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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 06-01-2009, and ending 09-30-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: QUAD CITIES DFW FOUNDATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 5001 DENTON HWY
City or town, state or country, and ZIP + 4: HALTOM CITY, TX 761171439

D Employer identification number: 52-2416098
E Telephone number: (817) 281-9376
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual
Other (specify)

I Website: www.quadcitiesdfw.com

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 21,823

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 21,823. Expenses total: 61,102. Net Assets at end of year: 40,252.

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheet items (22-27) and columns for (A) Beginning of year and (B) End of year.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 	36	Yes	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed			
42a The organization's books are in care of ROBERT G HAMILTON Telephone no (817) 281-9376 5001 DENTON HWY Located at HALTOM CITY, TX ZIP + 4 76117			
b 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43		
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-03-10

Type or print name and title: ROBERT HAMILTON EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: LYNN A SUDBURY CPA Date: 2010-03-18 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: HECHT & ASSOCIATES PC, 2501 PARKVIEW DRIVE SUITE 110, FORT WORTH, TX 76102

Preparer's identifying number (See instructions): EIN: Phone no: (817) 332-7237

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**SCHEDULE N
(Form 990 or 990-EZ)**

Liquidation, Termination, Dissolution or Significant Disposition of Assets

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions or plans.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

QUAD CITIES DFW FOUNDATION

Employer identification number

52-2416098

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	N/A			0	11-1111111	NA N/A NA, TX 00000	N/A

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?		No
c	Become a direct or indirect owner of a successor or transferee organization?		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		No
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶		

Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	Yes	
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?		No
b	(If "Yes," provide the date of the letter ▶ _____)		
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	Yes	
b	If "Yes," did the organization provide such notice?	Yes	
6	Did the organization discharge or pay all liabilities in accordance with state laws?	Yes	
7a	Did the organization have any tax-exempt bonds outstanding during the year?		No
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?		
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III		

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?		No
c	Become a direct or indirect owner of a successor or transferee organization?		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		No
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Identifier	Return Reference	Explanation
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TY 2009 Other Changes in Net Assets Schedule**Name:** QUAD CITIES DFW FOUNDATION**EIN:** 52-2416098

Description	Amount
DEPOSIT CORRECTION - 2005 DUPLIC POSTING	-1,000
CHECK NEVER CASHED - 2007	27

TY 2009 Other Expenses Schedule**Name:** QUAD CITIES DFW FOUNDATION**EIN:** 52-2416098

Description	Amount
BANK SERVICE CHARGES	89
EMAIL ACCOUNT	140
OFFICE SUPPLIES	151
TELEPHONE	400
GIFTS/MEALS	131
FAMILY 4TH EXPENSES	54,904

Additional Data

Software ID:
Software Version:
EIN: 52-2416098
Name: QUAD CITIES DFW FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT HAMILTON 5001 DENTON HWY HALTOM CITY, TX 76117	EXECUTIVE DIRECTOR 10 00	0		
MAYOR DAVE RAGAN 3200 DIANA RICHLAND HILLS, TX 76118	CHAIRMAN 5 00	0		
KEN SAPP 7301 NE LOOP 820 NORTH RICHLAND HILLS, TX 76180	DIRECTOR 1 00	0		
MAYOR BILL LANFORD 5024 BROADWAY AVENUE HALTOM CITY, TX 76117	DIRECTOR 1 00	0		
LARRY CUNNINGHAM 7301 NE LOOP 820 NORTH RICHLAND HILLS, TX 76180	DIRECTOR 1 00	0		
MINDY MITCHELL 5801 DAVIS BLVD NORTH RICHLAND HILLS, TX 76180	DIRECTOR 1 00	0		
JIM QUIN 3200 DIANA RICHLAND HILLS, TX 76118	DIRECTOR 1 00	0		
TOM MUIR 5024 BROADWAY AVENUE HALTOM CITY, TX 76117	DIRECTOR 1 00	0		
DR STEPHEN WADDELL 3120 CARSON STREET HALTOM CITY, TX 76117	DIRECTOR 1 00	0		
RICHARD DAVIS 3120 CARSON STREET HALTOM CITY, TX 76117	DIRECTOR 1 00	0		