Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

Department	t of the	l reasury
Internal Rev	venue S	ervice

Intern	al Reven	ue Service	Go to ww	ww.irs.gov/Form990 for instructions	and the latest	information.		Inspection
Α	For the	2022 calend	dar year, or tax year begin	ning	, 2022, a	nd ending		, 20
_		applicable:		OKUK AREA COMMUNITY FOUND	DATION		D Empl	oyer identification number
\square	Address	change	Doing business as					20-1838372
Πı	Name ch	ange	Number and street (or P.O. bo:	x if mail is not delivered to street address)		Room/suite	E Telep	hone number
Ē	nitial retu	ırn	PO BOX 367					(319)795-1407
		rn/terminated		country, and ZIP or foreign postal code	1		G Gros	s receipts
	Amendec		KEOKUK, IA 526				\$	1,965,773
		on pending	F Name and address of principal			H(a) is th		for subordinates? Yes X No
		es included? Yes No						
	Tax-exen	npt status: X	SAME AS C ABOV 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			st. See instructions
	Website:				027		up exemption	
			Corporation Trust Asso	ociation Other	L Year of formation		 I State of leg 	
	rt I	Summar					I State of leg	
ιa	1			on or most significant activities: THE		ON DECETVE		
	· ·	-	•	· · · · · · · · · · · · · · · · · · ·				TABLE GIFTS FROM
ë		DONORS I	U ESTABLISH PERMA	NENT ENDOWMENTS FOR SE IC	WA, WESIEI	RN ILLINOI	5 AND N	ORIHEASI MISSOURI.
anc								
Activities & Governance	2	Chaoly this h		incontinued its energians or dispessed a	f more than OF		***	
Š	2			iscontinued its operations or disposed of				1.5
ۍ ه	3			rning body (Part VI, line 1a)				13
les	4			s of the governing body (Part VI, line 1b				13
iviti	5			calendar year 2022 (Part V, line 2a)				3
Act	6			necessary)				
	7a			Part VIII, column (C), line 12				0
	b	Net unrelate	ed business taxable income	from Form 990-T, Part I, line 11		· · · · · · · · ·	. 7b	0
						Prior Ye	ear	Current Year
	8	Contributions	21,938	1,759,473				
iue	9			e2g)			4,571	(220)
Revenue	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d) \ldots		1,1	13,699	206,520
Re	11	Other revenue	ue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total revenu	ue - add lines 8 through 11 (r	must equal Part VIII, column (A), line 12	2)	2,1	40,208	1,965,773
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)		5	88,979	760,402
	14	Benefits paid		0				
	15	Salaries, oth	95 , 679	125,919				
Expenses	16a	Professional	0					
С ЭС	b	Total fundrai	ising expenses (Part IX, col	umn (D), line 25)	41,289			
Ä	17	Other expen	ises (Part IX, column (A), lin	nes 11a-11d, 11f-24e)		2	07,398	220,607
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25) .		8	92,056	1,106,928
	19	Revenue les	s expenses. Subtract line	18 from line 12			48,152	858,845
۲.	ß			•		Beginning of C	urrent Year	End of Year
Net Assets or	20	Total assets	(Part X, line 16)				45,628	16,641,970
Asse	21	Total liabilitie	es (Part X, line 26)				50,825	1,863,249
Net	22		, ,	line 21 from line 20			94,803	14,778,721
	rt II		ire Block					
Und	er penalti	es of perjury, I de	eclare that I have examined this retur	rn, including accompanying schedules and statemen		of my knowledge and	belief, it is	
true,	correct,	and complete. De	claration of preparer (other than office	cer) is based on all information of which preparer ha	as any knowledge.			
		ROGE	R RICKETTS					
Sig	n	Signature of office					La	te
Her		0	R RICKETTS, EXEC	DIRECTOR				
1101	~	Type or print nar		DIVECTOR				
			eparer's name	Preparer's signature	Date			PTIN
Do:	Ч					Che		
Pai		HALEY S		HALEY SHAFFER	10-25-20		-employed	P02061062
	pare		Taxes Pl			Firm's EIN		
US	e Only	Firm's addres	ss 2406 Mai	n St		Phone no.		

Keokuk IA 52632

X Yes

319-524-7278

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Form	990 (2022) KEOKUK AREA COMMUNITY FOUNDATION	20-1838372	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	THE FOUNDATION RECEIVES CHARITABLE GIFTS FROM DONORS TO ESTABLISH PERMANENT	ENDOWMENTS 1	FOR SE
	IOWA, WESTERN ILLINOIS AND NORTHEAST MISSOURI.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🏾 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	the total expenses, and revenue, if any, for each program service reported.	liloro,	
4a	(Code:) (Expenses \$ 907,474 including grants of \$) (Revenue	\$	
τu	AWARDED GRANTS TO OVER 100 NON PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO OVER	-	
	THE IOWA, MISSOURI, AND ILLINOIS TRI-STATE AREA.	50 INDIVIDO	NI GUAL
	THE TOWA, MISSOURI, AND ILLINOIS IRI-STATE AREA.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 907,474	/	
EEA		For	m 990 (2022)
			、 /

	rm 990 (2022) KEOKUK AREA COMMUNITY FOUNDATION 20-1838372				
Pa	rt IV Checklist of Required Schedules				
			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 Schedule B, Schedule of Contributors? See instructions	2	x		
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)				
-	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	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	77		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	x		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		x	
0	complete Schedule D. Part III	8		x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0			
5	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		x	
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	x		
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.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI	11a		x	
b	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		x	
С	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		x	
d	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		x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a		х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x	
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		х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	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		x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v	
19	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x	
13	If "Yes," complete Schedule G, Part III	19		x	
20 a	· · · · · · · · · · · · · · · · · · ·	20a		x	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x		
				<u> </u>	

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Pa	art IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х			
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	X				
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	05-					
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
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?	0.51					
20	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%	26					
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x			
27	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	27					
20	persons? If "Yes," complete Schedule L, Part III	27		X			
28							
•	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
а		28a		v			
h	"Yes," complete Schedule L, Part IV	20a		X			
b		200		x			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		v			
29	"Yes," complete Schedule L, Part IV	200		X			
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		x			
30	conservation contributions? If "Yes," complete Schedule M	30		v			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		x			
32	complete Schedule N, Part II	32		v			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		x			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		•			
	or IV, and Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		л			
N N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		•			
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		•			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	5/		•			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x				
Par			1 22	L			
ı al	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-					
v	reportable gaming (gambling) winnings to prize winners?	1c	x				
			<u> </u>	(0000			

Form	990 (2022) KEOKUK AREA COMMUNITY FOUNDATION 20-1838372		F	Page 5				
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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 returm 2a 3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x					
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							
	gifts were not tax deductible?	6b						
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							
	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		x				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x				
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		x				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x				
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 11a							
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		L				
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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>				
	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	-						
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
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.							
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>				
	If "Yes," complete Form 6069.							

Forr	m 990 (2022) KEOKUK AREA COMMUNITY FOUNDATION 20-1838	372	F	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No	n	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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			
	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	1		
_	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
1a	one or more members of the governing body?	7a		v
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		x
b		76		v
	stockholders, or persons other than the governing body?	7b		x
8				
_	the year by the following:	80		
a h	The governing body?	8a 8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	on	x	
9		9		
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
000	tion D. Poncies (mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the argenization have legal chapters, branches, or affiliates?	100	Tes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
44-	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	x	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b	x	-
C		120		
12	describe on Schedule O how this was done	12c	x	-
13 14	Did the organization have a written whistleblower policy?	13	X	-
14 15	Did the organization have a written document retention and destruction policy?	14	x	
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?	150	v	
a h	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	x	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
ь.	with a taxable entity during the year?	16a		x
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	401		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 ₁∘	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an exception to make its Forms 1022 (1024 or 1024 A, if applicable), 900, and 900 T (applicable)			
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 Another's website Upon request Other (explain on Schedule O)			
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.			
	TAXES PLUS (319)524-7278, 2406 MAIN ST, KEOKUK, IA 52632			

Form 990 (202	2) KEOKUK AREA COMMUNITY FOUNDATION	20-1838372	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees								
	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 En	nployees						
1a Complete	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), regardles	ss 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 the instructions for definition of "key employee."							
 List the o 	rganization's five current highest compensated employees (other than an officer, director, trustee, or k	(ey employee)						

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	· ·			han one s both an		Reportable	Reportable	Estimated amount	
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or	Ins	Off	Ке	em	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	or director	Institutional trustee	Officer	Key employee	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	ona		foldt	ee or				
	below	uste	trus		/ee	nper				
	dotted line)	e	tee			Highest compensated employee				
						ă				
(1) PHILIP RICKETTS	40.00									
ADMINISTRATOR					x			63,000	0	0
(2) ROGER RICKETTS	32.00									
EXEC DIRECTOR		x		<u>۲</u>	x			43,500	0	0
(3) GEORGE EICHACKER										
DIRECTOR EMERITUS		x						0	0	0
(4) ELLEN NORMAN										
DIRECTOR		x						0	0	0
(5) JACK SMITH										
DIRECTOR EMERITUS		x						0	0	0
(6) JAMES DENNIS										
FORMER BOARD CHAIR, DIRECTOR		х						0	0	0
(7) LOUISE OROZCO										
DIRECTOR		x						0	0	0
(8) PATRICK OTANG										
DIRECTOR		x						0	0	0
(9) CHERI KEMP										
DIRECTOR		х						0	0	0
(10)TONY CONN										
FORMER VICE CHAIR		х						0	0	0
(11)MARY_SUE_CHATFIELD										
DIRECTOR		х						0	0	0
(12)IVAN_HASSELBUSCH										
DIRECTOR EMERITUS		х						0	0	0
(13)KATHY_KLAUSER	L									
DIRECTOR		х						0	0	0
(14)DOUG_MATLICK										
DIRECTOR		x						0	0	0
FFΔ										Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. (continued) (A) (B) (C)		90 (2022) KEOKUK AREA COMMU										1838			9age 8
(A) Nime and tee (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	Part	VII Section A. Officers, Directors, T	rustees,	Key	Emp	oloy	/ee	es, an	d I	lighest Comp	ensated I	<u>Emplo</u>	oyees	(cont	tinued
(16)RICHARD LOFTON x 0 0 0 DIRRCTOR EMERITUS x 0 0 0 SECRETARY, DIRECTOR x x 0 0 0 MSIGNARET_CARDELLA x x 0 0 0 ASSISTANT SECRETARY, DIRECTOR x x 0 0 0 MSIGNARET_CARDELLA x x 0 0 0 0 INTERIC CHAIR, DIRECTOR x x 0 0 0 0 VICE CHAIR, DIRECTOR x x 0 0 0 0 (20) CE x 0 0 0 0 0 (21) CE x 0 0 0 0 0 (22) CE CE x 0 0 0 0 0 (23) CE CE X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<			Average hours per week (list any hours for related organizations	boy	k, unles cer and	Pos eck m is per d a dir	sition ore the son is rector	s both ar r/trustee)		Reportable compensation from the organization (W-2/	Reportabl compensation from relate organizations 1099-MISC	on d (W-2/ C/	cor f orga	nated am of other mpensat rom the nization	ion and
DIRECTOR EMERITUS x 0 0 0 (16)JAM FILKENS x 0 0 0 (15)JAM FILKENS x 0 0 0 (16)JAM FILKENS x 0 0 0 (17)MARGARET CARDELLA x 0 0 0 ASSIGTATA KY, DIRECTOR x x 0 0 0 (18)JERAT KLEPPER x 0 0 0 0 INTERIX CHAIR, DIRECTOR x x 0 0 0 (20)PIAN BARNETT X 0 0 0 0 (21) X 0 0 0 0 (22) X 0 0 0 0 (23) X 0 0 0 0 (24) X 0 0 0 0 (25) X 0 0 0 0 0 (26) X 0 0 0 0 0 0 (26) X X 0	(15) R T	CHARD LOFTON	dotted line)		e			sated							
SECRETARY, DIRECTOR x x x x x x x x 0 0 0 SEGRETARY, DIRECTOR x x 0 <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td>				x						0		0			0
(17)MARGARET CARDELLA x 0	(16)JA	N_FILKENS													
ASSISTANT SECRETARY, DIRECTOR x x x 0 0 0 (18)/ERRY KLEPPER x x 0 0 0 0 (19)/EAH JONES x x 0 0 0 0 (19)/EAH JONES x x 0 0 0 0 (20)/EXAL RARETT x 0 0 0 0 (20)/EXAL RARETT x 0 0 0 0 (21) x 0 0 0 0 (22) x 0 0 0 0 (23) x 0 0 0 0 (24) x 0 0 0 0 0 (25) x 0 0 0 0 0 0 (24) x 0 0 0 0 0 0 0 (26) x 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SECRI	TARY, DIRECTOR		x		x				0		0			0
(18)KERRY XLEPPER x															
INTERIM CHAIR, DIRECTOR EMERITUS x x x 0 0 0 (19):EAR_OONES x 0 0 0 0 0 (20) RTAN BARNETT x 0 0 0 0 0 (21) x 0 0 0 0 0 0 (22) x 0 0 0 0 0 0 (23) x 0 0 0 0 0 0 (24) x 0 0 0 0 0 0 (25) x 0 0 0 0 0 0 (25) x 106,500 0 0 0 0 0 (26) x 106,500 0				x		x				0		0			0
(19) LEAH_JONES X 0 0 0 (20) RYAN_BARNETT X 0 0 0 0 (21) X 0 0 0 0 0 (22) X 0 0 0 0 0 (23)				v		v				0		0			0
VICE CHAIR, DIRECTOR x 0 0 0 0 (20) EVAN BARNETT FORMER DIRECTOR x 0 0 0 0 (21) x 0 0 0 0 0 0 (22) (23) (24) (24) (25) (25) (26) (27) (27) (28) (29) (20)		-		^		^				0					0
(20) EYAN BARNETT X 0 0 0 FORMER DIRECTOR X 0 0 0 (21) X 0 0 0 (22) (23) (24) (24) (25) (24) (25) (25) (26) (27) (25) (26) (27) (27) (28) (26) (27) (28) (29) (29) (26) (27) (28) (29) (29) (26) (29) (20) (20) (20) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (21) (20) (20) (20) (20) (21) (21) (21) (21) (21) (21) (22) (23) (21) (21) (21) (21) (23) (21) (21) (21) (21) (21) (24) (25) (21) (21) (21) (21) (3) X (21) <td></td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>o</td> <td></td> <td></td> <td>0</td>						x				0		o			0
[21]															
(2) (2) (2) (FORM	R DIRECTOR							x	0		0			0
(23) (24) (25) (25) 1b Subtotal (26) (25) (26) 1 Total from continuation sheets to Part VII, Section A (26) 1 Total (add lines 1b and 1c) (26) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization (27) 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. (28) 3 Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. (28) 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. (28) 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person (28) 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person (28) (28) (28) (20)	(21)														
(24) (25) 1b Subtotal	(22)														
(24) (25) 1b Subtotal	(00)						_								
(25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services	(23)														
1b Subtotal	(24)														
c Total from continuation sheets to Part VII, Section A 106,500 0 0 d Total (add lines 1b and 1c) 106,500 0 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors 5 x 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (B) (C)	(25)														
c Total from continuation sheets to Part VII, Section A 106,500 0 0 d Total (add lines 1b and 1c) 106,500 0 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors 5 x 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (B) (C)	1b	Subtotal			$\overline{}$	<u> </u>									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	С		ion A .												
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	d	Total (add lines 1b and 1c)								106,500		0			0
Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but not limit									of				
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization													-
employee on line 1a? If "Yes," complete Schedule J for such individual	2	Did the organization list any former officer direct	tor tructoo	kovor	mploy		orh	iaboot	000	manastad				Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x 5 Section B. Independent Contractors 5 x 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	3			-				-					3	x	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4												-		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)															
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual			•••		•••						4		x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5				-			-							
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Coot:		s," complete	Schee	dule J	J for	suc	h pers	on			•••	5		х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	-		ted indepen	dont co	ontrac	tore	tha	t rocoi	hav	more than \$100.00)0 of				
(A) (B) (C)	•											vear.			
								<u>, , , , , , , , , , , , , , , , , , , </u>				Jean	(C)		
			s								es			ation	
2 Total number of independent contractors (including but not limited to those listed above) who	2	Total number of independent contractors (includin	g but not lin	nited to	thos	e lis	ted a	above)) wh	0					

received more than \$100,000 of compensation from the organization

Form 99	<u> </u>	,	COMMUNI	TY FOUNDATION	T		20-18383	72 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a res	ponse or n	ote to any line in thi				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
	c	Fundraising events	. 1c					
อี้ดี	d	Related organizations	. 1d					
sifts ar A	е	Government grants (contributions) .	. 1e					
s, s iniis	f	All other contributions, gifts, grants,						
ar Si		and similar amounts not included abo	ve 1f	1,759,473				
Othe	g	Noncash contributions included in						
nd		lines 1a-1f						
0.0	h	Total. Add lines 1a-1f			1,759,473			
				Business Code				
ø		FUND ADMIN FEES		523920	(220)	(220))	
e Zic	b							
Program Service Revenue	C .							
Rev	d							
ро Г	e	All other program service revenue						
Γ.		1 0			(220)			
		Total. Add lines 2a-2f			(220)			
	3	Investment income (including dividends other similar amounts)			206,520	206,520		
	4	Income from investment of tax-exempt			200,520	200, 520		
	5	Royalties	•					
			i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) s	ecurities	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
an		and sales expenses 7b						
ven		Gain or (loss) 7c						
Re		Net gain or (loss)	•••					
Other Revenue	8a	Gross income from fundraising						
ð		events (not including \$						
		of contributions reported on line	80					
	h	1c). See Part IV, line 18						
		Less: direct expenses Net income or (loss) from fundraising						
		Gross income from gaming						
	Ju	activities, See Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from gaming activ						
		Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10k)				
	c	Net income or (loss) from sales of inve	entory					
				Business Code				
S	11a							
ano	b							
scellanoi Revenue	c							
Miscellanous Revenue		All other revenue	• • • •					
-		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,965,773	206,300	0	0

2022) KEOKUK AREA COMMUNITY FOUNDATION

Section 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 any line in this Part IX (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 560,402 560,402 . . . Grants and other assistance to domestic 2 200,000 200,000 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 Compensation of current officers, directors, 5 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 109,236 37,115 42,621 29,500 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 8,000 8,000 9 10 1,737 8,683 5,036 1,910 11 Fees for services (nonemployees): а b Legal..... 45,662 45,662 С d 659 659 Professional fundraising services. See Part IV, line 17 е f Investment management fees 94,794 94,794 Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 32,395 7,051 25,344 12 Advertising and promotion 3,641 237 2,376 1,028 Office expenses 13 6,138 30,470 16,760 7,572 Information technology 14 15 Royalties 16 17 939 310 629 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 11,397 11,397 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.) MISCELLANEOUS 650 650 а b С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 1,106,928 907,474 158,165 41,289 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 🛛 if

following SOP 98-2 (ASC 958-720)

	990 (20	·	2	0-183	8372 Page 11
Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	End of year
	2	Savings and temporary cash investments		2	466,633
	3	Pledges and grants receivable, net	-	3	1,930
	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	
Ass	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	19,552,866	11	16,173,407
	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)		16	16,641,970
	17	Accounts payable and accrued expenses		17	36,024
	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%			
Liak		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	0 005 050	25	1 000 000
	26	Total liabilities. Add lines 17 through 25		25	1,827,225
	26	Organizations that follow FASB ASC 958, check here	2,050,825	26	1,863,249
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	768,130	27	673,938
lanc	28	Net assets with donor restrictions		28	14,104,783
Ba		Organizations that do not follow FASB ASC 958, check here	1//120/0/5		11/101//03
pun		and complete lines 29 through 33.			
Ĕ	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	14,778,721
ž	33	Total liabilities and net assets/fund balances		33	16,641,970
EEA					Form 990 (2022)

Form	990 (2022) KEOKUK AREA COMMUNITY FOUNDATION	20-183	8372		Ра	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			•	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,96	5,	773
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,10	6,	928
3	Revenue less expenses. Subtract line 2 from line 1	3		85	8,	845
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	7,89	4,	803
5	Net unrealized gains (losses) on investments	5	(3,97	4,	928)
6	Donated services and use of facilities	6				
7		7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	4,77	8,	721
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Ye		No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗍 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a x	ζ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-		
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	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?		. 2	c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		· _=			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
•••	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. –	-		
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3	ь		
EEA				orm 99	90 ()	2022)

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

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

Attach to	Form	990 or	Form	990-EZ.	
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OMB No. 1545-0047
2022

		nt of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	l Re	evenue Service	Go to	www.irs.gov/For	m990 for instructions a	and the la	test inforr	nation.	Inspection
Name	of t	he organization						Employer identificatio	n number
KEOK	UK	AREA COMMUNIT	Y FOUNDAT	NOI				20-183837	2
Par	t I	Reason for I	Public Cha	rity Status. (A	II organizations mus	t comple	ete this p	art.) See instructi	ons.
The o	rgai	nization is not a private	e foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	.)		
1		A church, conventior	of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)		
2	\Box	A school described i	n section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3	\square				ion described in section		(A)(iii).		
4	\square		•	•	tion with a hospital desc			(b)(1)(A)(iii). Enter the	•
		hospital's name, city,	•	, , , .					
5				enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	
-		section 170(b)(1)(A		-		· · · · · · , ·	0		
6				•	I unit described in section	on 170(b)(1)(A)(v).		
7	x		0	0	art of its support from a g	• • •		rom the general public	
		described in section	-					5	
8	\square				(vi). (Complete Part II.)				
9	П				ction 170(b)(1)(A)(ix) o	perated in	coniunctio	n with a land-grant col	leae
-		-	-		(see instructions). Enter			-	- 5 -
		university:	5		(,				
10	Π		normallv recei	ves: (1) more than	33 1/3% of its support from	om contribu	utions. mer	mbership fees, and gro	SS
		receipts from activitie	s related to its	s exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its	
		support from gross in acquired by the orga	nization after	une and unrelated l	business taxable income e section 509(a)(2). (Co	(less sect	rt III.)) from businesses	
11	П				to test for public safety.			ı).	
12	Π			-	or the benefit of, to perform			· · · · · · · · · · · · · · · · · · ·	ses of
				-	ed in section 509(a)(1)				
				-	pe of supporting organiza				
а		_	-		ervised, or controlled by i			-	iving
		the supported or	ganization(s) t	he power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the	
		supporting orgar	nization. You r	must complete Pa	rt IV, Sections A and E				
b		Type II. A suppo	rting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havir	ng
		control or manag	ement of the s	supporting organiza	ation vested in the same	persons that	at control o	r manage the supporte	ed
		organization(s).	You must coi	mplete Part IV, Se	ctions A and C.				
с		Type III function	nally integrate	ed. A supporting o	rganization operated in c	onnection	with, and	functionally integrated	with,
		its supported org	anization(s) (see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.	
d		Type III non-fur	ctionally inte	egrated. A support	ing organization operate	d in conne	ction with	its supported organiza	tion(s)
		that is not function	nally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	SS
		requirement (see	e instructions).	. You must compl	ete Part IV, Sections A	and D, an	d Part V.		
е		Check this box if	the organizati	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
		functionally integ	rated, or Type	III non-functionally	integrated supporting o	rganizatior	n.		
f	E	inter the number of su	pported organ	nizations					• • •
g	P	Provide the following in	formation abo	ut the supported or	ganization(s).	1		I	1
	(i) N	ame of supported organization	on	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(-)									
(C)									
(D)									
(E)									
Total									

x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	he box on line o qualify und (a) 2018 1,163,006 1,163,006	e 5, 7, or 8 of er the tests lis (b) 2019 4,212,452 4,212,452 4,212,452	Part I or if the	e organizatior lease comple (d) 2021 1,009,838 1,009,838	(e) 2022 1,735,736 23,737 1,759,473 (e) 2022	(f) Total 13,201,130 23,737
Part III. If the organization fails to A. Public Support year (or fiscal year beginning in) ts, grants, contributions, and embership fees received. (Do not lude any "unusual grants.") x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly opported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	o qualify unde (a) 2018 1,163,006 1,163,006	er the tests lis (b) 2019 4,212,452 4,212,452 4,212,452 (b) 2019	<pre>sted below, p (c) 2020 5,080,098 5,080,098 5,080,098 (c) 2020</pre>	(d) 2021 1,009,838 1,009,838 (d) 2021 (d) 2021	te Part III.) (e) 2022 1,735,736 23,737 1,759,473 (e) 2022	(f) Total 13,201,130 23,737 13,224,867 1,230,722 11,994,145 (f) Total
A. Public Support year (or fiscal year beginning in) ts, grants, contributions, and embership fees received. (Do not lude any "unusual grants.") x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on a 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	(a) 2018 1,163,006 1,163,006	 (b) 2019 4, 212, 452 4, 212, 452 4, 212, 452 (b) 2019 	(c) 2020 5,080,098 5,080,098	(d) 2021 1,009,838 1,009,838 (d) 2021	(e) 2022 1,735,736 23,737 1,759,473 (e) 2022	13,201,130 23,737 13,224,867 1,230,722 11,994,145 (f) Total
year (or fiscal year beginning in) ts, grants, contributions, and embership fees received. (Do not lude any "unusual grants.") x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly poprted organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	1,163,006	4,212,452 4,212,452 4,212,452	5,080,098 5,080,098 5,080,098	1,009,838 1,009,838 1,009,838	1,735,736 23,737 1,759,473 (e) 2022	13,201,130 23,737 13,224,867 1,230,722 11,994,145 (f) Total
ts, grants, contributions, and embership fees received. (Do not lude any "unusual grants.") x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	1,163,006	4,212,452 4,212,452 4,212,452	5,080,098 5,080,098 5,080,098	1,009,838 1,009,838 1,009,838	1,735,736 23,737 1,759,473 (e) 2022	13,201,130 23,737 13,224,867 1,230,722 11,994,145 (f) Total
<pre>embership fees received. (Do not lude any "unusual grants.") x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from</pre>	1,163,006	4,212,452 4,212,452	5,080,098	1,009,838 (d) 2021	23,737 1,759,473	23,737 13,224,867 1,230,722 11,994,145 (f) Total
lude any "unusual grants.") x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge	1,163,006	4,212,452 4,212,452	5,080,098	1,009,838 (d) 2021	23,737 1,759,473	23,737 13,224,867 1,230,722 11,994,145 (f) Total
x revenues levied for the ganization's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, its, royalties, and income from	1,163,006	4,212,452 4,212,452	5,080,098	1,009,838 (d) 2021	23,737 1,759,473	23,737 13,224,867 1,230,722 11,994,145 (f) Total
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expended on its behalf e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1,759,473	13,224,867 1,230,722 11,994,145 (f) Total
e value of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1,759,473	13,224,867 1,230,722 11,994,145 (f) Total
nished by a governmental unit to the ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1,759,473	13,224,867 1,230,722 11,994,145 (f) Total
ganization without charge tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly poported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) bic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1,759,473	13,224,867 1,230,722 11,994,145 (f) Total
tal. Add lines 1 through 3 e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on e 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1,759,473	13,224,867 1,230,722 11,994,145 (f) Total
e portion of total contributions by ch person (other than a vernmental unit or publicly oported organization) included on a 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 oss income from interest, dividends, yments received on securities loans, nts, royalties, and income from	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	1,230,722 11,994,145 (f) Total
ch person (other than a vernmental unit or publicly oported organization) included on a 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4						11,994,145
vernmental unit or publicly oported organization) included on a 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4						11,994,145
be ported organization) included on a 1 that exceeds 2% of the amount but own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4						11,994,145
 a 1 that exceeds 2% of the amount own on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4						11,994,145
bown on line 11, column (f) blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 boss income from interest, dividends, yments received on securities loans, hts, royalties, and income from						11,994,145
blic support. Subtract line 5 from line 4. B. Total Support year (or fiscal year beginning in) nounts from line 4 poss income from interest, dividends, yments received on securities loans, hts, royalties, and income from						11,994,145
B. Total Support year (or fiscal year beginning in) nounts from line 4						(f) Total
year (or fiscal year beginning in) nounts from line 4						(f) Total
year (or fiscal year beginning in) nounts from line 4						
nounts from line 4				1,009,838	1,759,473	
yments received on securities loans, hts, royalties, and income from						
yments received on securities loans, hts, royalties, and income from						
its, royalties, and income from						1
-						
nilar sources						
t income from unrelated business						
ivities, whether or not the business						
u						
		Y				13,224,867
	(see instructio	nns)			12	15,221,007
						c)(3)
			• • • • • • • • •			•••••
			11 column (f))		14	90.69 %
		-				90.89 %
	-		-			
	-					
-			-	-		_
	-					
-					-	-
Part VI how the organization meets the	e facts-and-circ	cumstances tes	st. The organiza	ation qualifies a	as a publicly su	upported
vate foundation. If the organization d	lid not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, checl	k this box and	see
-						
	st 5 years. If the Form 990 is for the organization, check this box and stop here. C. Computation of Public Support blic support percentage for 2022 (line blic support percentage from 2021 Scl 1/3% support test - 2022. If the organization and stop here. The organization quants is box and stop here. The organization %-facts-and-circumstances test - 202 % or more, and if the organization meets the fact ganization	her income. Do not include gain or s from the sale of capital assets (plain in Part VI.)	her income. Do not include gain or is from the sale of capital assets (plain in Part VI.)	her income. Do not include gain or s from the sale of capital assets kplain in Part VI.) tal support. Add lines 7 through 10 oss receipts from related activities, etc. (see instructions) st 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fir ganization, check this box and stop here. C. Computation of Public Support Percentage blic support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) blic support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) blic support percentage from 2021 Schedule A, Part II, line 14 1/3% support test - 2022. If the organization did not check the box on line 13, and x and stop here. The organization qualifies as a publicly supported organization. 1/3% support test - 2021. If the organization did not check a box on line 13 or 16 s box and stop here. The organization qualifies as a publicly supported organization. 1/3% or more, and if the organization meets the facts-and-circumstances test, check rt VI how the organization meets the facts-and-circumstances test, check rt VI how the organization meets the facts-and-circumstances test, check rt VI how the organization meets the facts-and-circumstances test, check rt VI how the organization meets the facts-and-circumstances test. The organization %-facts-and-circumstances test - 2021. If the organization did not check a box or is 10% or more, and if the organization meets the facts-and-circumstances test, check repart VI how the organization meets the facts-and-circumstances test. The organization wate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a invate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a invate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a invate foundation.	her income. Do not include gain or s from the sale of capital assets kplain in Part VI.)	her income. Do not include gain or s from the sale of capital assets cplain in Part VI.)

Schedu	le A (Form 990) 2022 KEOKUK AREZ					20-1838372	Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the orgar	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(u) 2010	(6) 2010	(0) 2020	(0) 2021	(0) 2022	
10a	Gross income from interest, dividends,						
IVa							
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st. second. thi	rd, fourth, or fif	th tax vear as a	a section 501(c)	(3)
•••	organization, check this box and stop her	•			•		· /
Secti	on C. Computation of Public Suppor						••••
15	Public support percentage for 2022 (line 8	-		3 column (f))		15	%
16	Public support percentage from 2022 (intel Public support percentage from 2021 Sch		•			16	%
							70
	on D. Computation of Investment Inc		-	vilino 10 anti-	mn (f))	17	0/
17 10	Investment income percentage for 2022 (I			•		17	<u>%</u>
18	Investment income percentage from 2021					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b		-	-		• • •	
b	33 1/3% support tests - 2021. If the organization						_
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	d not check a b	box on line 14,	19a, or 19b, c	heck this box a	nd see instructi	ons

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

an	Supporting Organizations (continued)			
			Yes	Ν
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations		_	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
cti	on C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	Ν
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
cti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	ructio	on
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).	
2	Activities Test. Answer lines 2a and 2b below.	20010)	Yes	N
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
b				

- involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2b

3a

3b

EEA

Part IV

Schedule A (Form 990) 2022 KEOKUK AREA COMMUNITY FOUNDATION Supporting Organizations (continued)

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Page 5

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			
Secti	instructions. All other Type III non-functionally integrated supporting orga on A - Adjusted Net Income	nizatio	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	,		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally int	egrated Type III suppo	rting organization

KEOKUK AREA COMMUNITY FOUNDATION

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

20-1838372

Page 6

Schedul	e A (Form 990) 2022 KEOKUK AREA COMMUNITY FOU	INDATION	20-183	8372 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$	>		
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Schedule A (F	orm 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	rganization AREA COMMUNITY FOUNDATION		er identification number 20-1838372
Part II	Noncash Property (see instructions). Use duplicate cop	•	
	Noncash Property (see instructions). Ose duplicate cop	les of Part II il additional spac	
(a) No.		(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	1078 SHARES OF AT&T STOCK		
1			
		\$	04-14-2022
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Faili			
		—	
		\$	
		♥	
(a) No.			
a) NO. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		—	
		—	
		\$	
(a) No.	<i></i>	(c)	
from	(b)	FMV (or estimate)	(d) Data reasived
Part I	Description of noncash property given	(See instructions.)	Date received
		—	
		_	
		\$	

SCHEDUL	EC		Political Campaign a	nd Lobbying	n Activities	OMB No. 1545-0047
(Form 990)		For (Drganizations Exempt From Income 1		-	2022
Department of the	ne Treasury		ete if the organization is described be	elow. Attach t	to Form 990 or Form 990-E2	••••••••
Internal Revenu			Go to www.irs.gov/Form990 for in			Inspection
			" on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		e 46 (Political Campaign Ac	tivities), then
			n 501(c)(3)) organizations: Complete Pa		Do not complete Part I-B	
			blete Part I-A only.		Bo not complete i art i B.	
	-		on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, lin	e 47 (Lobbying Activities), t	hen
-			hat have filed Form 5768 (election unde			
Section 50	01(c)(3) organi	izations t	hat have NOT filed Form 5768 (election	under section 501(h)): Complete Part II-B. Do not	complete Part II-A.
If the organiza Tax) (See sep			" on Form 990, Part IV, line 5 (Proxy T en	ax) (See separate in	nstructions) or Form 990-E2	ζ, Part V, line 35c (Proxy
		r (6) orga	anizations: Complete Part III.			
Name of orgai	nization				Employer iden	tification number
KEOKUK AR					20-1838372	
Part I-A			e organization is exempt und			
	•		organization's direct and indirect politica	campaign activities	in Part IV. See instructions for	ſ
	ion of "politica		penditures. See instructions		¢	
			ampaign activities. See instructions			
Part I-B			e organization is exempt und			
	the amount of	any exci	se tax incurred by the organization under	er section 4955	· · · · · · · · · · · · · · · \$	
			se tax incurred by organization manage			
3 If the	organization in	curred a	section 4955 tax, did it file Form 4720 f	or this year?		Yes 🗌 No
4a Wasa	a correction ma	ade?				Yes 🗌 No
	s," describe in					
Part I-C			e organization is exempt und			(c)(3).
			pended by the filing organization for sect			
			organization's funds contributed to othe			
		-				
			ditures. Add lines 1 and 2. Enter here an			
line 17	7b				-, \$	
			Form 1120-POL for this year?			
5 Enter	the names, ad	dresses	and employer identification number (EIN	l) of all section 527 p	olitical organizations to which	n the filing
organ	ization made p	ayments	. For each organization listed, enter the	amount paid from the	e filing organization's funds. A	lso enter
			putions received that were promptly and	•		
as a s	eparate segre	gated fu	nd or a political action committee (PAC)	. If additional space i	is needed, provide informatior	in Part IV.
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
						delivered to a separate
						political organization. If none, enter -0
(1)						
(0)						
(2)						
(3)						
(4)						
(5)						
(6)						
For Paperwork	Reduction Act	Notice, s	see the Instructions for Form 990 or 990-E	Z.		Schedule C (Form 990) 2022

EEA

Sch	edule	C (Form 990) 2022 KEOKUK AREA COM	MUNITY FOUNDATION	20-18383	872 Page 2
P	art		is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
		section 501(h)).			
Α	Che	eck 🛛 if the filing organization belongs to an a	affiliated group (and list in Part IV each affiliated group me	mber's name, address,	,
		EIN, expenses, and share of excess lo	bbying expenditures).		
В	Che	eck	and "limited control" provisions apply.	· · · · · ·	
		Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lobbying expenditures to influence public of	opinion (grassroots lobbying)		
	b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
	С	Total lobbying expenditures (add lines 1a and 1	b)		
	d	Other exempt purpose expenditures			
	е	Total exempt purpose expenditures (add lines 1	cand 1d)		
	f	Lobbying nontaxable amount. Enter the amount	from the following table in both		
		columns.			
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not over \$500,000	20% of the amount on line 1e.		
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
_		Over \$17,000,000	\$1,000,000.		
	g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)		
	h	Subtract line 1g from line 1a. If zero or less, enter	er -0		
	i	Subtract line 1f from line 1c. If zero or less, ente	r-0		
	j	If there is an amount other than zero on either lin	ne 1h or line 1i, did the organization file Form 4720		
		reporting section 4911 tax for this year?		· · · · · · · · · [Yes No
		4-Yea	ar Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

EEA

Schedule C (Form 990) 2022

Schedu	le C (Form 990) 2022 KEOKUK AREA COMMUNITY FOUNDATION		1838	
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
Fores	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(4	a)	(b)
	ption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х	
C	Media advertisements?		х	
d	Mailings to members, legislators, or the public?		х	
е	Publications, or published or broadcast statements?		х	
f	Grants to other organizations for lobbying purposes?		х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х	
i	Other activities?	x		659
j	Total. Add lines 1c through 1i			659
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	
b	If "Yes," enter the amount of any tax incurred under section 4912		-	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-
Part		c)(5) ,	or se	ection
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Part				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C	R (b) Part	III-A, line 3, is
	answered "Yes."			
1	Dues, assessments and similar amounts from members	•••	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•••	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditures next year?	••	4	
5	Taxable amount of lobbying and political expenditures. See instructions	••	5	
Part				
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A instructions); and Part II-B, line 1. Also, complete this part for any additional information.	, lines	1 and	

SCHEDULE D	
(Form 990)	

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.

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

vame o	if the organization		Employer identification number
κεοκι	JK AREA COMMUNITY FOUNDATION		20-1838372
Pa		Inds or Other Similar Funds or Act	
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	36	101
2	Aggregate value of contributions to (during year)	1,116,194	375,175
3	Aggregate value of grants from (during year)	134,737	304,717
4	Aggregate value at end of year	3,639,564	6,422,964
5	Did the organization inform all donors and donor advisors in w	-	
	funds are the organization's property, subject to the organization	0	
6	Did the organization inform all grantees, donors, and donor adv	-	
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired at	iter July 25, 2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	tax year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	ance 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		
2	If the organization received or held works of art, historical treas		jain, provide the
	following amounts required to be reported under FASB ASC 9	•	
а	Revenue included on Form 990, Part VIII, line 1		\$

\$

Schedul	le D (Form 990) 2022 KEOKUK AREA COM				20-18383		Page 2
Part	t III Organizations Maintaining	Collections of	Art, Historical 1	Freasures, or Ot	her Similar Ass	sets (co	ntinued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the fo	ollowing that make sig	pnificant use of its		
	collection items (check all that apply):						
а	Public exhibition		d 🗌 Loan o	r exchange program			
b	Scholarly research		e 🗌 Other				
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explair	n how they further th	e organization's exen	npt purpose in Part		
	XIII.						
5	During the year, did the organization solicit of	or receive donations of	of art, historical treas	ures, or other similar			
	assets to be sold to raise funds rather than t	to be maintained as p	part of the organizati	on's collection?		Yes	No
Part	t IV Escrow and Custodial Arra	ingements.					
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 9, or	reported an amo	ount on F	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for contributions	or other assets not			
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing table:				
					Amo	unt	
С	Beginning balance			10	;		
d	Additions during the year			10	k		
е	Distributions during the year			16	•		
f	Ending balance			<u>1</u> f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liabili	ty?	Yes	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanation has been	provided on Part XIII			
Part							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	12,087,250	15,885,936	6,296,056	4,402,606	3,63	17,571
b	Contributions	1,255,491	743,947	4,847,747	1,568,301	1,1	05,424
С	Net investment earnings, gains, and						
	losses	(1,880,091)	1,616,124	2,879,178	743,380	(2)	29,174)
d	Grants or scholarships	312,622	263,279	291,032	74,091	1	59,546
е	Other expenditures for facilities and						
	programs	123,610	122,872	163,603	114,590	1	35,681
f	Administrative expenses	212,698	320,899	(2,317,555)	229,549		20,388
g	End of year balance	10,813,720	17,538,957	15,885,901	6,296,057	4,1	78,206
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	27.10 %					
b	Permanent endowment 72.60 %						
С	Term endowment0.30_%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held ar	nd administered for th	е	_	
	organization by:						Yes No
	(i) Unrelated organizations					3a(i)	х
	(ii) Related organizations					3a(ii)	x
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as requ	ired on Schedule R?	•••••		3b	х
	Describe in Part XIII the intended uses of th	e organization's end	owment funds.				
Part							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 11a.	See Form 990, F	Part X, li	ne 10.
	Description of property	(a) Cost or othe			Accumulated	(d) Book	value
		(investme	ent) (other) d	epreciation		
1a	Land	••					
b	Buildings	••					
С	Leasehold improvements	••					
d	Equipment	••					
e	Other						
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, column (B), line	10c.,)			

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Forr	n 990, Part	IV, line 11b	. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va		(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12	2)				
Part VIII	Investments - Program Related. Complete if the organization answere		n 990, Part	IV, line 11c	. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va	lue	• •	hod of valuation: -of-year market value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)					*	
(9)	(1)					
	n (b) must equal Form 990, Part X, col. (B) line 1.	3.)				
Part IX	Other Assets.			N/ P 44.1	0	
	Complete if the organization answere		n 990, Part	IV, line 11d	. See Form	
	(a) D	Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 1	5.)				
Part X	Other Liabilities.				·	
	Complete if the organization answere	d "Yes" on Forr	n 990, Part	IV, line 11e	or 11f. See	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book va	alue			
-	ncome taxes					
	FUNDS HELD FOR OTHERS	1.8	27,225			
(3)		1/0	277225			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.).	•	27,225			
-	uncertain tax positions. In Part XIII, provide the te		-			·
organization's	liability for uncertain tax positions under FASB AS	SC 740. Check here	if the text of the	ne footnote has	been provided	l in Part XIII

KEOKUK AREA COMMUNITY FOUNDATION

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Page 3

Schedule D (Form 990) 2022

Schedu		20-1838372	Page 4
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I		rants and Other				L	OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury	Comple	ete if the organization ar	Attach to Form 990.	m 990, Part IV, line 21	or 22.	(Open to Public
Internal Revenue Service		Go to www.irs.g	ov/Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
KEOKUK AREA COMMUNITY FOUNDATI	ON					20-1838372	
Part I General Information on		istance					
1 Does the organization maintain records to	o substantiate the am	ount of the grants or assis	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the g	rants or assistance?						. 🗴 Yes 🗌 No
2 Describe in Part IV the organization's pro	cedures for monitori	ng the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic C	rganizations and Do	mestic Governmen	ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recip							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)CHURCH OF ALL SAINTS							
310 S 9TH ST							GENERAL
KEOKUK IA 52632	42-1186104	501C3	15,299				SUPPORT
(2)HOERNER YMCA							GENERAL
2126 PLANK RD							SUPPORT,
KEOKUK IA 52632	42-0680393	501C3	22,732				CAPITAL
(3)HOLY FAMILY PARISH							GENERAL
111 AVENUE E							SUPPORT,
FORT MADISON IA 52627	90-0478240	501C3	6,768				CEMETERY
(4) SOUTHEASTERN COMMUNITY COLL							
1500 W AGENCY RD							
WEST BURLINGTON IA 52655	42-1212111	501C3	20,235				SCHOLARSHIPS
(5)HOLY TRINITY CATHOLIC SCHOO			-				GENERAL
PO BOX 66							SUPPORT OF
WEST POINT IA 52656	42-1330855	501C3	60,456				THE
(6)CENTRAL LEE COMM SCHOOL FDT			-				OUTDOOR
2642 HIGHWAY 218							CLASSROOM,
DONNELLSON IA 52625	42-1256073	501C3	19,000				LEADERSHIP
(7)CITY OF DONNELLSON			-				
802 PERSHING AVE							TRAILS IN
DONNELLSON IA 52625	42-6004591	GOVERNMENT	7,000				WESTVIEW PARK
(8)COMMUNTIY ACTION OF SOUTHEA			-				CLASSROOM
2850 MT PLEASANT ST							EQUIP,
BURLINGTON IA 52601	42-0923961	501C3	5,723				PLAYGROUND
(9) COMMUNITY SERVICES COUNCIL			-				
PO BOX 273							SUPPORT OF
FORT MADISON IA 52627	42-1254907	501C3	5,603				FOOD PANTRY
(10POMESTIC VIOLENCE INTERVENT							LEE COUNTY
1105 S GILBERT CT STE 300							SERENTIY
IOWA CITY IA 52240	42-1124902	501C3	6,000				HOUSE,
2 Enter total number of section 501(c)(3) and					1	1	
3 Enter total number of other organizations							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I			ants and Other				1	OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States							2022	
. ,	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.							Open to Public	
Department of the Treasury Internal Revenue Service			Go to www.irs.go	ov/Form990 for the la	atest information.			Inspection	
Name of the organization							Employer identifica	tion number	
KEOKUK AREA COMMUNIT	Y FOUNDATI	ON					20-1838372		
Part I General Info	ormation on	Grants and Assis	stance				·		
1 Does the organization m	aintain records to	o substantiate the amo	unt of the grants or assist	tance, the grantees' eli	gibility for the grants or	assistance, and			
the selection criteria use	d to award the gr	rants or assistance?		· · · · · · · · · ·				. 🗌 Yes 🗌 No	
2 Describe in Part IV the c	organization's pro	cedures for monitoring	the use of grant funds in	n the United States.					
Part II Grants and O	ther Assistan	ce to Domestic Or	ganizations and Dor	nestic Governmer	its. Complete if the o	rganization answered	"Yes" on Form 99	0,	
Part IV, line 22	1, for any recipi	ient that received m	ore than \$5,000. Part	Il can be duplicate	d if additional space	is needed.			
1 (a) Name and address of c or government	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)FIRST CHRISTIAN C	HURCH		(3.2		other)		BED FOR EVERY	
3476 MAIN ST								CHILD PROJECT	
KEOKUK IA 52632		42-1145804	501C3	5,200					
(2)FOOD BANK OF IOWA								FEEDING LEE	
2220 E 17TH ST	-							COUNTY	
DES MOINES IA 50316		42-1177880	501C3	7,500				PROJECT	
(3)FT MADISON BEAUTI	FICATION F			-					
614 7TH ST								PICKLEBALL	
FORT MADISON IA 5262	27	84-3859403	501C3	5,750				COURTS	
(4)FORT MADISON FAMI	LY YMCA								
220 S 26TH ST								GENERAL	
FORT MADISON IA 5262	27	42-6080176	501C3	8,569				SUPPORT	
(5)GOD'S WAY CHRISTI	AN CENTER								
1623 DES MOINES								GENERAL	
KEOKUK IA 52632		31-1600021	501C3	8,665				SUPPORT	
(6)GRAND THEATRE COR	PORATE FOU							CARPET	
PO BOX 1024								REPLACEMENT,	
KEOKUK IA 52632		42-1355550	501C3	10,500				GENERAL	
(7)HOLY TRINITY CATH	OLIC SCHOO								
2213 AVENUE J								GENERAL	
FORT MADISON IA 5262		42-1330855	501C3	46,891				SUPPORT	
(8)HOUGHTON BALL ASS	OCIATION							RESTROOMS AND	
PO BOX 52								NEW BLEACHERS	
HOUGHTON IA 52631		26-2329091	501C3	6,500					
(9) KEOKUK CATHOLIC S	CHOOLS							CLASSROOM	
2981 PLAND RD								LIBRARIES AND	
KEOKUK IA 52632		12-0861782	420861782	9,950				GENERAL	
(10) IMITED RESOURCE	COUNCIL							SUPPORT OF	
PO BOX 283								URKRANIAN	
KEOKUK IA 52632		42-1197969		13,000				REFUGEES	
2 Enter total number of see									
3 Enter total number of oth	ner organizations	listed in the line 1 table	e						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULEI	Gr	ants and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States						2022
. ,	Complet	e if the organization ar		m 990, Part IV, line 21	or 22.	C	Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.						Inspection
Name of the organization		j				Employer identification	
KEOKUK AREA COMMUNITY FOUNDATIO	ON					20-1838372	
Part I General Information on G	Grants and Assi	stance					
1 Does the organization maintain records to			stance, the grantees' eli	aibility for the grants or	assistance. and		
the selection criteria used to award the gr		-					. 🗌 Yes 🗌 No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistant				ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recipi							,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) KPLAY PLAYGROUNDS FOR ALL							HANDICAP
PO BOX 1233							ACCCESSIBLE
KEOKUK IA 52632	47-3773032	501C3	32,642				SPLASH PAD
(2) LEE COUNTY YOUTH SERVICES							SUPPORT YOUTH
PO BOX 374							PROGRAMS IN
FORT MADISON IA 52627	42-1048601	501C3	31,977				LEE COUNTY,
(3)NORTH LEE COUNTY HISTORICAL							
PO BOX 825							ROOF
FORT MADISON IA 52627	23-7211343	501C3	7,500				REPLACEMENT
(4) SALVATION ARMY							SOAP PANTRY,
PO BOX 186							AND AFTER
KEOKUK IA 52632	36-2167910	501C3	7,500				SCHOOL
(5) ST JAMES THE LESS & ST JOHN							VETERAN FLAG
PO BOX 100							POLES AND
HOUGHTON IA 52631	42-0680472	501C3	6,138				GENERAL
(6) THREE RIVERS CONSERVATION F							GENERAL
2652 HIGHWAY 61							SUPPORT &
MONTROSE IA 52639	31-1578338	501C3	5,114				CHATFIELD
(7) YOUNG HOUSE FAMILY SERVICES							DETENTION
4717 SULLIVAN SLOUGH RD							CENTER
BURLINGTON IA 52601	42-1330459	501C3	6,119				COUNSELING &
(8)							
(9)							
(10)							

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2022) KEOKUK AREA COMMUNITY FOUNDATION

Part III	Grants and Other Assistance to Do	mestic Individu	als. Complete if the	organization answ	vered "Yes" on Form 990), Part IV, line 22.
	Part III can be duplicated if additional	space is needed	1.			
	(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	the information r	equired in Part I, line	2; Part III, colum	n (b); and any other addi	tional information.
		*				

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CHEDULE J			(OMB No. 1545-0047				
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		hest	2022					
		line 23.						
Attach to Form 990. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection				
ame of the organization			Employer identification r					
EOKUK AREA COMMU	NITY FOUNDATION		20-1838372					
	Regarding Compensation							
					Yes	Ν		
		rovided any of the following to or for a	-	n				
	-	to provide any relevant information reg						
First-class or		Housing allowance or residence for	-					
Travel for con	-	Payments for business use of pers						
	cation and gross-up payments	Health or social club dues or initia						
Discretionary	spending account	Personal services (such as maid,	chauffeur, chef)					
b If any of the box	os on line 1a are checked did the c	organization follow a written policy reg	ording povmont					
•		s described above? If "No," complete	• • •					
				1b				
2 Did the organiza	ation require substantiation prior to r	eimbursing or allowing expenses incu	rred by all					
-		Executive Director, regarding the item	-					
	-			2				
		ion used to establish the compensatio						
organization's C	EO/Executive Director. Check all th	at apply. Do not check any boxes for i	methods used by a					
related organiza	tion to establish compensation of th	e CEO/Executive Director, but explain	n in Part III.					
X Compensatio	n committee	Written employment contract						
Independent	compensation consultant	Compensation survey or study						
-	other organizations	X Approval by the board or compens	sation committee					
		Part VII, Section A, line 1a, with resp	ect to the filing					
-	a related organization:							
	ance payment or change-of-control			4a		2		
		tal nonqualified retirement plan?		4b		2		
	receive payment from an equity-bas		item in Dort III	4c		2		
If yes to any o	r lines 4a-c, list the persons and pro	wide the applicable amounts for each	item in Part III.					
Only section 50	D1(c)(3) 501(c)(4) and 501(c)(29)	organizations must complete lines	5-9					
		, line 1a, did the organization pay or a						
	ontingent on the revenues of:							
				5a		2		
b Any related orga	anization?	•••••		5b		2		
	5a or 5b, describe in Part III.							
-		, line 1a, did the organization pay or a	ccrue any					
	ontingent on the net earnings of:			0-				
						2		
				6b		2		
II Yes on line b	a or 6b, describe in Part III.							
7 For persons liste	ed on Form 990 Part VII Section A	, line 1a, did the organization provide a	any nonfixed					
-		describe in Part III	-	7		2		
		paid or accrued pursuant to a contrac				- 2		
		tions section $53.4958-4(a)(3)$? If "Yes,						
				8		2		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		-				
9 If "Yes" on line 8	3, did the organization also follow th	e rebuttable presumption procedure d	escribed in					
				9				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022 KEOKUK AREA COMMUNITY FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base	(ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior	
	compensation	compensation	compensation				Form 990	
RYAN BARNETT () 0	0	0	0	0	0	0	
1 FORMER DIRECTOR	i) 0	0	0	0	0	0	0	
()			-				
<u>2</u> (i	i)							
()							
3 (i	i)							
(
<u>4</u> (i	i)							
(
5 (i	i)							
6 (i								
7 (i								
<u>8</u> (i								
	i)							
10 (1								
(i								
(
<u>12</u> (i								
(
(i								
(
(i								
(
(i								
(
(i	i)							

Schedule J (Form 990) 2022

20-1838372

Page 2

EEA

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-1838372

Department of the Treasury Internal Revenue Service Name of the organization

KEOKUK AREA COMMUNITY FOUNDATION

01. Officer, directors, etc. family relationship (Part VI, line 2)

BOTH KEY EMPLOYEES TO THE ORGANIZATION, THE EXECUTIVE DIRECTOR, ROGER RICKETTS, AND THE

ADMINISTRATOR, PHILIP RICKETTS, ARE FATHER AND SON.

02. Form 990 governing body review (Part VI, line 11)

THE TAX PREPARER REVIEWED THE 990 RETURN WITH THE EXECUTIVE DIRECTOR AND VICE CHAIR. А

COPY OF THE RETURN IS THEN GIVEN TO ALL DIRECTORS TO REVIEW BEFORE FILING

03. Conflict of interest policy compliance (Part VI, line 12c)

THE CORPORATION DOES MONITOR THE ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY AT ITS

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO REPORT ANY CONFLICT OF BOARD MEETINGS.

INTEREST.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE COMMITTEE REVIEW AND APPROVE THE SALARY FOR THE EXECUTIVE DIRECTOR ANNUALLY.

05. Other officer or key employee compensation (Part VI, line 15b

WAGES ARE SET AND APPROVED BY THE EXECUTIVE COMMITTEE.

06. Governing documents, etc, available to public (Part VI, line 19)

ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST TO THE EXECUTIVE DIRECTOR.

07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

ROUNDING DIFFERENCE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return		FEIN
KEOKUK AREA	COMMUNITY FOUNDATION	20-1838372
Description	OTHER EXPENSES	<u>Amount</u> \$ 7,051
	Total	: \$ <u>7,051</u>
	OTHER EXPENSES	
Description		Amount
ADMIN FEES	Total	<u>\$ 25,344</u>