DLN: 93491139000060

2019

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

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

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	019 , a	nd en	nding 12-31-	2019	
	e of fou KES KII	indation			A Employer Id	entification numbe	r
1111	VE2 VII	J.5			26-2232639		
Num 1	ber and 11 MAQ	d street (or P O box number if mail is not delivered to street address UOKETA STREET) Room/suite		B Telephone nu	ımber (see ınstructioi	ns)
		n, state or province, country, and ZIP or foreign postal code IA 52205			C If exemption	application is pendin	g, check here
H Ch	neck ty	Final return Amended return Address change Name change The of organization Section 501(c)(3) exempt private	foundation		2 Foreign of test, chec	ganizations, check he ganizations meeting k here and attach co undation status was t in 507(b)(1)(A), chec	the 85% mputation terminated
Fai of	r mark year (f	to 4947(a)(1) nonexempt charitable trust ☐ Other taxable of all assets at end from Part II, col (c), \$ \bigsim \bigs	le private foundation Cash Accru be on cash basis)	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt 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
	1	Contributions, gifts, grants, etc , received (attach	7 175				(cash basıs only
	2 3 4	schedule) Check if the foundation is not required to attach Sch B	7,175				
rne rne	5a b 6a	Gross rents	-				
Revenue	b 7 8	Gross sales price for all assets on line 6a	_				
	9 10a b	Income modifications					
	11 12	Gross profit or (loss) (attach schedule)	10,636		0		
	13	Compensation of officers, directors, trustees, etc					
Expenses	14 15 16a	Other employee salaries and wages					
tive Expa	ь с 17	Accounting fees (attach schedule)					
Operating and Administrative	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	70				
and Adı	20 21 22	Occupancy					
eratıng	23 24	Other expenses (attach schedule)	1,472		0		
do	25 26	Contributions, gifts, grants paid	16,965				
	27 a	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	18,507		0		
	b c	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)			0	0	
=	D	work Deduction Ast Notice and instructions	·		C I NI 4433	, –	000 DE (551

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Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶

Foundations that follow FASB ASC 958, check here ▶

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) -

Net assets without donor restrictions . . .

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe ▶_

Grants payable

Prepaid expenses and deferred charges

	0
	7
£	8
Assets	9
As	10a
	ь
	c

11

12

13

14

15 16

17 18

19 20

21

22

23

24

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28

29

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Part III

2

3

Liabilities

Fund Balances

ŏ

Assets 27

Net

Fell	Capital Gaills	and Losses for Tax on Thivest	tillelit Ilicollie			
		pe the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr	
1a						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h) in or (loss) s (f) minus (g)
a						
b						
с						
d						
е						
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col (ı) l (յ), ıf any	col (k), but	ol (h) gain minus not less than -0-) or (from col (h))
а						
b						
С						
d						
е						
		1	If gain, also enter in F	Part I. line 7		
2	Capital gain net income	e or (net capital loss) gain or (loss) as defined in sections	If (loss), enter -0- in	Part I, line 7	2	
,		art I, line 8, column (c) (see instructi)- · · · · · }	3	
Pari	AV Qualification I	Under Section 4940(e) for Re	educed Tay on Net	Investment T	ncome	
(For o	ptional use by domestic p	private foundations subject to the se	ction 4940(a) tax on n	et investment inco	ome)	
	ion 4940(d)(2) applies, l	eave this part blank ne section 4942 tax on the distributa	ble amount of any year	r in the bace perio	.42	Yes No
		ot qualify under section 4940(e) Do			м	163 🔲 110
		nount in each column for each year,			ies	
-	(a)		1		(d)	
	se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital		Distribution (col (b) divided	by col (c))
	2018	14,727		15,369		0 958228
	2017	16,652		20,255		0 822118
	2016	9,768		15,850		0 616278
	2015	18,115		11,423		1 585836
	2014				1	
	Total of line 1, column (3 982459
		o for the 5-year base period—divide				0.706403
		ndation has been in existence if less oncharitable-use assets for 2019 fron		<u>3</u>		<u>0 796492</u>
			•			17,889
	Multiply line 4 by line 3	(40) 50 (71)		5		14,248
		ent income (1% of Part I, line 27b)		6	-	
			$\dots \dots \dots$			14,248
		ions from Part XII, line 4 ,		8		
		eater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part us	sing a 1% tax rate	See the Part VI
	Instructions					

Page **6**

æ	Statements Regard	ling Activities for Which	n Form 4/20 May Be	: Requirea (continuea))			
5a	During the year did the foundation	pay or incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	vise attempt to influence legis	lation (section 4945(e))?	☐ Yes [✓ No			
	(2) Influence the outcome of any sp	pecific public election (see sec	ction 4955), or to carry	□ les l	110			
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes [✓ No			
	(3) Provide a grant to an individual	for travel, study, or other sin	nılar purposes?	✓ Yes	=			
	(4) Provide a grant to an organizati	ion other than a charitable, et	c , organization describe					
	ın section 4945(d)(4)(A)? See ii	nstructions		· · □ Yes	✓ No			
	(5) Provide for any purpose other t	han religious, charitable, sciei	ntıfıc, literary, or					
	educational purposes, or for the	· ·		I Yes I	✓ No			
b	If any answer is "Yes" to $5a(1)-(5)$,			ceptions described in				
	Regulations section 53 4945 or in a			_		5b		No
	Organizations relying on a current n			•				
С	If the answer is "Yes" to question 5	• • •	•					
	tax because it maintained expenditu			· · 🗌 Yes [□ No			
	If "Yes," attach the statement requi	· -						
6а	Did the foundation, during the year,	• • • •		ums on				
	a personal benefit contract?			' Yes	✓ No			
b	Did the foundation, during the year,	, pay premiums, directly or in	directly, on a personal be	enefit contract?		6b		No
_	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, wa			∟ res l	√ No			
	If "Yes", did the foundation receive					7b		
В	Is the foundation subject to the sec							
	excess parachute payment during th				<u> ✓ No</u>			
Pa	3-8-74	Officers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paid	Empl	oyees,		
	and Contractors							
1	List all officers, directors, truste							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans a	and (e	e) Exper		
	(a) Name and address	devoted to position	-0-)	deferred compensation		other a	lowane	ces
ee .	Addıtıonal Data Table							
		1						
		1						
		1						
		1						
2	Compensation of five highest-pa	id employees (other than t	those included on line	1—see instructions). If	none,	enter "	NONE	."
		(b) Title, and average		(d) Contributions to				
(a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred) Expensiother all		
		devoted to position		compensation				
ЮИ	E							
ota	I number of other employees paid ov	er \$50,000						0
							- DE	/2010

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, ent	er "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T-1-1		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	 	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the num	nber of
organizations and other beneficiaries served, conferences convened, research papers produ	uced, 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 t		Amount
1	·	
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		. •
Iotal. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2019)
		101111 990-11 (2019)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

3a 3h

4

5

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_	_	_	•	_	_	_	_	_
	X	1	ī	7		Π		ι

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Pa	rt XIII	Un

b Total for prior years

a From 2014.

e From 2018.

b From 2015. . . . c From 2016. . .

d From 2017. . . .

XII, line 4 🕨 \$

indicated below:

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XIII	Undistributed Income	(see	instructions)

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

4 Qualifying distributions for 2019 from Part

a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019

(If an amount appears in column (d), the

line 4b from line 2b

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.

lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2014 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. . e Excess from 2019. .

c Excess from 2017. . . .

4a from line 2a Taxable amount—see instructions

same amount must be shown in column (a))

13.516 17,544

8.975

15.639 13,959

17.544 8,975

15.639

13.959

(a) Corpus

69,633

894

68,739

12,622

56,117

(b)

Years prior to 2018

(c)

2018

894

6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line f Undistributed income for 2019 Subtract

KATHLEEN CONMEY

MOUNT VERNON, IA 52314 (319) 480-1166

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

A REFERRAL IS MADE FROM COACHES, TEACHERS AND COUNSELORS IN THE ANAMOSA AREA FOR STUDENTS WHO WOULD BENEFIT FROM

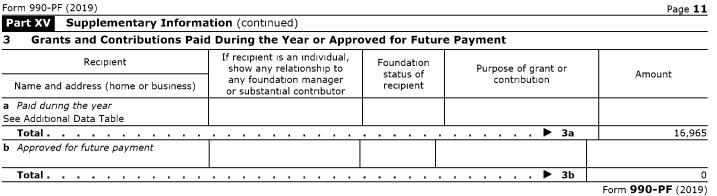
SUMMER CAMPS AND ACTIVITIES, BUT OTHERWISE CANNOT AFFORD TO ATTEND ONCE THE REFERRAL IS MADE AN APPLICATION TO THE DESIRED CAMP OR SUMMER ACTIVITY IS SENT TO THE FAMILY FOR COMPLETION

c Any submission deadlines

501-A WASHINGTON CT SW

NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

UNDERPRIVILEGED OR NEEDY STUDENTS IN JONES COUNTY, IOWA AND ADJOINING COUNTIES



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees	and contracts from government agencies					
	rship dues and assessments					
	ids and interest from securities					
	ital income or (loss) from real estate					
	ebt-financed property.					
	ital income or (loss) from personal property					
7 Other in	nvestment income					
B Gain or invento	(loss) from sales of assets other than					
9 Net inc	ome or (loss) from special events					
O Gross p	profit or (loss) from sales of inventory					
	evenue a					
٦						
е						
e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	3	
e 2 Subtota 3 Total (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			3	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) e Accomplish income is report	nment of Exem	pt Purposes If Part XVI-A contribu	ited importantly to	
e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex instructions)	lations) le Accomplish income is report empt purposes (nment of Exem	pt Purposes If Part XVI-A contribu	ited importantly to	
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e 2 Subtota 3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex instructions)	lations) le Accomplish income is report empt purposes (nment of Exem	pt Purposes If Part XVI-A contribu	ited importantly to	

orm 99	0-PF (2	<u> </u>							Pa	ge 13
Part :	XVII	Information Reg Exempt Organiz		ransfers To	and Transaction	ns and Rela	tionships With Noncha	iritable		
		anization directly or inc han section 501(c)(3) o					ation described in section 50 cions?)1	Yes	No
a Tran	sfers fr	om the reporting found	dation to a n	oncharitable ex	xempt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
b Othe	er trans	actions								
(1)	Sales	of assets to a noncharit	table exemp	t organization.				1b(1)		No
		ises of assets from a no						1b(2)		No
		of facilities, equipmen	•					1b(3)	_	No
		ursement arrangement						1b(4)	_	No
		or loan guarantees						1b(5)	_	No
		nance of services or me	•	-				1b(6)	-	No
	-	acılıtıes, equipment, m	-	•			always show the fair mark	1c		No
desc	ribed in	dation directly or indire in section 501(c) (other implete the following sc (a) Name of organization	than section	n 501(c)(3)) or	•			☑ No lationship		
Sign Here	of my which *		it is true, co wledge				* re: wi be	on all info by the IRS d turn th the prepa low	rmation	n of his wn
		ignature or officer or tr	u Jue C	T	Date	Title	(si	ee instr) 🗅	∠ Yes [□No
Paid		Print/Type preparer's Adrian T Knuth	name	Preparer's Sig	gnature	Date 2020-05-18	Check if self- employed ▶ ☑	P00094	4651	
Prepa	arer	Firm's name ▶ Knuth	h Law Office			•				

Firm's EIN ▶42-1106613 Use Only Firm's address ► 320 W Main St Phone no (319) 462-4378 Anamosa, IA 52205 Form **990-PF** (2019)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position employee benefit plans -0-) and deferred compensation JEAN MEEHAN PRESIDENT 5 00 111 MAQUOKETA STREET ANAMOSA, IA 52205 ANGIE BAKER VICE PRESIDENT 2 00 111 MAQUOKETA STREET ANAMOSA, IA 52205 MARY JO MESSERLI TREASURER O 4 00 111 MAQUOKETA STREET ANAMOSA, IA 52205 KATHLEEN CONMEY DIRECTOR 0 3 00 111 MAQUOKETA STREET ANAMOSA, IA 52205 EMILY STORK SECRETARY 4 00 111 MAOUOKETA STREET ANAMOSA, IA 52205 STEFANIE JONES ASST TREASURER 3 00

111 MAQUOKETA STREET ANAMOSA, IA 52205

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ANAMOSA SWIM TEAM106 SILINN ST NONE PC SUMMER CAMP FOR 2 70 ANAMOSA, IA 52205 LINDERPRIVIEGED CHILDREN

7 11 11 10 01 1, 12 1 0 2 2 0 0			0110211111122020 01112011211	
ANAMOSA WRESTLING CAMP 209 SADIE ST ANAMOSA, IA 52205	NONE	PC	SUMMER CAMP FOR 3 UNDERPRIVILEGED CHILDREN	660
BREAKTHROUGH BB CAMP MIDLAND HS 106 W WEBSTER ST WYOMING, IA 52362	NONE	PC	SUMMER CAMP FOR UNDERPRIVILEGED CHILD	225

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
COE COLLEGE FOOTBALL CAMP 1220 FIRST AVE NE CEDAR PARIOS IA 52402	NONE	PC	SUMMER CAMP FOR 2 UNDERPRIVILEGED CHILDREN	190

COLTS CADETS DRUM BUGLE 2300 TWIN VALLEY DR DUBUQUE, IA 52003	NONE	PC	SUMMER CAMP FOR UNDERPRIVILEGED CHILD	400
CEDAR RAPIDS, IA 52402				

2300 TWIN VALLEY DR DUBUQUE, IA 52003			UNDERPRIVILEGED CHILD	
CORNELL FLUTE CLARINET CAMP 600 FIRST ST SW MOUNT VERNON, IA 52314	NONE	PC	SUMMER CAMP FOR AN UNDERPRIVILEGED CHILD	315

2300 TWIN VALLEY DR DUBUQUE, IA 52003	NONE	PC	UNDERPRIVILEGED CHILD	4
CORNELL FLUTE CLARINET CAMP 600 FIRST ST SW MOUNT VERNON, IA 52314	NONE	PC	SUMMER CAMP FOR AN UNDERPRIVILEGED CHILD	3

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
4H JUNIOR CAMP PICTURED ROCKS CAMP 12004 190TH ST	NONE	PC	SUMMER CAMP FOR 3 UNDERPRIVILEGED CHILDREN	440

12004 190TH ST MONTICELLO, IA 52310				
IOWA STATE PERCUSSION ACADEMY	NONE	PC	SUMMER CAMP FOR 2 UNDERPRIVILEGED CHILDREN	

MONTICELLO, IA 52310				
IOWA STATE PERCUSSION ACADEMY 149 SIMON ESTES MUSIC HALL AMES, IA 50011	NONE	PC	SUMMER CAMP FOR 2 UNDERPRIVILEGED CHILDREN	

Total .

IOWA STATE PERCUSSION ACADEMY 149 SIMON ESTES MUSIC HALL AMES, IA 50011	NONE	PC	SUMMER CAMP FOR 2 UNDERPRIVILEGED CHILDREN	150
LITTLE BEAR SWIM CENTER9036 IA 136	NONE	PC	POOL PASSES FOR 2	190

149 SIMON ESTES MUSIC HALL AMES, IA 50011		. •	UNDERPRIVILEGED CHILDREN	
LITTLE BEAR SWIM CENTER9036 IA 136	NONE	PC	POOL PASSES FOR 2	190

AMES, IA SUUII				
LITTLE BEAR SWIM CENTER9036 IA 136 WYOMING, IA 52362	NONE	PC	POOL PASSES FOR 2 UNDERPRIVILEGED CHILDREN	190

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MIDLAND FOOTBALL CAMP NONE PC SUMMER CAMP FOR AN 50 106 W WEBSTER ST UNDERPRIVILEGED CHILD

RENEWABLE WORLD FOUNDATION 600 E LAKESHORE DR HOUGHTON, MI 49931	NONE	PC	SUMMER CAMP FOR 7 UNDERPRIVILEGED CHILDREN	1,400
WYOMING, IA 52362				

HOUGHTON, MI 49931			ONDER RIVIEEGED CHIEBREN	
ST PAUL MISSION TRIP201 N FORD ANAMOSA, IA 52205	NONE	PC	SUMMER CAMP FOR AN UNDERPRIVILEGED CHILD	300
Total			▶ 3a	16,965

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
UNI JAZZ COMBO CAMP	NONE	PC	SUMMER CAMP FOR AN	575

П	115 RUSSELL HALL CEDAR FALLS, IA 506140246			UNDERPRIVILEGED CHILD	
	WARTBURG BAND CAMP 100 WARTBURG BLVD WAVERLY IA 506770903	NONE	PC	SUMMER CAMP FOR AN UNDERPRIVILEGED CHILD	565

WARTBURG BAND CAMP 100 WARTBURG BLVD WAVERLY, IA 506770903	NONE	PC	SUMMER CAMP FOR AN UNDERPRIVILEGED CHILD	565
ANAMOSA AQUACOURT LCC 600 E MAIN ST ANAMOSA IA 52205	NONE	PC	POOL PASSES FOR 76 UNDERPRIVILEGED CHILDREN	5,540

100 WARTBURG BLVD WAVERLY, IA 506770903			UNDERPRIVILEGED CHILD	
ANAMOSA AQUACOURT LCC 600 E MAIN ST ANAMOSA, IA 52205	NONE	PC	POOL PASSES FOR 76 UNDERPRIVILEGED CHILDREN	5,540
Total			▶ 3a	16,965

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CAMP WYOMING PROGRAM ATTENDANCE WYOMING, IA 52362	NONE	PC	SUMMER CAMP FOR 10 UNDERPRIVILEGED CHILDREN	3,825

WYOMING, IA 52362			STATE OF STA	
CENTRAL IOWA COLOR GUARD 205 EAST 12TH ST PELLA, IA 50219	NONE	PC	SUMMER CAMP FOR AN UNDERPRIVILEGED CHILD	285
LUTHER COLLEGE DORIAN MUSIC CAMP	NONE	PC	SUMMER CAMP FOR 2	1.040

205 EAST 12TH ST PELLA, IA 50219	NONE	PC	UNDERPRIVILEGED CHILD	285
LUTHER COLLEGE DORIAN MUSIC CAMP 700 COLLEGE DR DECORAH, IA 52101	NONE	PC	SUMMER CAMP FOR 2 UNDERPRIVILEGED CHILDREN	1,040

PELLA, IA 50219				
LUTHER COLLEGE DORIAN MUSIC CAMP 700 COLLEGE DR DECORAH, IA 52101	NONE	PC	SUMMER CAMP FOR 2 UNDERPRIVILEGED CHILDREN	1,040
Total			▶ 3a	16,965

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MONTICELLO PARK REC766 N MAPLE MONTICELLO, IA 52310	NONE	PC	POOL PASSES FOR 7 UNDERPRIVILEGED CHILDREN	635
THOU ART106 E MAIN ST	NONE	PC	ART PROGRAM FOR 2	110

MONTICELLO, IA 32310			ONDER RIVILEGED CHIEDREN	
THOU ART106 E MAIN ST ANAMOSA, IA 52205	NONE	PC	ART PROGRAM FOR 2 UNDERPRIVILEGED CHILDREN	11

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491139000060
TY 2019 Other Expenses Sche	dule			_
Name:	MIKES KIDS			
EIN:	26-2232639			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLF TOURNAMENT EXPENSES	1,472	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491139000060
TY 2019 Other Income Schedul	e	

0

Name: MIKES KIDS

EIN: 26-2232639

GOLF TOURNAMENT FUND RAISER

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		

efile GRAPHIC print - DO NOT PR	OCESS As Filed Da	ata -		DLN	l: 93491139000060
TY 2019 Taxes Schedule					
	Name: MIKES KI	DS			
	EIN: 26-22326	39			
Category	Amount		nvestment ncome	Adjusted Net Income	Disbursements for Charitable Purposes
GAMBLING TAX		70	0	0	0