990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2020 calendar y	ear, or tax year beginr	ning	, 2020, a	and ending		, 20
В	Check if	applicable:	C Name of organizationKE	OKUK AREA COMMUNITY	FOUNDATION		D Emple	oyer identification number
	Address	change	Doing business as					20-1838372
	Name ch	ange	Number and street (or P.	O. box if mail is not delivered to street a	ddress)	Room/suite	E Teleph	none number
П	Initial ret	um	ро вох 367					(319) 795-1407
$\overline{}$		urn/terminated		vince, country, and ZIP or foreign postal	code		G Gross	
Ħ	Amende		KEOKUK, IA 526		0040		\$	5,560,984
Ħ		on pending	,	ncipal officer: MATT RUHL		H(a)	his a group return f	<u> </u>
ш	Аррпсан	on pending			T F0.630			
_	_	V		EN ESTATES KEOKUK I			e all subordinate	
<u> </u>		npt status: X 501	1(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527			st. See instructions
		: ► N/A					oup exemption i	
_		_	rporation Trust Ass	ociation Other	L Year of formati	on: 2004	M State of leg	al domicile: IA
F	rt I	Summary						
	1	-	-	on or most significant activities:				TABLE GIFTS FROM
ce		DONORS TO I	ESTABLISH PERMA	NENT ENDOWMENTS FOR	SE IOWA, WESTE	RN ILLINOI	S AND NO	ORTHEAST MISSOURI.
Governance								
er.								
Ó	2		_	discontinued its operations or	•		1 1	
	3		-	ning body (Part VI, line 1a)				20
es	4	Number of indep	endent voting members	of the governing body (Part VI				20
Activities &	5	Total number of	individuals employed in	calendar year 2020 (Part V, line	e 2a)		5	3
Ċŧi	6	Total number of	volunteers (estimate if r	ecessary)			6	
٩	7a	Total unrelated b	ousiness revenue from F	Part VIII, column (C), line 12			7a	0
	b	Net unrelated bu	isiness taxable income	from Form 990-T, Part I, line 11			7b	0
			'ear	Current Year				
e	8	Contributions an	d grants (Part VIII, line	1h)		. 4,2	212,452	5,080,098
	9	Program service	revenue (Part VIII, line	2g)			L72,206	3,670
/en	10	-), lines 3, 4, and 7d)			,	477,216
Revenue	11			es 5, 6d, 8c, 9c, 10c, and 11e)				0
	12			nust equal Part VIII, column (A)		. 4	384,658	5,560,984
	13			K, column (A), lines 1-3)			263,611	616,375
	14		or for members (Part IX				105,011	010,373
	15	•	•	e benefits (Part IX, column (A),			62,701	92,722
es	162		draising fees (Part IX, c				02,701	92,722
Expenses	h		expenses (Part IX, colu	(D) II OF) h				U
ğ	17	_	(Part IX, column (A), lin		28,955		65. 100	156 400
ш		•		, ,			67,132	156,423
	18		•	equal Part IX, column (A), line 2	25)		393,444	865,520
	19	Revenue less ex	rpenses. Subtract line 1	8 from line 12			991,214	4,695,464
sor	ě l					Beginning of		End of Year
set	20	Total assets (Pa	, ,			,	721,008	17,981,236
Net Assets or	일 21	Total liabilities (P					701,767	1,863,066
			nd balances. Subtract li	ne 21 from line 20		• 9,0	019,241	16,118,170
	rt II	Signature						
				 n, including accompanying schedules an cer) is based on all information of which 		of my knowledge and	belief, it is	
Sig	n		RICKETTS					
		Signature of	officer				Dat	te
He	re		RICKETTS, EXEC	DIRECTOR				
		1,	name and title	T	1	Ť		
		Print/Type prepare	er's name	Preparer's signature	Date	Cr	eck 🗌 if	PTIN
Pa		HALEY HAG	EMAN	HALEY HAGEMAN	05-18-20)22 se	f-employed	P02061062
Pre	pare	Firm's name	Taxes Pl	us		Firm's EIN	•	
Us	e Onl	y Firm's address	2406 Mai	n St	<u> </u>	Phone no.		
			Keokuk I				319-	524-7278
May	the IR	S discuss this retu		own above? (see instructions)				X Yes No

Form 990 (2020)

KEOKUK AREA COMMUNITY FOUNDATION

20-1838372

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20-1838372

0) KEOKUK AREA COMMUNITY FOUNDATION
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		.,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Х
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•		11e	X	
f	3	445		
420	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a		120		.,
b	Schedule D, Parts XI and XII	12a		Х
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) KEOKUK AREA COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

	The second secon			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			Х
_0	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		.,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		Х
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		00	Λ	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	and the second of the second o		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

20) KEOKUK AREA COMMUNITY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	i
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			i
	gifts were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ا		
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI G

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · · 1a 20			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MAYER DITTE /210\524 7270 2406 MAIN ON PEOPLY IN 52622			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

Check this box if heldrer the organization flor any relate	l organizatio		perio			y ourro	110	moor, unoctor, or are		
					(C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average					s both ar	ı	Reportable	Reportable	Estimated amount
	hours	offic	er and	d a dii	rector	/trustee)		compensation	compensation	of other
	per week (list any							from the organization	from related organizations	compensation from the
	hours for	Indi or c	Inst	Officer	Ke)	Hig em	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual or director	titutio	cer	/ em	hest ploy	mer			related organizations
	organizations	lal tru tor	onal		Key employee	ee				
	below	Individual trustee or director	Institutional trustee		ee	ιpen				
	dotted line)	, and	ee			Highest compensated employee				
						<u> </u>				
(1) ROGER_RICKETTS	16.00									
EXEC DIRECTOR		X						26,000	0	0
(2) KIMBERLY SCHANTZ										
DIRECTOR		X						0	0	0
(3) JACK SMITH										
DIRECTOR EMERITUS		х						0	0	0
(4) DEREK_OLSEN	L									
DIRECTOR		х						0	0	0
(5) RICHARD LOFTON	L									
DIRECTOR EMERITUS		х						0	0	0
(6) ELLEN NORMAN	L									
DIRECTOR		х						0	0	0
(7) LEAH JONES	L									
DIRECTOR		X						0	0	0
(8) CHERI KEMP	L									
DIRECTOR		x						0	0	0
(9) JAMES DENNIS	L									
DIRECTOR		х						0	0	0
(10)GEORGE EICHACKER										
DIRECTOR		х						0	0	0
(11)MARGARET CARDELLA										
DIRECTOR		x						0	0	0
(12)KATHY KLAUSER										
DIRECTOR		x						0	0	0
(13)MARY SUE CHATFIELD	L									
DIRECTOR		х						0	0	0
(14)KERRY KLEPFER	L									
DIRECTOR EMERITUS		X						0	0	0

Form **990** (2020)

Part VII Section A. Officers, Directors, Trustees	s, Key Employ	yees, a	nd F	ligh	est (Comp	ensa	ated Employees (c	ontinued)				
				,	(C)								
(A)	Position					(D) (E					(F)		
Name and title	Average					nan one		Reportable	(E) Reportal	nle	Estimated amount		ount
Harris and this	hours	- ,						compensation	compensation		Louin	of other	June
	per week							from the	from relat			npensati	on
	(list any	악교	Ins	Q	Ke	en Hi	Fo	organization (W-2/1099-MISC)	organizat (W-2/1099-N			rom the nization :	and
	hours for related	dire	stitut	Officer	y en	ghes 1ploy	Former	,	,	,	_	d organiz	
	organizations	to tal	ional		Key employee	t cor /ee	7						
	below	Individual trustee or director	Institutional trustee		/ee	nper							
	dotted line)	0	ee			Highest compensated employee							
						d							
(15)RYAN BARNETT													
DIRECTOR		х						0		0			0
(16)DOUG_MATLICK													
DIRECTOR		Х						0		0			0
(17)MARTY_FOX	.												
DIRECTOR		Х						0		0			0
(18)TONY CONN								_					_
DIRECTOR		Х						0		0			0
(19)LORI CONN										^			^
SECRETARY (20)MATT RUHL				Х				0		0			0_
CHAIR OF THE BOARD				x				0		0			0
(21)TED VONDERHAAR													
TREASURER				x				0		0			0
(22)IVAN HASSELBUSCH													
VICE CHAIR OF THE BOARD				x				0		0			0
(23)													
(24)													
(25)													
1b Subtotal			• •	• •	• •		٠ 🕨						
c Total from continuation sheets to Part VII, Sec			٠.	• •	٠.		٠ 🕨						
d Total (add lines 1b and 1c)					• •		· >	26,000		0			0
2 Total number of individuals (including but not limit	ea to tnose lis	ted abo	ove)	wno	rece	eivea r	nore	tnan \$100,000 of					^
reportable compensation from the organization												Yes	0 No
3 Did the organization list any former officer, director	r trustoo kov	emnlo	100	or hi	iahe	et com	nans	sated				163	140
employee on line 1a? If "Yes," complete Schedule			,,,,,		•						3		х
4 For any individual listed on line 1a, is the sum of r			tion :										A
organization and related organizations greater that	•												
individual											4		х
5 Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	elate	d orga	nizat	tion or individual					
for services rendered to the organization? If "Yes,"	complete Sch	nedule .	J for	sucl	h pei	rson					5		х
Section B. Independent Contractors													
1 Complete this table for your five highest compens	ated independ	lent co	ntrac	ctors	that	t receiv	∕ed r	more than \$100,000	O of				
compensation from the organization. Report com	pensation for t	he cale	enda	ır yea	ar er	nding v	vith c	or within the organiz	zation's tax	year.			
(A)								(B)			(C)		
Name and business addre	ess							Description of service	es		Compens	ation	
2 Total number of independent contractors (including	a but not limit	ed to th	1056	liste	hd ah	ove) w	vho						
received more than \$100,000 of compensation fr	-				u al	, v	0						

Part VIII

Statement of Revenue

		Check if Schedule O cor	ntains a response	or no	te to any line in this	Part VIII			
			·		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts and similar amounts not in	1a 1b 1c 1d 1e	5,080,098					
Contribu and Othe	g h	Noncash contributions inclines 1a-1f		1g 	•	5,080,098			
Program Service Revenue	2a b	FUND ADMIN FEES	Business Code 523920	3,670	3,670				
	d e								
<u> </u>		All other program service re Total. Add lines 2a-2f				3,670			
		Investment income (includir other similar amounts) . Income from investment of				477,216	477,216		
	6a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 6a 6b 6c		(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securitie		(ii) Other				
Other Revenue	С	Less: cost or other basis and sales expenses Gain or (loss)	7b 7c						
Other F	8a	Net gain or (loss) Gross income from fundrais events (not including \$ of contributions reported on 1c). See Part IV, line 18	sing line	8a					
		Less: direct expenses . Net income or (loss) from fu		8b					
	b	Gross income from gaming activities, See Part IV, line 1 Less: direct expenses Net income or (loss) from g	9	9a 9b					
	10a	Gross sales of inventory, les returns and allowances . Less: cost of goods sold	ss	10a					
		Net income or (loss) from s							
Miscellanous Revenue	b				Business Code				
Misce Rev	е	All other revenue Total. Add lines 11a-11d Total revenue, See instruct				E ECO 201	490 996	0	

20) KEOKUK AREA COMMUNITY FOUNDATION Statement of Functional Expenses Part IX

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to a	any line in this Part IX						
o not include amounts reported on lines 6h. 7h (A) (B) (C) (D)							

Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	616,375	616,375		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	82,417	28,251	32,932	21,234
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,000	400	1,200	2,400
10	Payroll taxes	6,305	1,261	3,657	1,387
11	Fees for services (nonemployees):	·		·	•
а	Management				
b	Legal				
С	Accounting	30,988		30,988	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	58,713	58,713		
g	Other. (If line 11g amount exceeds 10% of line 25, column	·	,		
	(A) amount, list line 11g expenses on Schedule O.)	29,058	12,134	16,924	
12	Advertising and promotion	2,055	,	,	2,055
13	Office expenses	26,483	2,016	22,894	1,573
14	Information technology	·	·		•
15	Royalties				
16	Occupancy				
17	Travel	457		151	306
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,437		8,437	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	232	232		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	865,520	719,382	117,183	28,955
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

20-1838372

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
6	2	Savings and temporary cash investments	2,777,406	2	285,566
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	7,943,602	11	17,695,670
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,721,008	16	17,981,236
	17	Accounts payable and accrued expenses	5,914	17	14,963
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,695,853	25	1,848,103
	26	Total liabilities. Add lines 17 through 25	1,701,767	26	1,863,066
, 0		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	782,027	27	708,274
Fund Balances	28	Net assets with donor restrictions	8,237,214	28	15,409,896
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	32	Total net assets or fund balances	9,019,241	32	16,118,170
	33	Total liabilities and net assets/fund balances	10,721,008	33	17,981,236

Both consolidated and separate basis

2c

3a

х

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O.

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization Employer identification number KEOKUK AREA COMMUNITY FOUNDATION 20-1838372 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 KEOKUK AREA COMMUNITY FOUNDATION 20-1838372 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sei	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	389,624	452,112	1,163,006	4,212,452	5,080,098	11,297,292
2	Tax revenues levied for the						<u> </u>
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	389,624	452,112	1,163,006	4,212,452	5,080,098	11,297,292
5	The portion of total contributions by						_
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						393,611
6	Public support. Subtract line 5 from line 4						10,903,681
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	389,624	452,112	1,163,006	4,212,452	5,080,098	11,297,292
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						_
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11,297,292
12	Gross receipts from related activities, etc. (see	ee instructions)				12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppor	rt Percentage	9				
	Public support percentage for 2020 (line 6, c					14	96.52 %
	Public support percentage from 2019 Sched					15	91.52 %
16a	33 1/3% support test - 2020. If the organizat	ion did not che	ck the box on li	ne 13, and line	14 is 33 1/3%	or more, check	
	box and stop here . The organization qualifies						
b	33 1/3% support test - 2019. If the organizat						
	this box and stop here. The organization qua			-			_
17a	10%-facts-and-circumstances test - 2020.	-					S
	10% or more, and if the organization meets the				-	•	
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a pı	ublicly supporte	ed
	organization						_
b	10%-facts-and-circumstances test - 2019.	If the organizati	ion did not che	ck a box on line	e 13, 16a, 16b,	or 17a, and line	Э
	15 is 10% or more, and if the organization me	ets the facts-a	nd-circumstand	es test, check	this box and st	t op here. Expla	iin
	in Part VI how the organization meets the fac	cts-and-circums	stances test. Tl	he organizatior	n qualifies as a	publicly suppo	orted
	organization						▶ 🔲
18	Private foundation. If the organization did no	ot check a box	on line 13, 16a,	, 16b, 17a, or 1	7b, check this I	box and see	
	instructions						▶ □

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number KEOKUK AREA COMMUNITY FOUNDATION 20-1838372 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 118 11 2 Aggregate value of contributions to (during year) 5,075,348 2,025 3 Aggregate value of grants from (during year) 592,617 1,067 4 15,251,379 176,779 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	t III Organizations Maintaining C							icis (cc	,,,,,,,,	ieu)	
3	gg										
	collection items (check all that apply):										
а	Public exhibition		d	Loan	or exchange p	rograms	3				
b	Scholarly research		е	Other						_	
С	Preservation for future generations										
4	Provide a description of the organization's collect	ctions and explain how	w they fu	rther the org	ganization's e	xempt pı	urpose in Part				
	XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	Part IV Escrow and Custodial Arrangements.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contri	ibutions or o	other assets r	ot					
	included on Form 990, Part X?							. 🗌 Ye	s	No	
b	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:								
							Amo	ount			
С	Beginning balance					. 1c					
d	Additions during the year					. 1d	1				
е						. 1e					
f	Ending balance					. 1f					
2a	Did the organization include an amount on Form					abilitv?		Ye	s	No	
b	If "Yes," explain the arrangement in Part XIII. Ch					•		_	⊢	j	
Pai				5 250 p. 5.							
	Complete if the organization a	nswered "Yes" c	n Forn	n 990. Pa	art IV. line	10.					
	- 1	(a) Current year		ior year	(c) Two years		(d) Three years back	(e) Fou	ır vears	hack	
1a	Beginning of year balance	6,296,056		02,606	3,617		2,769,605		2,353,352		
b	Contributions	4,847,747		68,301	1,105		589,622		371,		
c	Net investment earnings, gains, and	4,047,747	1,5	06,301	1,105	,424	369,022		3/1,	104	
·	losses	0 070 170	7	42 200	(220	174	201 207		175	106	
٨	F	2,879,178		43,380		,174)	391,387		175,		
d	' -	291,032		74,091	159	,546	33,233	105,744			
е	Other expenditures for facilities and										
	programs	163,603		14,590		,681	85,327				
f	Administrative expenses	(2,317,555)		29,549		, 388	14,484	24,673			
g	End of year balance	15,885,901		96,057	4,178	,206	3,617,570	2,769,605		605	
2	Provide the estimated percentage of the current	,	ne 1g, col	umn (a)) he	eld as:						
a	Board designated or quasi-endowment	%									
b	Permanent endowment										
С	Term endowment • %										
	The percentages on lines 2a, 2b, and 2c should	· ·									
3a	Are there endowment funds not in the possession	on of the organization	that are	held and ac	dministered fo	r the				_	
	organization by:								Yes	No	
	(i) Unrelated organizations							3a(i)	х		
	(ii) Related organizations							3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required o	on Sched	lule R? .				3b	Х		
4	Describe in Part XIII the intended uses of the org		ent funds								
Pai	t VI Land, Buildings, and Equipn		_				_			_	
	Complete if the organization a	nswered "Yes" c	n Forn	n 990, Pa	art IV, line	11a. Se	ee Form 990, P	art X, li	ne 1	0.	
	Description of property	(a) Cost or other	basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	ok value	,	
		(investmer	nt)	(0	other)	de	epreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) · · · · · · · · · · · · · · · · · · ·										

Schedule D (Form 990) 2020 KEOKUK AREA COMMUNITY FOUND	ATION	20-1838372	Page :
Part VII Investments - Other Securities.	000 5 (1) (1)		
Complete if the organization answered "Yes" on For	m 990, Part IV, line 11	b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on For	m 990, Part IV, line 11	c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" on For	m 990, Part IV, line 11	d. See Form 990, Part X,	line 15.
(a) Description		(b) Bo	ook value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

_ (1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
	•

Part X Other Liabilities.

> Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2AGENCY FUNDS HELD FOR OTHERS	1,848,103
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1 848 103

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2020 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number						
KEOKUK AREA COMMUNITY FOUNDATION	ON					20-1838372	
Part I General Information on (Grants and Ass	istance					
1 Does the organization maintain records to	substantiate the amo	unt of the grants or assist	ance, the grantees' elig	ibility for the grants or a	ssistance, and		_
the selection criteria used to award the gra	nts or assistance?						. X Yes No
2 Describe in Part IV the organization's process							
Part II Grants and Other Assistance		•		•	_	es" on Form 990,	
Part IV, line 21, for any recipi	ent that received n	nore than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) CHURCH OF ALL SAINTS							
310 S 9TH ST							GENERAL
KEOKUK IA 52632	42-1186104	501C3					SUPPORT
(2) FRIENDS OF THE LEE COUNTY F							
PO BOX 179							MEMORIAL
DONNELLSON IA 52625	81-0739865	501C3					SHELTER HOUSE
(3) TEST KITCHEN FOUNDATION							AFTERSCHOOL
807 AVENUE G							PROGRAM FOR
FORT MADISON IA 52627	47-4584092	501C3					TEST
(4) GRAND THEATRE CORPORATION F							
PO BOX 1024							
KEOKUK IA 52632	42-1355550	501C3					NEW ROOF
(5) HOERNER YMCA							DE TANK,
2126 PLANK RD							FLOORING,
KEOKUK IA 52632	42-0680393	501C3					GENERAL
(6) DOMESTIC VIOLENCE INTERVENT							
1105 S GILBERT CT, STE 300							GENERAL
IOWA CITY IA 52245	42-1124902	501C3					PROGRAM
(7) HOUGHTON BALL ASSOCIATION I							BASEBALL
3208 HWY 218							FIELD
SALEM IA 52649	26-2329091	501C3					IMPROVEMENTS
(8) FOOD BANK OF IOWA							
PO BOX 1517							FEEDING LEE
DES MOINES IA 50305	42-1177880	501C3					COUNTY
(9) HOLY FAMILY PARISH							
1111 AVENUE E							GENERAL
FORT MADISON IA 52627	90-0478240	501C3					SUPPORT
(10) LD FORT PLAYERS							RENOVATION OF
725 AVENUE G							LOBBY &
FORT MADISON IA 52627	42-1193559	501C3					STORAGE AREA
2 Enter total number of section 501(c)(3) and	d government organiz	ations listed in the line 1 t	table				
3 Enter total number of other organizations li	sted in the line 1 table	·				<u></u>	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2020 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization						Employer identification	number
KEOKUK AREA COMMUNITY FOUNDATION	20-1838372						
Part I General Information on	Grants and Ass	istance					
1 Does the organization maintain records to	substantiate the amo	unt of the grants or assist	ance, the grantees' elig	ibility for the grants or as	ssistance, and		
the selection criteria used to award the gra	ints or assistance?						. Yes No
2 Describe in Part IV the organization's proc		the use of grant funds in	the United States.				
Part II Grants and Other Assistance	ce to Domestic O	rganizations and Dor	nestic Government	s. Complete if the or	ganization answered "\	es" on Form 990,	
Part IV, line 21, for any recipi	ent that received r	nore than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOLY TRINITY CATHOLIC SCHOO							
PO BOX 66							GENERAL
WEST POINT IA 52656	42-1330855	501C3					SUPPORT
(2) GOODWILL OF THE HEARTLAND							
1226 MAIN ST							CAREER
KEOKUK IA 52632	42-0923563	501C3					SERVICES
(3) SOUTHEASTERN COMMUNITY COLL							
1500 W AGENCY RD							GENERAL
WEST BURLINGTON IA 52655	42-1212111	501C3					SUPPORT
(4) YOUNG HOUSE FAMILY SERVICES							
400 S BOARDWAY ST							PROGRAM
BURLINGTON IA 52601	42-0959956	501C3					SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) and	d government organiz	zations listed in the line 1	table			▶	
3 Enter total number of other organizations li	sted in the line 1 table	e				▶ ¯	

	Grants and Other Assistance to D	ITY FOUNDATION				20-1838372	Page 2
Part III	Grants and Other Assistance to D	omestic Individua	als. Complete if th	e organization ansv	vered "Yes" on Form 990), Part IV, line 22.	
	Part III can be duplicated if additiona	al space is needed					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
_1							
2							
3							
4							
_ 5							
6							
7							
Part IV	Supplemental Information. Provide	e the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other add	itional information.	
_							

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

KEOKUK AREA COMMUNITY FOUNDATION 20-1838372 01. Form 990 governing body review (Part VI, line 11) THE TAX PREPARER REVIEWED THE 990 RETURN WITH THE EXECUTIVE DIRECTOR AND VICE CHAIR. COPY OF THE RETURN IS THEN GIVEN TO ALL DIRECTORS TO REVIEW BEFORE FILING 02. Conflict of interest policy compliance (Part VI, line 12c) THE CORPORATION DOES MONITOR THE ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY AT ITS BOARD MEETINGS. ALL OFFICERS AND DIRECTORS ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST 03. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE COMMITTEE REVIEW AND APPROVE THE SALARY FOR THE EXECUTIVE DIRECTOR ANNUALLY. 04. Other officer or key employee compensation (Part VI, line 15b WAGES ARE SET AND APPROVED BY THE EXECUTIVE COMMITTEE. 05. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST TO THE EXECUTIVE DIRECTOR