		29 a fila Signat	uro Authoriz	ation	1
Form 8879-TE	11	RS e-file Signat for a Tax E	kempt Entity	ation	OMB No. 1545-0047
	For calendar year 2022, o	or fiscal year beginningUL			2022
Department of the Treasury		Do not send to the IR			LULL
Internal Revenue Service	G	io to www.irs.gov/Form88	9TE for the latest info	the second s	
Name of liter				EIN or	
		Y COLLEGE FOUL	NDATION	23	-7076632
Name and title of officer or pe		JODY PELLERIN	CIMOD		
Part I Type of	Return and Retu	EXECUTIVE DIRE	CTOR		
Check the box for the retu Form 5330 filers may ente or 10a below, and the amo whichever is applicable, bl	rn for which you are r dollars and cents. F	using this Form 8879-TE and or all other forms, enter who he return being filed with thi	ble dollars only. If you cl s form was blank, then	neck the box on line 1a, leave line 1b, 2b, 3b, 4b	eturn. Form 8038 CP and , 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5, 5b, 6b, 7b, 8b, 9b, or 10b, elow. Do not complete more
than one line in Part I.	V	h Tetel versenue if ony /	arm 000 Dart VIII. ooku	mp (A) line 12)	1b22,596,286.
1a Form 990 check h		b Total revenue, if any (F	orm 990, Part VIII, Colui	nn (A), ine 12)	2b
2a Form 990-EZ che		b Total tax (Form 1120-P			
3a Form 1120-POL 4a Form 990-PF che		b Tax based on investme			
4a Form 990-PF che 5a Form 8868 check	·····	b Balance due (Form 886			5b
6a Form 990-T chec		b Total tax (Form 990.T, F			
7a Form 4720 check		b Total tax (Form 4720, F			
8a Form 5227 check		b FMV of assets at end of			8b
9a Form 5330 check		b Tax due (Form 5330, Pa	art II, line 19)		9b
10a Form 8038-CP cl	neck here	b Amount of credit paym	ent requested (Form &	038-CP, Part III, line 22)	
Part II Declarat	tion and Signatu	re Authorization of O			
Under penalties of perjury	, I declare that X	I am an officer of the above	entity or 🛄 I am a pe	erson subject to tax with	n respect to (name have examined a copy of the
financial institution to deb later than 2 business days	it the entry to this ac prior to the paymen we confidential inform	ted in the tax preparation so count. To revoke a payment t (settlement) date. I also au ation necessary to answer i nature for the electronic retu	, I must contact the U.S thorize the financial inst polyicies and resolve iss	 Treasury Financial Age itutions involved in the p ues related to the payme 	ent at 1-888-353-4537 no processing of the electronic ent. I have selected a
PIN: check one box only X I authorize DE		PANY, LLP		to enter	my PIN 52404
A Tauthonze DE	Mining & COM	ERO firm name)		Enter five numbers, but
			· ·		do not enter all zeros
with a state age on the return's	ency(ies) regulating cl disclosure consent se		d/State program, I also	authorize the aforement	tioned ERO to enter my PIN
return. If I have	indicated within this	with respect to the entity, return that a copy of the return by PIN on the return's disclo	urn is being filed with a	state agency(ies) regulat	ing charities as part of the
Part III Certifica	ation and Auther	ntication			Date 10 26 2003
ERO's EFIN/PIN. Enter y	our six-diait electroni	c filing identification			
number (EFIN) followed b			And the second	588950266 not enter all zeros	
I certify that the above nu submitting this return in a Business Returns.	meric entry is my PIN accordance with the r	I, which is my signature on t equirements of Pub. 4163,	he 2022 electronically f Modernized e File (MeF) Information for Authoriz	zed IRS e-file Providers for
ERO's signature	3BC-	Roy		Date 10/24	(23
5-		ERO Must Retain This bmit This Form to the			
LUA For Duting A-t		tion Act Notice, see instru			Form 8879-TE (2022)
LHA FOR Privacy Act an	iu Paperwork Reduc	anon Act Notice, see instru			

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Kirkwood Community College Foundation 6301 Kirkwood Blvd SW Cedar Rapids, IA 52404

Prepared By:

Denman & Company, LLP 1601 22nd Street, Suite 400 West Des Moines, IA 50266-1453

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

. 8	879-TE		IR	S e-file Sigr for a Tax	nature Au	uthorizati Entity	ion		OMB No. 1545-0047
Form $ullet$		For colorder you		iscal year beginning JU				··· 23	0000
		For calendar yea	ar 2022, of 11	Do not send to th			<u>JN 30</u> ,	20 <u>2 </u>	2022
	nt of the Treasury evenue Service		Go	to www.irs.gov/For			ition		
Name of			00	to www.ii3.gov/i oii				EIN or SSN	
			יאדיזע	COLLEGE F	ΟΠΛΑΠΑΙΟ	N		23-707	6632
Name ar	nd title of officer or pe			DDY PELLERI				23 /0/	0002
Naine ai				XECUTIVE DI					
Part	I Type of	Return and		n Information					
Form 53 or 10a whiche	330 filers may ente below, and the ame	r dollars and co ount on that lin lank (do not en	ents. For le for the ter -0-). B	return being filed wit	r whole dollars o h this form was on the return, th	nly. If you check blank, then leave en enter -0- on th	the box on line line 1b, 2b, he applicable	ne 1a, 2a, 3a 3b, 4b, 5b, 6 line below.	Form 8038-CP and a, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b, Do not complete more b22, 596, 286.
2a	Form 990-EZ che			Total revenue, if an					b
3a	Form 1120-POL (Total tax (Form 112					
4a	Form 990-PF che			Tax based on invest					
ча 5а	Form 8868 check								b
				Balance due (Form					b
6a	Form 990-T chec			Total tax (Form 990					b
7a	Form 4720 check			Total tax (Form 472					b
8a	Form 5227 check			FMV of assets at e	-		1 D)		b
9a	Form 5330 check			Tax due (Form 533					b
10a Part	Form 8038-CP ct			Amount of credit p Authorization of				ne 22) 1	0b
of entity 2022 el comple interme acknow of any r entry to financia later tha paymer persona PIN: ch	y) ectronic return and te. I further declare idiate service provid ledgement of rece refund. If applicable of the financial institution to deb an 2 business days at of taxes to receiv al identification nur eck one box only I authorize DE as my signature with a state age on the return's of As an officer or return. If I have	A accompanyin that the amou- der, transmitter ipt or reason fo , I authorize th ution account i t the entry to t prior to the pa- re confidential nber (PIN) as m NMAN & on the tax yea ncy(ies) regular disclosure cons person subject indicated within rogram, I will e	g schedu Int in Par r, or electo re U.S. Tr indicated his accou ayment (s information y signation COMP A tr 2022 el ting chari sent scree to tax w n this retu	ANY, LLP ERO firm of the control of the transmission reasury and its design in the tax preparatio unt. To revoke a payn ettlement) date. I also on necessary to answ ure for the electronic ANY, LLP ERO firm of electronically filed retu- ities as part of the IRS	, (EIN and, to the best int shown on the or (ERO) to send h, (b) the reason nated Financial <i>A</i> in software for pro- nent, I must com o authorize the f wer inquiries and return and, if ap name arm. If I have indic S Fed/State pro- tity, I will enter me e return is being	of my knowledg copy of the elec the return to the for any delay in Agent to initiate a ayment of the fea tact the U.S. Tre inancial institution resolve issues r plicable, the con	and e and belief, t ctronic return. e IRS and to re processing the an electronic t deral taxes ov assury Financions involved in elated to the isent to electronic to return that a orize the afor	that I have exhere a return, I consent to eceive from the return or re- funds withdra wed on this re- al Agent at 1- in the process payment. I ha onic funds with enter my PIN copy of the re- ementioned E tax year 2022	A amined a copy of the correct, and allow my the IRS (a) an fund, and (c) the date wal (direct debit) turn, and the 888-353-4537 no ing of the electronic ve selected a thdrawal.
Part	III Certifica	ition and A	uthenti	cation				Dale	
ERO's	EFIN/PIN. Enter yo	our six-diait ele	ctronic fil	ling identification					
	r (EFIN) followed by	-		-			3950266 nter all zeros		
submitt				which is my signature uirements of Pub. 41					
ERO's si	gnature					Dat	ie		
LHA F	or Privacy Act and		ot Subn	O Must Retain T nit This Form to n Act Notice, see ins	the IRS Unle				Form 8879-TE (2022)
202521 1	-			,					()

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

T

Inter	nal Reve	enue Service Go to www.irs.gov/Form990 for instructions and t	ne latest in	norma	ation.	Inspection
Α	For th	e 2022 calendar year, or tax year beginning $ { m JUL}1,2022$ and	ending J	UN	30, 2023	
В	Check if applicab	C Name of organization		DE	mployer identific	ation number
	Addre					
	Name	ge Doing business as			23-707663	32
	Initial		ΕТ	elephone number		
	Final 6301 KIRKWOOD BLVD SW				319-398-5	5442
	termi ated			GG	ross receipts \$	27,432,541.
	Amer	CEDAR RAFIDS, IA 52404		H(a)	Is this a group ret	
	Appli tion	F Name and address of principal officer: OOD1 FELLERIN			for subordinates?	? ⊡Yes 🚺 No
	pend					luded? Yes No
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	If "No," attach a l	ist. See instructions
	Webs				Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of forn	nation: 1969 M	State of legal domicile: IA
P	art I	Summary				
đ	1	Briefly describe the organization's mission or most significant activities: TO SU	JPPORT	TH	E EDUCATI	ON AND
DC U		DEVELOPMENT NEEDS OF KCC'S STUDENTS BY PR	OVIDIN	IG F	RESOURCES	NOT
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 2	25% of its net asse	
0V6	3	Number of voting members of the governing body (Part VI, line 1a)				31
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			31	
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0	
viti	6	Total number of volunteers (estimate if necessary)			31	
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
					rior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		4,	524,083.	21,563,452.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
lev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,	176,843.	1,028,030.
ц.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			47,778.	4,804.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			748,704.	22,596,286.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,	969,821.	4,113,878.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b b	Total fundraising expenses (Part IX, column (D), line 25) 140, 40	0.			
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			330,435.	359,828.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	300,256.	4,473,706.
	19	Revenue less expenses. Subtract line 18 from line 12			448,448.	18,122,580.
Net Assets or	E E E			-	g of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		-	540,342.	65,671,363.
tAs	21	Total liabilities (Part X, line 26)			484,449.	2,865,906.
		Net assets or fund balances. Subtract line 21 from line 20		41,	055,893.	62,805,457.
	art II	Signature Block				
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, ar	nd to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
Here	JODY PELLERIN, EXECUTIVE	DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JEFFEREY ROY			self-employed P01951847
Preparer	Firm's name DENMAN & COMPANY ,	LLP		Firm's EIN 42-0794029
Use Only	Firm's address 1601 22ND STREET,	SUITE 400		
	WEST DES MOINES,	IA 50266-1453		Phone no. 515 - 225 - 8400
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) KIRKWOOD COMMUNITY COLLEGE FOUNDATION till Statement of Program Service Accomplishments	23-7076632	Page 2
Fai			
1	Check if Schedule O contains a response or note to any line in this Part III		
•		ABLISHED TO	
	BRIDGE THE GAP BETWEEN THE NEEDS AND RESOURCES OF KIRKWOO		
	COLLEGE (KCC), BY RAISING FUNDS TO PROVIDE ASSISTANCE TO		
	WISH TO ENHANCE THEIR LIVES THROUGH EDUCATION AND TRAININ	1G.	
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.	Yes	V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	Yes [
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$3, 504, 152. including grants of \$3, 504, 152.) (Revenue	e\$)
	SCHOLARSHIPS: KCCF HELPS STUDENTS WHO WISH TO ENHANCE THE		
	THROUGH EDUCATION AND TRAINING BY OFFERING FINANCIAL ASS	STANCE THROU	GH
	SCHOLARSHIPS.		
4b	(Code:) (Expenses \$609,726. including grants of \$609,726.) (Revenue)
	COLLEGE SUPPORT: EQUIPMENT AND OTHER INSTRUCTIONAL SUPPOR LEARNING OPPORTUNITIES FOR KCC STUDENTS.	RT TO PROVIDE	
	LEARNING OPPORTUNITIES FOR ACC STUDENTS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	۰ ۴	<u> </u>
40	(Code:) (Expenses \$ including grants of \$) (Revenue	e)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$))	
4e	Total program service expenses 4,113,878.		
		Form 99	0 (2022)
232002	2 12-13-22		

Form 990 (2				COLLEGE	FOUNDATION
Part IV	Checklist of R	equired Scheo	dules		

			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	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		<u> </u>
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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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		Х
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 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 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 Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
20-	complete Schedule G, Part III	19		X X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 23
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ '	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
232003				(2022)

3

232003 12-13-22

KIRKWOOD COMMUNITY COLLEGE FOUNDATION Part IV Checklist of Required Schedules (continued)

22 bit the arganization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, count NJ, line 27 + Virg. "complete Schedule / Part I and IIII. 22 X 23 Dit the organization argummers ("Yes" to Part III. Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, thrates, levy employees, and highest compensation of the organization is current and former offices, directors, thrates, levy employees, and highest compensation and non then \$100,000 as of the list day of the yaar, that was issued after December 31, 2002? If "Yes," ansave insee 24b through 24d and complete Schedule / N more 3 to Part 300 as other argummers and common offices and the second to down and and the second account of more than \$100,000 as other list day of the yaar, that was issued after December 31, 2002? If "Yes," ansave insee 24b through 24d and complete Schedule / N more 300 more 250. 246 246 24 Did the organization marked and second accust of the than a returning beyond a temporary period exception? 24d 24d 25 Section \$01(c)(A), and 501(c)(20) organizations. Did the organization's pior formas \$90 or 900-E27. If Yes, 'complete Schedule / LPart I 25a X 26 Did the organization provide and and the section's pior formas \$90 or 900-E27. If Yes, 'complete Schedule LPart I 25a X 27 Did the organization provide and yot the parameter of trans of the schedule LPart I 25a X 28 Did the organization individ ana schedule of anani change ananof. If Yres, '				Yes	No
23 Did the organization asseer "Yes" to Part WL Section A, line 3, 4, or 5, about compensation of the organization's current and former officer, directors, trustees, key employee, 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 anount of more than \$100,000 as of the isst during the year, that was issued after December 31, 2002? If 'Yes,' anover lines 240 through 241 and complete Schedule K. If Nei, 'go to line 25a 24a X 24b Did the organization maintain an escrew account other than a returnding escrew at any time during the year' b defease any tax-event bonds? 24d X 25a Section 501(65), 501(64), and 501(25) organizations. Did the organization are period and 5010(250 organization) with a display defease benefit transaction with a display depression any other version of the granization's prior Forms 990 or 990/E27. If 'Yes,' complete Schedule L, Part I 25b X 25 Did the organization approximation of Part X line 5 or 22. Ic recovable form or papables to any current or form of maintain manber of any of these personal? If 'Yes,' complete Schedule L, Part II 25b X 26 Did the organization approximation approxemant and the theorematication approxemant and any of these personal? If 'Yes,' complete Schedule L, Part II 25b X 27 Did the organization approx to basines transaction wit	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete Schedule / No," go to line 25a 23 X 24a Did the organization invest any exceence bond issue with an oxistancing principal amount of more than \$100,000 as of the last day of the yes, that was issued after Desember 31, 2002? // "Yes," answer inse 24b through 24d and complete Schedule // No," go to line accord account the than a returning escow at any time during the year to defease any trace-empt bonds? 24a X 25a Schedule // No," go to line accord account the than a returning escow at any time during the year to defease any trace-empt bonds? 24d 24d 25a Schedule // No, "go to line accord account of the year intermediation engage in an excess benefit transaction with a disqualified person during the year? 24d 25a 25a Schedule // Part / 25a X 25a More organization across the end transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organizations prior Forms 900 or 900-E27 // Yes, "complete Schedule /, Part // 25b X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity orfamily member of any of these person? // Yres, "complete Schedule L, Part I// 26b X 27 X Was the organization acreate any of these person? // Yres, "complete Schedule L, Part I// 26b </td <td></td> <td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</td> <td>22</td> <td>Х</td> <td></td>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule J 23 X 4a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K, if Yos," <i>po b line</i> 25a. 24a X b Dit the organization marturin an encrew account other than a refurning issue wat may time during the year to desaie any tax-exempt bonds? 24b 24b c Dit the organization marturin an encrew account other than a refurning issue wat any time during the year to desaie any tax-exempt bonds? 24d 24d 25 Section 50(16)(25), 501(64), 401(64), 400 50(16), 500 reganizations. Dit the organization any attributing the reganization any of the reganization any attributing at any current or forms of the order during in the reform any of these persons? If "reg," complets Schedule L, Part I 26 26 Did the organization any of the reganizations the any current or forms of the order during the remote or the reganization any of these persons? If "reg," complets Schedule L, Part I 26 X 27 Did the organization any of the reganization any of the reganis attrab regatereganization regater any of the reganization regate	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
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is day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization martain an encore was account ofher than a refurning the year of desage any tax-exempt bonds? 24d 24d d Did the organization martain an encore was account ofher than a refurning the year of desage any tax-exempt bonds? 24d 24d d Did the organization martain an encore was account ofher than a refurning the year? 24d 24d d Did the organization acts an "on behalf of" issue for bonds outstanding at any time during the year? 24d 25a d Did the organization acts an an "on behalf of" issue for bonds outstanding at any time during the year? 24d 25a d Did the organization acts an "on behalf of" issue for bonds outstanding at any time during the year? 25a X d Did the organization account at the angeder 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 in a prior year, and that the transaction has not been reported on any of the organization inported or a 35% conclude L, Part I 26b X 27 Did the organization provide a grant or their assistance to any current of former officer, director, trustee, key employee, creator or founder, director, trustee, key employee, creator or founder, or substantial contributor or a 35% conclude L, Part IV 26a X			23		<u> </u>
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d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? P4d Sa Section 501(cq)3, 501(cq)4, and 501(cg)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>II 'Yes</i> ,' <i>complete Schedule L, Part I</i> 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person any of the organization's prior Forms 900 or 9942:? <i>II 'Yes</i> ,' <i>complete Schedule L, Part I</i> 25a 2 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%, controlled entity of multimember of any of these persons? <i>I' 'Yes</i> ,' complete Schedule L, Part I 26 X 27 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 amployee thereol, failing therebolds, conditions, and exceptions): 26 X 27 Did the organization report a part to a business transaction with one of the offlowing parties (see the Schedule L, Part IV, instructions or applicable Endroller, I, Part IV 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes, complete Schedule L, Part IV 28 X 29 Did the organization neceive orthyoithorid an ecopyce pactorid or ganization nec	С				
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27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, or fany of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 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 "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV. 28c X 20 Did the organization receive more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash controllot entry of magnization receive contributions of art, historical treasures, or other assets, or qualified conservation contributions? If "yes," complete Schedule N, Part I 30 X 31 Did the organization receive more than \$25,000 in non-cash controllot entry of the satests? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization receive			00		v
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28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 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? # 28a X a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? # *Yes," complete Schedule M 20 X 30 Did the organization receive more than \$25,000 in non-cash contributions? # *Yes," complete Schedule N, Part I 31 X 31 Did the organization eleviee contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # *Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-37 H *Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization. SL off the organization m			07		x
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # **es,* complete Schedule L, Part V b A family member of any individual described in line 28a? #*Yes,* complete Schedule L, Part IV b A family member of any individual described in line 28a? #*Yes,* complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # **Yes,* complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? # *Yes,* complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # *Yes,* complete Schedule M Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? #*Yes,* complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # *Yes,* complete Schedule R, Part I 31 Was the organization related to any tax-exempt or taxable entity? #**es,* complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Section 5010(c)(3) organizations. Did the organization means p5% of its schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization complete Schedule A, Part V, line 2 35 Did the organization complete Schedule R, Part V, line 2 36 Section 5010(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If *Yes,* complete Schedule R, Part V 36 Did the organization complete Schedule O and provide explanations on Schedule C for Part V, lines 1 35 36 X 17 Did the organization complete Schedule R, Part V, line 2 37 Did the organization complete Schedule O and provide explanations on Schedule C for Part V, lines 11b and 19?	20		21		- 21
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV CA 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization nearest or any taxesempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization neared to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization nearest on the organization meeting of section 512(b)(13)? Dif "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization meet was any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O, and provi	20				
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Form 990 (2022)

Form 990				FOUNDATION	
Part V	Statements Regarding O	ther IRS Filings	and Tax Com	pliance _(continued)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
с 6а		50		<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-04		<u> </u>
~	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	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	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 13b			
С	Enter the amount of reserves on hand			L
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or 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		1
	If "Yes," complete Form 6069.	.,		
232005	12-13-22	Form	990	(2022)

232005 12-13-22

Form 990	(2022)
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KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 6

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI	Х					

				,		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		31			
	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 on line 1a, above, who are independent	1b		31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y 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 s	upervision				
	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 9	90 was f	iled?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
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 ap						
	more members of the governing body?				7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
	The governing body?	-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				0.0		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
	ion B. Policies (This Section B requests information about policies not required by the Internal Re-				<u> </u>		
	This Section B requests mornation about policies not required by the internal He	<u>venue C</u>	<u>Jue.)</u>			Yes	N
0-2	Did the organization have local chapters, branches, or affiliates?			1	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				10a		- 23
		-			104		
			filing the f		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belore	ning the it	oriti ?	11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				v	
	on Schedule O how this was done				12c	X	
	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14	Х	
	Did the process for determining compensation of the following persons include a review and approval		pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with	1 a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its par	ticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's					
	exempt status with respect to such arrangements?				16b		
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedCA, KY, MA, MD, M	I,MN	,NJ,NI	H,NY,	OR,	PA,	, S
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	id 990-T	(section 5	01(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		·				
	X Own website Another's website X Upon request Other (explain	on Sch	edule ())				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy. and	finano	cial	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and r	ecorde				
	ANDREA MOORE - 319-398-7671	no anu i	00003				
	6301 KIRKWOOD BLVD. SW, CEDAR RAPIDS, IA 52404						
	3331 $MIMOOD$ DIVD, DIV, CIDAN MALIDO, IA J4404						(202

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, 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 the 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.

Name and title Average hours per weak biology and a structure interviewed biology and a structure interviewed and structure in	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veek (list any nours for pelated organizations below line) issue unservante intermed a afteriation for melated organizations (W-2/1099-MISC/ 1099-NEC) compensation the organizations (W-2/1099-MISC/ 1099-NEC) amount of the organizations (W-2/1099-MISC/ 1099-NEC) (1) ANNE FARMLEY 2.000 X X X 0. 0. 0. (3) FAUL MORF 2.000 X X X 0. 0. 0. (4) DEB GERTEEN 2.000 X X 0. 0. 0. 0. (10) EARBARA ALLEN 2.000 X 0. 0. 0. 0. 0. (11) GERTOR 2.000 X 0. 0. <td< td=""><td>Name and title</td><td>Average</td><td>(do</td><td colspan="3">Position</td><td></td><td>ane</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></td<>	Name and title	Average	(do	Position				ane	Reportable	Reportable	Estimated
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		COMMUNI	ΤY	C C	OL	ιLΕ	GE	F	FOUNDATION	23-70	766	532	Page 8
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	(do		Pos heck		۱ than c	one	Reportable	Reportable		Estir	mated
		hours per	box	, unle	ss pei	rson i	is both pr/trus	n an	compensation	compensatior	ו ו		unt of
		week				reciu)/irus	lee)	- from	from related			her
		(list any hours for	Individual trustee or director						the	organizations		•	ensation n the
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	5/		nization
		organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 NEO)		•	related
		below	dual t	Institutional trustee	-	ƙey employee	est co oyee	er					izations
		line)	Indivi	Instit	Officer	Key el	Highest compensated employee	Former				Ū	
(18)	BARRY GOETTSCH	2.00											
DIREC	TOR		Х						0.		0.		0.
(19)	DR. VINCENT REID	2.00											
DIREC	TOR		Х						0.		0.		0.
(20)	GEORGE GRASK	2.00											
DIREC	TOR		Х						0.		0.		0.
(21)	KENT STATLER	2.00											
DIREC	TOR		Х						0.		0.		0.
(22)	JODI COBB	2.00											
DIREC	TOR		Х						0.		0.		0.
(23)	DAVID KEHOE	2.00											
DIREC	TOR		Х						0.		0.		0.
(24)	LORI KRAMER	2.00											
DIREC	TOR		Х						0.		0.		0.
(25)	EDMUND ABODEELY	2.00											
DIREC	TOR		Х						0.		0.		0.
(26)	RUTHINA MALONE	2.00											
DIREC	TOR		Х						0.		0.		0.
1b S	Subtotal								0.		0.		0.
сТ	Total from continuation sheets to Part VII	, Section A							0.	204,73			<u>,310.</u>
d	Fotal (add lines 1b and 1c)								0.	204,73	9.	13	,310.
2	Fotal number of individuals (including but ne	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
(compensation from the organization												0
											ſ	Y	'es No
3 [Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on			
	ine 1a? If "Yes," complete Schedule J for su											3	X
	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150											4	<u> </u>
	Did any person listed on line 1a receive or a	-				-			-				
	endered to the organization? If "Yes." com	plete Schedule	e J f	or si	ıch i	bers	on .				<u></u>	5	X
	on B. Independent Contractors												
	Complete this table for your five highest cor		•							, i	ensati	ion from	ו
t	he organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thin T		ear.			
	(A) Name and business	address	NT/		-				(B) Description of s	envices	C	(C) ompens	ation
	Name and Busiless	2001033	INC	ONI	2			_	Description of a				
2	Fotal number of independent contractors (ir	cluding but p	nt lir	niter	d to	thor		ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	•	JE 111	me	0	(1105		ισu					
	SEE PART VII, SECTION		IN	UA	TI	-	-	HE	ETS			Form 9	90 (2022)
	,				· -	-							()

SEE PART VII, SECTION A CONTINUATION SHEETS
232008 12-13-22

								OUNDATION	23-707	6632
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (l
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(0				app	ĿЛ	compensation	compensation	amount of
			T	i all i	u iat	app	יy <i>)</i>			
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ctor				old u		organization	(W-2/1099-MISC)	from the
	hours for	dire				d er		(W-2/1099-MISC)		organization
	related	e or	tee			sate		(and related
		uste	tras		e	ued u				
	organizations	ial tr	onal		ploy	con				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) CHAD MEYERS	2.00									
DIRECTOR		Х						0.	0.	0.
(28) PAT SAUTER	2.00									
DIRECTOR		Х						0.	0.	0.
(29) CHARLES STROO	2.00									_
DIRECTOR		Х			L			0.	0.	0.
(30) JAMES MOLLENHAUER	2.00									
DIRECTOR		Х						0.	0.	0.
(31) SHAWN GALLAGHER	2.00									
DIRECTOR		Х						0.	0.	0.
(32) JODY PELLERIN	40.00									
EXECUTIVE DIRECTOR				X				0.	140,343.	6,265.
(33) ANDREA MOORE	20.00									
SENIOR ACCOUNTANT	20.00			X				0.	64,396.	7,045.
		1								
				-		-				
		1								
		1								
		L								
						I				
Total to Part VII, Section A, line 1c									204,739.	13,310.

232201 04-01-22

						MM	UNITY COI	LEGE FOUNI	DATION	23-7076	632 Page 9
Pa	rt V	/111									
			Check if Schedule O	conta	ins a respo	nse	or note to any lin			(0)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total levenue		business revenue	from tax under
											sections 512 - 514
ts t	1	а	Federated campaigns		1a						
ran		b	Membership dues		1b						
Ng G		с	Fundraising events		1c						
iifts ar A			Related organizations				19,828,482.				
s, G nilå			Government grants (conti								
Sil			All other contributions, gifts,								
her		-	similar amounts not included				1,734,970.				
oti		g	Noncash contributions included in			5	128,870.				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f		-			21,563,452.			
0 0			Total. Add lines ta 11				Business Code	11,000,101.			
	_						Busiliess Code				
Program Service Revenue		a									
er v		b									
n S 'eni		С									
gram Ser Revenue		d									
rog		е									
Δ.		f	All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue	ding c	lividends, ii	ntere	st, and				
			other similar amounts)					1,128,077.			1128077.
	4		Income from investment of	of tax	exempt bo	nd p	roceeds				
	5		Royalties	<u></u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
			Net rental income or (loss	s)							
	7		Gross amount from sales of		(i) Securit	ies	(ii) Other				
	•	ŭ	assets other than inventory	7a	4,700,1						
		h	Less: cost or other basis	14	, ,	-					
Ð				7b	4,800,2	236.					
evenue		~	and sales expenses		-100,0						
eve			Gain or (loss)	· · · ·	-			-100,047.			-100,047.
Other R			Net gain or (loss)			······		100,047.			100,047.
the	ð	а	Gross income from fundraisi	-	-						
0			including \$								
			contributions reported on				40,000				
			Part IV, line 18			8a					
			Less: direct expenses			8b	36,019.				
			Net income or (loss) from					4,804.			4,804.
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng activitie	s					
	10	а	Gross sales of inventory,	less r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			rv					
			, , , , , , , , , , , , , , , , , , , ,				Business Code				
Miscellaneous Revenue	11	а									
nec		b									
scellaneo Revenue											
Sce		с d									
Ξ			All other revenue								
	40		Total. Add lines 11a-11d					22,596,286.	0.	0.	1032834.
	12		Total revenue. See instruction	UIIS				22,390,200.	l 0.	I 0.	Form 990 (2022
23200	9 12-	-13-	22								FOLUI 220 (2022

232009 12-13-22

10

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(D)

21,703.

41,544.

19,640.

2,977.

642

53,894.

140,400.

Form 990 (2022)

KIRKWOOD COMMUNITY COLLEGE FOUNDATION Form 990 (2022) Part IX Statement of Functional Expenses 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 (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 609,726. 609,726. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3,504,152. 3,504,152. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal 17,500. 17,500. С Accounting

76,506.

21,703.

10,709.

43,064.

5,954.

4,158.

79,774.

4,473,706.

100,460.

232010 12-13-22

Check here

14391103 758194 8705-001

All other expenses

Lobbying

Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A), amount, list line 11g expenses on Sch 0.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

OTHER EXPENSES

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 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

d

е

f

g

12

13

14 15

16

17

18

19 20

21

22 23

24

а b С d

е

25 26

Interest

Insurance

2022.05000 KIRKWOOD COMMUNITY COLLEG 8705-001

76,506.

10,709.

80,820.

1,520.

2,977.

3,516.

25,880.

219,428.

4,113,878.

14391103 758194 8705-001

KIRKWOOD COMMUNITY COLLEGE FOUNDATION

23-7076632 Page 11

		Check if Schedule O contains a response or note to any line in this Part	х		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,550,303.	1	3,087,099.
	2	Savings and temporary cash investments	1,364,056.	2	996,725.
	3	Pledges and grants receivable, net	131,500.	3	123,500.
	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	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	E0 10/	9	47,531.
	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	37,968,077.	11	58,022,171. 3,042,414.
	12	Investments - other securities. See Part IV, line 11		12	3,042,414.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	369,258.	15	351,923.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	65,671,363.
	17	Accounts payable and accrued expenses	16,808.	17	2,839.
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
abi		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	1,537,092.	23	1,671,562.
	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			
		of Schedule D	930,549.	25	1,191,505.
	26	Total liabilities. Add lines 17 through 25	2,484,449.	26	2,865,906.
_		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	40,801,649.	27	62,587,718. 217,739.
Ba	28	Net assets with donor restrictions	254,244.	28	217,739.
pu		Organizations that do not follow FASB ASC 958, check here			
ц.		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	62,805,457.
	33	Total liabilities and net assets/fund balances	43,540,342.	33	65,671,363.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

	990 (2022) KIRKWOOD COMMUNITY COLLEGE FOUNDATION	23-	7076	632	Pa	_{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>			X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,59						
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	1,47	3,7	06.				
3										
4										
5	Net unrealized gains (losses) on investments	5	3	3,61	6,6	36.				
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1	0,3	48.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	62	2,80	5,4	57.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.									
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed									
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
	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 X 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?									
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	t							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b						
					200					

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	e of t	he organization						Employer	identification number					
		KIRK	WOOD COMMUI	NITY COLLEGE	FOUNI	OATION	1		3-7076632					
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.						
The c	rgan	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)								
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).							
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)									
3 [A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).							
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,					
		city, and state:												
5 [Х	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in					
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)											
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
r		section 170(b)(1)(A)(vi). (Complete Part II.)												
8 [A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
9 [-		-	-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or					
40 [university:		No. 00 1 (00/ of the sum					l					
10 [An organization that norma												
		activities related to its exem		•	. ,				•					
		income and unrelated busin See section 509(a)(2). (Con		(less section 511 tax) in		ses acqui	led by the org	anization a	inter Julie 30, 1975.					
11 [An organization organized a		vely to test for public sa	fety See	section 50)9(a)(4)							
12	-	An organization organized a	•	, ,	•			rry out the	purposes of one or					
		v	•	•	•		-	•	• •					
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.													
а														
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting					
		organization. You must o	omplete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring					
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,					
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.							
d		Type III non-functionally						-						
		that is not functionally int	0	o ,	•		-	an attentiv	/eness					
		requirement (see instructi												
е		Check this box if the orga					Type I, Type	I, Type III						
	Ento	functionally integrated, or												
		r the number of supported c ride the following informatior	•	d organization(s)										
<u> </u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see ir	structions)	support (see instructions)					
Total														
i utal							I		1					

Schedule A (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar 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.")	2694478.	3038992.	4802555.	4524083.	21563452.	36623560.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	33,004.					1824507.
4	Total. Add lines 1 through 3	2727482.	3070962.	5360849.	5083494.	22205280.	38448067.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						502,110.
6	Public support. Subtract line 5 from line 4.						37945957.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2727482.	3070962.	5360849.	5083494.	22205280.	38448067.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	552,263.	612,936.	436,361.	699,286.	1128077.	3428923.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,047.	13,975.		75,978.	40,823.	137,823.
11	Total support. Add lines 7 through 10						42014813.
12		etc. (see instructio	ons)		•	12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop	-		-		·····	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.32 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	80.93 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets th	-					
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-				s
	Schedule A (Form 990) 2022						

				FOUNDATION	23-7076632	Page 3
Part III Support Schedule for	or Organization	ns Described in	Section 509	(a)(2)		

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
 Tax revenues levied for the organ- ization'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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, 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						
 c 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	e e					nization,
check this box and stop here Section C. Computation of Pub	lic Support Per					
15 Public support percentage for 2022			oolump (f))		15	04
16 Public support percentage from 202	()	,	()/		16	<u> </u>
Section D. Computation of Inve			<u></u>			70
17 Investment income percentage for 2			ine 13 column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th					· · · ·	
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2021. If th						/3%, and
line 18 is not more than 33 1/3%, cr	-					
20 Private foundation. If the organizat						
232023 12-09-22					Sche	dule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

Yes No

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.**
- 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).
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified 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.**
- **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.**
- c 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 5

			Yes	No
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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	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,			

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

 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
 Image: Control or management of the support of the s

Section D. All Type III Supporting Organizati	ons
---	-----

			Yes	No
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 on 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		l

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a ... 2a ... 2b ... 3a ... 3b ...

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Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 KIRKWOOD COMMUNITY COLI			23-7076632 Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying the set of the set	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	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			
Sect	ion 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	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

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KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 7

_		UNITY COLLEGE			3-7076632 Page 7
Par		a)(3) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions			1	Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsiv	e		
	(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) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D.				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
6	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 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.)
232028 12-09-2	22 Schedule A (Form 990) 202

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

23-7076632

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
IRENE BETTEY KONECNY ESTATE	1,342,406.	502,110
otal Excess Contributions to Schedule A, Part II, Line 5		502,110

(Form 9	90)
---------	-----

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Name	of the organization	COLLEGE FOUNDATION	Employer identification number 23-7076632
Par			
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year		
2	Total number at end of year Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
5	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation 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)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
D - 1	organization's accounting for conservation easements.	A	
Par			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		^
2	(ii) Assets included in Form 990, Part X	asuras, or other similar assots for financia	
2	the following amounts required to be reported under FASB A		a gan, provide
-	Revenue included on Form 990, Part VIII, line 1	-	\$
a h	Assets included in Form 990, Part Vill, line 1		
			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 27

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		D COMMUNITY				23-70			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit o								
•	to be sold to raise funds rather than to be ma		•				Yes		No
Par	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Par					5, i aiciv, i	110 0, 01		
10	Is the organization an agent, trustee, custodi		iany for contribution	s or other assets not	included				
Ia	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII					∟			
D		and complete the lon	iowing table.			1	Amount		
_					4		Amoun		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance						7.,		
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XIII					
Fai	t V Endowment Funds. Complete i						(-) [heel
		(a) Current year	(b) Prior year	(c) Two years back	. ,	years back	. ,		
	Beginning of year balance	37,633,298.	42,727,217.			506,006.		693,	
b	Contributions	568,067.	2,015,836.			364,118.			400.
С	Net investment earnings, gains, and losses	3,801,316.	-5,607,889.			787,030.		,011,	
d	Grants or scholarships	1,632,901.	1,501,866.	1,285,732.	1,2	294,338.	1,	084,	731.
е	Other expenditures for facilities								
	and programs							757,	330.
f	Administrative expenses								
g	End of year balance	40,369,780.	37,633,298.	42,727,217.	31,4	62,816.	31,	606,	006.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a) held as:					
а	Board designated or quasi-endowment	100	%						
b	Permanent endowment	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for t	he				
	organization by:						ſ	Yes	No
	(i) Unrelated organizations						3a(i)	х	
	(ii) Related organizations						3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule B?				3b		<u> </u>
4	Describe in Part XIII the intended uses of the						00		
Par	t VI Land, Buildings, and Equipm		wittent funds.						
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Part X	. line 10.				
	Description of property	(a) Cost or o			Accumulat	od	(d) Bool		
	Description of property	basis (investr			epreciation		(u) 500	value	C
4.	Land				-pi colución				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other			1					
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	<u>X, column (B), line 1</u>	0c.)					0.
						Schedule	D (Form	ı 990)	2022

Part VI	I Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financ	cial derivatives			
(2) Closel	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) much a such Farme 000, Dart V, and (D) line 10.)			
Part VI	(b) must equal Form 990, Part X, col. (B) line 12.) II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
(1)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (0)				
Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			.,,
	UE TO KCC			105,032.
	UE TO KCCK-FM RADIO			1,045,173.
	NNUITY PAYABLE			41,300.
(5)				,
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990. Part X. col. (B) line	e 25.)		1,191,505.
	ty for uncertain tax positions. In Part XIII, provide			
	ization's liability for uncertain tax positions under			

KIRKWOOD COMMUNITY COLLEGE FOUNDATION

Schedule D (Form 990) 2022

23-7076632 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE	FOUN	DATION	23-	7076632 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Witl	h Revenue per Re	turn.	
	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	26,824,607.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,616,636.		
b	Donated services and use of facilities	2b	641,828.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		46,363.		
е	Add lines 2a through 2d			2e	4,304,827.
3	Subtract line 2e from line 1			3	22,519,780.
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	76,506.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	76,506.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,596,286.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Retur	n.
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per F	Retur	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Retur	n. 5,075,043.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per F		
1	TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per F		
1 2	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F		
1 2 a	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expenses per F		
1 2 a	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	th Expenses per F		
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F 641,828. 36,015.		5,075,043.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	641,828. 36,015.	1	5,075,043.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	641,828. 36,015.	1 2e	5,075,043.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	641,828. 36,015.	1 2e	5,075,043.
1 2 3 4 3 4	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	641,828.	1 2e	5,075,043. 677,843. 4,397,200.
1 2 3 4 3 4	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	641,828. 36,015. 76,506.	1 2e	5,075,043. 677,843. 4,397,200. 76,506.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	641,828. 36,015. 76,506.	1 2e 3	5,075,043. 677,843. 4,397,200.

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.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INTENDED TO BE USED TO PROVIDE SCHOLARSHIPS TO

STUDENTS.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND

RECOGNIZE A TAX LIABILITY, OR ASSET, FOR AN UNCERTAIN POSITION THAT MORE

LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL

REVENUE SERVICE. MANAGEMENT HAS EVALUATED ITS MATERIAL TAX POSITIONS AND

DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN

THAT WOULD REQUIRE RECOGNITION OF A LIABILITY, OR ASSET, OR DISCLOSURE IN

14391103 758194 8705-001

232054 09-01-22

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Schedule D (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page
Part XIII Supplemental Information (continued)
THE FINANCIAL STATEMENTS. THE FOUNDATION'S INCOME TAX RETURNS ARE SUBJECT
TO REVIEW AND EXAMINATION BY TAX AUTHORITIES. HOWEVER, THERE ARE CURRENTLY
NO REVIEWS OR EXAMINATIONS FOR ANY TAX PERIODS IN PROGRESS. THE TAX
RETURNS FOR YEARS PRIOR TO THE FISCAL YEAR ENDED JUNE 30, 2020 ARE NO
LONGER OPEN TO EXAMINATION BY TAX AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN BENEFICIAL INTERESTS -4,087.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 23,152.
ACTUARIAL ADJUSTMENT TO ANNUITIES PAYABLE -8,724.
FUNDRAISING EVENT COSTS 36,019.
ROUNDING 3.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 46,363.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT COSTS 36,019.
ROUNDING -4.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 36,015.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	O	MB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the		2022	
Department of the Treasury	U	Attach to Form 990 of						Den to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instrue	ctions	and th	ne latest information		Inspection		
Name of the organization								tification number	
Part I Fundrais		D COMMUNITY COLLEG Complete if the organization answe				23-70			
	complete this part		erea r	es or	1 Form 990, Part IV, I		90-EZ I	liers are not	
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 									
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total				•					
		n is registered or licensed to solicit o		utions	or has been notified	it is exempt fro	om reg	istration	
				-					

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Schedule G (Form 990) 2022

232081 10-27-22

KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio m 990-E7 lines 1 and 6h list a ater the n \$5 000 For onte with c ointo - A 、 i .

23208	32 10	-27-22			Sche	dule G (Form 990) 2022
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these s	states?		Yes No
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
Dire		Rent/facility costs Other direct expenses				
Direct Expenses		Noncash prizes				
Ises	2	Cash prizes				
Revenue	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
ē		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Pa	11 rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990, Part IV, line 19, or r		4,804.
		Direct expense summary. Add lines 4 through	9 in column (d)			36,019.
	8 9	Entertainment Other direct expenses	36,019.			36,019.
Direct Expenses	7	Food and beverages				
oenses	6	Rent/facility costs				
	5	Noncash prizes				
		Gross income (line 1 minus line 2)	40,823.			40,823.
		Less: Contributions	40,000			40.000
Revenue	1	Gross receipts	40,823.			40,823.
anı			(event type)	(event type)	(total number)	col. (c))
			ATHLETICS GOLF		NONE	(add col. (a) through
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events

Sch	edule G (Form 990) 2022	KIRKWOOD	COMMUNITY	COLLEGE	FOUNDATION	23-7	076632	Page 3
11	Does the organization conduct ga	aming activities with	h nonmembers?				Yes	No
12	Is the organization a grantor, bene	eficiary or trustee c	of a trust, or a memb	er of a partnersl	hip or other entity formed			
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gaming						- I	
	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of th	e person who prep	pares the organization	n's gaming/spe	cial events books and reco	ords:		
	Nome							
	Name							
	Address							
15a	Does the organization have a con	tract with a third p	arty from whom the	organization rec	ceives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gam	ing revenue receiv	ed by the organizati	on \$	and the a	amount		
	of gaming revenue retained by the							
с	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
	Address							
16	Gaming manager information:							
10	Carning manager mormation.							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		ependent contra	otor			
				ependent contra				
17	Mandatory distributions:							
	Is the organization required under	state law to make	charitable distributi	ons from the ga	ming proceeds to			
	retain the state gaming license?				· · · · · · · · · · · · · · · · · · ·		Yes	No No
b	Enter the amount of distributions							
_	organization's own exempt activit							
Pa	rt IV Supplemental Infor					(v); and Part	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also p	provide any additiona	al information. S	ee instructions.			
22200	33 10-27-22					Schody	le G (Form	990) 2022
23208	JU 10-21-22		3	4		Schedu		550j 2022

Schedule G	a (Form 990)	KIRKWOOD (COMMUNITY	COLLEGE	FOUNDATION	23-7076632	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)				
							
						Schedule G (Fe	orm 990)

232084 04-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form .gov/Form990 for		ation.		Open to Public Inspection	
Name of the organization		COMMINTTY	COLLEGE FOU	INDATTON				Employer identification number 23-7076632	
Part I General In	formation on Grants a							25 /0/0052	
criteria used to av	ation maintain records t ward the grants or assis IV the organization's pro	stance?					stance, and the selection		
	d Other Assistance to I nat received more than \$					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
KIRKWOOD COMMUNITY 6301 KIRKWOOD BLVI CEDAR RAPIDS, IA 5	D	42-0924685	government Entity	551,355.	47,137.	FMV	SUPPLIES & EQUIPMENT	EQUIPMENT EXPENSES & INSTRUCTIONAL DEPARTMENT SUPPORT.	
IOWA STATE UNIVERS 2505 UNIVERSITY BI AMES, IA 50010		42-1143702	501(C)(3)	11,234.	0.			SCHOLARSHIPS	
2 Enter total number	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				2.	

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

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Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION

23-7076632

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR STUDENTS	1543	3,504,152.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SUBMISSION OF AN APPROVED REQUEST FOR TRANSFER OR EXPENDITURE MUST BE MADE

TO KCCF. KCCF VERIFIES THAT THE EXPENSE COMPLIES WITH DONOR INTENT SUPPLIED

AT THE TIME THE GIFT WAS RECEIVED. REQUEST MUST INCLUDE A DESCRIPTION OF

THE PURPOSE AND THE AMOUNT OF THE REIMBURSABLE EXPENSE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990

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

Department of the Treasury Internal Revenue Service Name of the organization

KIRKWOOD COMMUNITY COLLEGE FOUNDATION

Employer identification number

23-7076632 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Х 1 5,799.DONOR DETERMINED Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 6,000. DONOR DETERMINED Х 5 Clothing and household goods Cars and other vehicles 6 Х 1 2,364.DONOR DETERMINED Х 1 7,000. DONOR DETERMINED Boats and planes 7 Intellectual property 8 Х 4 80,238. FAIR MARKET VALUE Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 10,500. DONOR DETERMINED (IT EQUIPMENT Х 1 25 Other (MISCELLANEOUS 15 7,745.DONOR DETERMINED Х 26 Other) (AC SYSTEM Х 1 4,500. DONOR DETERMINED 27 Other) Х 1 2,000.DONOR DETERMINED (COMMERCIAL DOUG) 28 Other

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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Schedule M (Form 990) 2022

232141 09-09-22

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 Schedule M (Form 990) 2022
 KIRKWOOD
 COMMUNITY
 COLLEGE
 FOUNDATION
 23-7076632
 Page 2

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

LAB EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1229.

(D) METHOD OF DETERMINING REVENUE: DONOR DETERMINED

SCHEDULE M, PART I, COLUMN (B):

AMOUNT IN COLUMNB B IS NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

KIRKWOOD COMMUNITY COLLEGE FOUNDATION

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.



23-7076632

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AVAILABLE THROUGH PUBLIC FUNDS.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE CONSISTS OF PRESIDENT, VICE PRESIDENT, SECRETARY,

TREASURER AND SUCH AD HOC MEMBERS OF THE BOARD AS THE PRESIDENT DESIGNATES,

IF ANY. THE CHAIR OF EACH COMMITTEE IS AN EX-OFFICIO, NON-VOTING MEMBER OF

THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT FOR

THE BOARD BETWEEN MEETINGS OF THE BOARD AND ALSO WHEN SPECIFICALLY

AUTHORIZED BY RESOLUTION OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE

IS NOT AUTHORIZED TO:

1) AMEND THE ARTICLES OF INCORPORATION;

2) ADOPT AN AGREEMENT OF MERGER OR CONSOLIDATION;

3) SELL, LEASE, OR EXCHANGE ALL OR SUBSTANTIALLY ALL OF KCCF'S PROPERTY AND ASSETS;

4) INITIATE DISSOLUTION OF KCCF OR A REVOCATION OF A DISSOLUTION;

5) AMEND THE BYLAWS OF KCCF;

6) FILL VACANCIES ON THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL NOMINEES FOR ELECTION TO THE GOVERNING BODY OF KCCF SHALL BE MADE BY

MAJORITY VOTE OF THE BOARD OF DIRECTORS OF KCC. IN ADDITION THE KCCF BOARD

OF DIRECTORS SHALL INCLUDE A MAXIMUM OF TWO PERSONS WHO ARE ALSO MEMBERS OF

THE KCC BOARD OF TRUSTEES.

FORM	990,	PART	VI,	SECTION	В,	LINE	11B:	
------	------	------	-----	---------	----	------	------	--

Schedule O (Form 990) 2022

40

Name of the organization KIRKWOOD COMMUNITY COLLEGE FOUNDATION	Employer identification number 23-7076632
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM	• THE EXECUTIVE
COMMITTEE REVIEW THE FORM 990. A COPY OF THE FORM 990 IS P	ROVIDED TO THE
ENTIRE BOARD PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF IN	TEREST
QUESTIONNAIRE ON AN ANNUAL BASIS, AS WELL AS SELF-REPORT A	NY POTENTIAL

CONFLICTS IF ONE WERE TO ARISE DURING THE YEAR. A MEMBER OF THE AUDIT

COMMITTEE REVIEWS THE CONFLICT OF INTEREST STATEMENTS AND ANY SELF-REPORTED

ITEMS TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT ARISES IT IS

DISCUSSED AT THE FIRST BOARD MEETING AFTER IT IS DISCOVERED. ANY MEMBER IN

CONFLICT WOULD RECUSE THEMSELVES FROM ANY DISCUSSION ON THE CONFLICTED

TOPIC. ALL APPLICABLE PARTS OF THE PROCESS, FINAL DETERMINATION, RECUSAL

AND END RESULT WOULD BE DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,KY,MA,MD,MI,MN,NJ,NH,NY,OR,PA,SC,UT

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CASH SURRENDER LIFE INSURANCE	23,159.
ACTUARIAL ADJUSTMENT TO ANNUITIES PAYABLE	-8,724.
CHANGE IN BENEFICIAL INTERESTS	-4,087.
TOTAL TO FORM 990, PART XI, LINE 9	10,348.

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Schedule O (Form 990) 2022	Page 2
Name of the organization KIRKWOOD COMMUNITY COLLEGE FOUNDATION	Employer identification number 23-7076632
FORM 990, PART V, LINE 2A-B	
A RELATED ORGANIZATION PAYS THE EMPLOYEES OF THE KIRKWOOD	COMMUNITY
COLLEGE FOUNDATION (KCCF) AND IS RESPONSIBLE FOR FILING AI	L REQUIRED
FEDERAL EMPLOYMENT TAX RETURNS, THEREFORE, KCCF REPORTS ZE	ERO ON LINE 2A
AND BLANK ON LINE 2B. THE COMPENSATION IN PART VII, SECTIO	DN A,
REPRESENTS THE AMOUNTS PAID FOR SERVICES PROVIDED TO BOTH	KCCF AND A
RELATED ORGANIZATION.	
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14391103 758194 8705-001

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7076632

22

Department of the Treasury Internal Revenue Service

KIRKWOOD COMMUNITY COLLEGE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(f) Direct controlling entity		trolled	
			r Exempt Code Public charity Direct controlling Cont section status (if section entity entity entity entity)	No				
KIRKWOOD COMMUNITY COLLEGE - 42-0924685								
6301 KIRKWOOD BLVD SW								
CEDAR RAPIDS, IA 52404		IOWA					х	
KIRKWOOD FACILITIES FOUNDATION - 23-7050293								
6301 KIRKWOOD BLVD SW					KIRKWOOD			
CEDAR RAPIDS, IA 52404]	IOWA	501(C)(3)	LINE 12A, I	COMMUNITY COLLEGE		х	
	-							
	-							
	4							

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION

23-7076632 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(j) (k) eral or Percentage ownership s No
(state or entity (related, unrelated, income end-or-year allocations? 20 of Schedule	eral or haging ther? S No
sections 512-514) Yes No K-1 (Form 1065) Yes	s No
	+ +
	+ +

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
		country)						Yes	No	
	·								<u> </u>	
									 	
									<u> </u>	

Schedule R (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

vte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I	I-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	5
Gift, grant, or capital contribution from related organization(s)		X	5
Loans or loan guarantees to or for related organization(s)		X	5
Loans or loan guarantees by related organization(s)		X	
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			4
Lease of facilities, equipment, or other assets from related organization(s)	1k	_	
Performance of services or membership or fundraising solicitations for related organization(s)		X	5
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	۱	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	5
Sharing of paid employees with related organization(s)	-	X	<u> </u>
Reimbursement paid to related organization(s) for expenses	<u>1</u> p		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cher transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KIRKWOOD COMMUNTIY COLLEGE	В	598,492.	FMV
(2) KIRKWOOD COMMUNITY COLLEGE	с	19,828,482.	FMV
(3) KIRKWOOD COMMUNITY COLLEGE	0	604,645.	FMV
(4) KIRKWOOD COMMUNITY COLLEGE	D	1,352,782.	FMV
(5) KIRKWOOD COMMUNITY COLLEGE	E	202,577.	FMV
(6) KIRKWOOD COMMUNITY COLLEGE	L	140,400.	FMV

Schedule R (Form 990) 2022 KIRKWOOD COMMUNITY COLLEGE FOUNDATION

23-7076632 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	((e) e all	(f)	(g)	()	1)	(i)	(j)	(k)															
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all rs sec.			Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentage															
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	0100 010					ions?	of Schedule K-1	partne	ownership															
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10															
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Schedule R (Form 990) 2022

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22