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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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 06-01-2020 , and ending 05-31-2021

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 RD

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)* ▶$ 6,023,776

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)	106,248			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	7	7		
	4	Dividends and interest from securities	147,477	147,477		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	1,155			
	b	Gross sales price for all assets on line 6a 156,126				
	7	Capital gain net income (from Part IV, line 2)		1,155		
	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)	125	125		
	12	**Total.** Add lines 1 through 11	255,012	148,764		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	998	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	4,360	2,180		2,180
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	8,436	2,865		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	188	0		157
	24	**Total operating and administrative expenses.** Add lines 13 through 23	13,982	5,045		2,337
	25	Contributions, gifts, grants paid	271,500			271,500
	26	**Total expenses and disbursements.** Add lines 24 and 25	285,482	5,045		273,837
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-30,470			
	b	**Net investment income** (if negative, enter -0-)		143,719		
	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	74,330	44,793	44,793
	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)	1,950,408	1,963,096	5,753,493
	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)	177,315	163,888	225,490
	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)	2,202,053	2,171,777	6,023,776
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 FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	2,202,053	2,171,777	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
	29 **Total net assets or fund balances** (see instructions)	2,202,053	2,171,777	
	30 **Total liabilities and net assets/fund balances** (see instructions)	2,202,053	2,171,777	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	2,202,053
2	Enter amount from Part I, line 27a	2	-30,470
3	Other increases not included in line 2 (itemize) ▶	3	194
4	Add lines 1, 2, and 3	4	2,171,777
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 29	6	2,171,777

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	PUBLICLY TRADED SECURITIES	D		
c	CAPITAL GAINS DIVIDENDS	P		
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	31,428		48,529	-17,101
b	106,778		106,442	336
c	17,920			17,920
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			-17,101
b			336
c			17,920
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	1,155
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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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	Reserved	1	1,998
c	All other domestic foundations enter 1.39% 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	1,998
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	1,998
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 3,200		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	3,200
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	1,202
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ 1,202 **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 2020 or the taxable year beginning in 2020? See the 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 2020, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

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

			Yes	No
	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 2020?	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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? If "Yes," list the years ▶ 20____, 20____, 20____, 20____	☐ Yes ☑ No		
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 2020 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 2020.)*	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 2020?	4b		No

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

			Yes	No
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		
	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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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	499	0	0
KRISTOFER K KINSEY 38 POST ROAD IOWA CITY, IA 52245	DIRECTOR 1.00	499	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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over $50,000 ▶				0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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	5,589,237
b	Average of monthly cash balances	1b	51,260
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	5,640,497
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	5,640,497
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	84,607
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,555,890
6	**Minimum investment return.** Enter 5% of line 5	6	277,795

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	277,795
2a	Tax on investment income for 2020 from Part VI, line 5	2a	1,998		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	1,998
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	275,797
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	275,797
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	275,797

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	273,837
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	273,837
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	273,837

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				275,797
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			272,058	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 273,837				
a Applied to 2019, but not more than line 2a			272,058	
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 2020 distributable amount.				1,779
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020.	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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				274,018
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 2015 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2016. . . .				
b Excess from 2017. . . .				
c Excess from 2018. . . .				
d Excess from 2019. . . .				
e Excess from 2020. . . .				

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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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**				271,500
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	7	
4 Dividends and interest from securities			14	147,477	
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	1,155	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a REFUND - PRIOR FEES			14	125	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		148,764	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	148,764

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) (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) (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.

******	2021-07-22	******
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		2021-07-21		P01315330
Firm's name ▶ RSM US LLP				Firm's EIN ▶41-1944416
Firm's address ▶ 201 FIRST ST SE STE 800 CEDAR RAPIDS, IA 524011512				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*				
ABBE CENTER FOR COMMUNITY MENTAL HEALTH 1039 ARTHUR ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	3,000
ALZHEIMER'S ASSOCIATION EAST CENTRAL IOWA 317 SEVENTH AVENUE SE STE 402 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	2,000
AMERICAN CANCER SOCIETY HOPE LODGE 750 HAWKINS DR IOWA CITY, IA 52246	NONE	PC	GENERAL OPERATING FUND	1,500
Total . . . . . ▶ **3a**				271,500

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 SENIORS GOLF ASSN PO BOX 100 MARSTONS MILLS, MA 02648	NONE	PC	GENERAL OPERATING FUND	3,000
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
Total . . . . . ▶ **3a**				271,500

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*				
BOSTON CHILDREN'S HOSPITAL TRUST 401 PARK DR BOSTON, MA 02115	NONE	PC	GENERAL OPERATING FUND	300
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**				271,500

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
CITY OF LITERATURE USA 12350 LINN ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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 CRISIS SERVICES & FOOD BANK 1121 GILBERT CT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
COMMUNITY DEVELOPMENT ALTERNATIVES FOR KIDS 43495 TROUT CREEK RD SOLDIERS GROVE, WI 54655	NONE	PC	GENERAL OPERATING FUND	300
COMMUNITY FOUNDATION OF JOHNSON COUNTY 501 12TH AVENUE SUITE 102 CORALVILLE, IA 52241	NONE	PC	GENERAL/ROTARY HEART SAFE FUND	17,500
Total . . . . . ▶ **3a**				271,500

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 HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	2,000
CORALVILLE COMMUNITY FOOD PANTRY PO BOX 5523 CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,500
COVENANT TEACHING FELLOWSHIP INC 4918 ROOSELVELT ST HOLLYWOOD, FL 33021	NONE	PC	GENERAL OPERATING FUND	2,000
Total . . . . . ▶ **3a**				271,500

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*				
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250	NONE	PC	GENERAL OPERATING FUND	200
DOMESTIC VIOLENCE INTERVENTION PROGRAM 1105 SOUTH GILBERT COURT STE 300 IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,500
DONALD ROSS SOCIETY FOUNDATION (DRS) PO BOX 722 CONCORD, MA 01742	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
EL KAHIR SHRINE CENTERPO BOX 38 HIAWATHA, IA 52233	NONE	PC	GENERAL OPERATING FUND	400
EVANS SCHOLARS FOUNDATION ONE BRIAR RD GOLF, IL 60029	NONE	PC	GENERAL OPERATING FUND	2,500
FARAJA FUND FOUNDATION 8919 PARK RD STE 249 CHARLOTTE, NC 28210	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
FEED MY STARVING CHILDREN PO BOX 865 IOWA CITY, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,500
FERRYVILLE VISION AND PROMOTION PO BOX 236 FERRYVILLE, WI 54628	NONE	PC	GENERAL OPERATING FUND	300
FILM SCENE118 E COLLEGE ST 101 IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
FIRST CONGREGATIONAL CHURCH 500 8TH AVE SE MINNEAPOLIS, MN 55414	NONE	PC	GENERAL OPERATING AND CAPITAL CAMPAIGN	6,200
FIRST PRESBYTERIAN CHURCH 2701 ROCHESTER AVE IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	2,000
FOLDS OF HONOR FND 5800 N PATRIOT DR OWASSO, OK 74055	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
FREE MEDICAL AND DENTAL CLINIC 2440 TOWNCREST DR IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
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**				271,500

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
HANDS UP FOR HAITIPO BOX 913 MT KISCO, NY 10549	NONE	PC	GENERAL OPERATING FUND	1,000
HERBERT HOOVER LIBRARY 210 PARKSIDE DR WEST BRANCH, IA 52358	NONE	PC	GENERAL OPERATING FUND	12,450
Total . . . . . ▶ **3a**				271,500

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*				
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
HOOVER PRESIDENTIAL FOUNDATION 302 PARKSIDE DR WEST BRANCH, IA 52358	NONE	PC	GENERAL OPERATING & STATUE FUND	2,000
Total . . . . . ▶ **3a**				271,500

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*				
HOSPICE CARE INITIATIVE 3720 QUEEN CT SW SUITE 9 CEDAR RAPIDS, IA 52404	NONE	PC	GENERAL OPERATING FUND	200
HOUSES INTO HOMES401 6TH AVE CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	2,000
I CAN READ1826 BROWN DEER COVE CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
ICCSD1725 N DODGE IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	6,000
IJAG1111 9TH ST SUITE 268 DES MOINES, IA 50314	NONE	PC	GENERAL OPERATING FUND	1,500
IOWA CITY GOLF ASSOCIATION 1202 HIGHLAND CT IOWA CITY, IA 52240	NONE	PC	SCHOLARSHIP	2,000
Total . . . . . ▶ **3a**				271,500

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 312 E COLLEGE ST 300 IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,500
IOWA CITY PUBLIC LIBRARY 123 S LINN ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
IOWA ENVIRONMENTAL COUNCIL 505 FIFTH AVE SUITE 850 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING FUND	2,500
Total . . . . . ▶ **3a**				271,500

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 GOLF ASSOCIATION FOUNDATION 1605 N ANKENY BLVD STE 210 ANKENY, IA 50023	NONE	PC	HERMAN SANI SCHOLARSHIP FUND	2,500
IOWA GOLF ASSOCIATION FOUNDATION 1605 N ANKENY BLVD STE 210 ANKENY, IA 50023	NONE	PC	GENERAL OPERATING FUND	1,500
IOWA PUBLIC RADIO 2111 GRAND AVE STE 100 DES MOINES, IA 50312	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ **3a**				271,500

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 WOMEN'S FOUNDATION 2201 GRANTVIEW DR SUITE 200 CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	800
JOHNSON COUNTY HISTORICAL SOCIETY 860 QUARRY RD CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	1,000
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE 200 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ **3a**				271,500

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*				
KIRKWOOD COMMUNITY COLLEGE FOUNDATION 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	NONE	PC	GENERAL / SCHOLARSHIP	3,500
LEGACY FOUNDATION OF HARTFORD 1229 ALBANY AVE HARTFORD, CT 06112	NONE	PC	GENERAL OPERATING FUND	1,000
LINN COUNTY HISTORICAL SOCIETY PO BOX 137 PLEASANTON, KS 66075	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ **3a**				271,500

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*				
LITERACY VOLUNTEERS OF COLLIER COUNTY 8833 TAMIAMI TRAIL E NAPLES, FL 34113	NONE	PC	GENERAL OPERATING FUND	1,500
MAKE A WISH FOUNDATION OF MINNESOTA 1919 UNIVERSITY AVE WEST SUITE 415 SAINT PAUL, MN 55104	NONE	PC	GENERAL OPERATING FUND	500
MARCY OPEN SCHOOL415 4TH AVE SE MINNEAPOLIS, MN 55414	NONE	PC	MARCY ARTS PARTNERSHIP	1,000
Total . . . . . ▶ **3a**				271,500

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 COMMUNITY HEALTH FOUNDATION 947 14TH AVE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	300
MERCY HOSPITAL FDN500 E MARKET ST IOWA CITY, IA 52245	NONE	PC	GENERAL AND EMPLOYEE RELIEF FUND	1,250
MISSOURI MILITARY ACADEMY 204 N GRAND ST MEXICO, MO 65265	NONE	PC	GENERAL OPERATING FUND	1,200
Total . . . . . ▶ **3a**				271,500

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*				
MOUNT MERCY UNIVERSITY FOUNDATION 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING FUND	5,000
NATIONAL ALLIANCE ON MENTAL ILLNESSJOHNSON COUNTY 1105 GILBERT CT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
NATIONAL CZECH & SLOVAK MUSEUM AND LIBRARY 1400 INSPIRATION PLACE SW CEDAR RAPIDS, IA 52404	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ **3a**				271,500

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 TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 21741	NONE	PC	GENERAL OPERATING FUND	250
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY PO BOX 2491 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	800
OAKNOLL FOUNDATION 1 OAKNOLL COURT IOWA CITY, IA 52246	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
OPERATION WALK LOS ANGELES 381 VAN NESS AVE SUITE 1514 TORRANCE, CA 90501	NONE	PC	GENERAL OPERATING FUND	1,000
ORCHESTRA IOWA 119 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	500
PATHWAYS817 PEPPERWOOD LANE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
PEDAL THE PACIFICPO BOX 5778 AUSTIN, TX 78763	NONE	PC	GENERAL OPERATING FUND	1,000
RIVERSIDE THEATRE 213 N GILBERT STREET IOWA CITY, IA 52245	NONE	PC	ENDOWMENT FUND	1,000
RONALD MCDONALD HOUSE 730 HAWKINS DR IOWA CITY, IA 52246	NONE	PC	GENERAL OPERATING FUND	5,000
Total . . . . . ▶ **3a**				271,500

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. / SCHOLARSHIP / FOOD BANK / CLUB FOOT	13,500
SAFETY VILLAGE-MERCY IA CITY COMMUNITY RELATIONS 500 E MARKET ST IOWA CITY, IA 52245	NONE	PC	GENERAL OPERATING FUND	300
SHELTER HOUSE COMMUNITY 429 SOUTHGATE AVE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,500
Total . . . . . ▶ **3a**				271,500

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*				
SOUTH FLORIDA PGA FOUNDATION 9393 VANDERBILT BEACH RD NAPLES, FL 34120	NONE	PC	GENERAL OPERATING FUND	1,000
SOUTHEAST LINN COMMUNITY CENTER 1085 WASHINGTON ST LISBON, IA 52253	NONE	PC	GENERAL OPERATING FUND	500
ST MARYS CATHOLIC CHURCH PO BOX 80 OXFORD, IA 52322	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
SUMMER OF THE ARTS319 E 1ST ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
TABLE TO TABLE840 S CAPITOL ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	3,000
THE BIRD HOUSE - HOSPICE HOME OF JOHNSON COUNTY 8 LIME KILN LN NE IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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 ENGLERT THEATRE 221 E WASHINGTON ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
THE FIRST TEE OF CENTRAL IOWA 15920 HICKMAN RD SUITE 400 CLIVE, IA 50325	NONE	PC	GENERAL OPERATING FUND	1,000
THE FIRST TEE OF CONNECTICUT 55 GOLF CLUB RD CROMWEL, CT 06416	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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 NAPLES 1370 CREEKSIDE BLVD NAPLES, FL 34108	NONE	PC	GENERAL / SCHOLARSHIPS	5,000
THE IOWA CHILDRENS MUSEUM 1451 CORAL RIDGE AVE CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	2,500
THE READING CENTER - DYSLEXIA INSTITUTE OF MN 2010 SCOTT RD NW ROCHESTER, MN 55901	NONE	PC	GENERAL OPERATING FUND	500
Total . . . . . ▶ **3a**				271,500

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 ROTARY FOUNDATION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	NONE	PC	GENERAL OPERATING FUND	1,000
THE SALVATION ARMY IOWA CITY CORP 1116 E GILBERT COURT IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	1,500
THEATRE CEDAR RAPIDS 102 3RD STREET SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	1,000
Total . . . . . ▶ **3a**				271,500

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*				
TREES FOREVER80 W 8TH AVE MARION, IA 52302	NONE	PC	GENERAL OPERATING FUND	1,000
UNITED WAY OF JOHNSON COUNTY 1150 5TH ST 290 CORALVILLE, IA 52241	NONE	PC	GENERAL OPERATING FUND	3,500
UNITY POINT HOSPICE 290 BLAIRS FERRY RD NE SUITE 100 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING FUND	250
Total . . . . . ▶ **3a**				271,500

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 4550 IOWA CITY, IA 52244	NONE	PC	GENERAL OPERATING FUND	1,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	SCHOOL OF MUSIC - COMMUNITY MUSIC PROJECT	3,500
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	IOWA MEN'S GOLF	2,000
Total . . . . . ▶ **3a**				271,500

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	KINNICK	2,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	GENERAL FUND	4,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	RESEARCH OF ALZHEIMER'S RELATIVE DEMENTIA	20,000
Total . . . . . ▶ **3a**				271,500

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	KINNICK	4,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	SCHOLARSHIP	20,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	COLLEGE OF EDUCATION RENOVATION FUND	2,000
Total . . . . . ▶ **3a**				271,500

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	CYSTIC FIBROSIS RESEARCH	500
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	GENERAL FUND	2,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	IC MONDAY MORNING QUARTERBACK SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				271,500

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	JEANETTE KINSEY SCHOLARSHIP	10,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	PSYCHOLOGICAL AND BRAIN SCIENCE BUILDING	2,000
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	REBUILDING THE MUSEUM	2,000
Total . . . . . ▶ **3a**				271,500

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	BASKETBALL GOLF TOURNAMENT	1,000
VISITING NURSE ASSN 1524 SYCAMORE ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING FUND	2,000
YMCA CAMP WAPSIE2174 WAPSIE RD COGGON, IA 52218	NONE	PC	GENERAL OPERATING FUND	300
Total . . . . . ▶ **3a**				271,500

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 CITY818 MAIDEN LN 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
ZACH JOHNSON FOUNDATION--KIDS ON COURSE ENDOWMENT PO BOX 2336 CEDAR RAPIDS, IA 52406	NONE	PC	GENERAL OPERATING FUND	7,000
Total . . . . . ▶ **3a**				271,500

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TY 2020 Accounting Fees Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEES	4,360	2,180		2,180

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TY 2020 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 2020 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 2020 Investments Corporate Stock Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
2000 AMEREN CORP	48,230	168,400
2000 BRISTOL MYERS SQUIBB CO	47,351	131,440
1000 CALIFORNIA WATER SERVICE GROUP	19,356	56,840
5000 LUMEN TECHNOLOGIES INC	145,979	69,200
13000 COEUR D ALENE MINES CORP	110,515	135,200
6016 ENBRIDGE INC	220,923	231,496
2000 ETF MANAGERS TRUST (HACK)	53,901	117,100
5981 EVERGY INC	224,899	370,762
1000 ETF MANAGERS TRUST (SILJ)	16,659	17,650
2200 GOLAR LNG LIMITED	52,285	27,940
9400 LOCKHEED MARTIN CORP	421,382	3,592,680
3500 MDU RESOURCES GROUP INC.	64,824	117,810
1000 NEWMONT MINING CORP	49,105	73,480
20000 ORASURE TECHNOLOGIES INC	175,194	192,200
3000 OTTER TAIL CORP	69,106	143,910
1000 SHIP FINANCE INTERNATIONAL LIMITED	17,352	8,660
500 SOUTHWEST GAS CORP	10,154	33,005
7000 WEYERHAEUSER CO	215,881	265,720

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TY 2020 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
8000 TEKLA HEALTHCARE	AT COST	137,876	196,160
1000 COHEN & STEERS INFRASTRUCTURE FUND INC	AT COST	26,012	29,330

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TY 2020 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
POSTAGE	157	0		157
PENALTY	31	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491209005051

TY 2020 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
REFUND - PRIOR FEES	125	125	125

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TY 2020 Other Increases Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Other Increases Schedule

Description	Amount
COST BASIS IN EXCESS OF FMV OF CONTRIBUTED STOCK	194

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TY 2020 Taxes Schedule

Name: THE KENNETH K KINSEY FAMILY FOUNDATION

EIN: 36-4154135

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX PAID	5,571	0		0
FOREIGN TAX PAID	2,865	2,865		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491209005051

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH K KINSEY 38 POST RD IOWA CITY, IA 52245	$ 106,248	☐ 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
1	300 SHS LOCKHEED MARTIN CORP	$ 106,248	2020-12-30
-		$	
-		$	
-		$	
-		$	
-		$	

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