMILY FOUNDATION

Employer identification number
36-4154135

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
THE KENNETH K KINSEY FAMILY FOUNDATION

Employer identification number
36-4154135

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee