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990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Open to Public Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection , 2009, and ending June 30 July 1 20 10 For the 2009 calendar year, or tax year beginning C Name of organization Catholic Foundation for the Diocese of Davenport Employer identification number Please Use IPS B Check if applicable. Doing Business As 4267643 Address change Number and street for P.O. box it mail is not delivered to street address) Room/suite E Telechone number print or Name change typo 324-1911 780 West Central Park Avenue (563) Initial return Spacific City or town, state or country, and ZIP + 4 [rerminated Davenport, Iowa 52804-1901 G Gross recerpts \$ 15,976,805 Amended return F Name and address of principal officer Bishop Martin Amos H(a) is this a group return for affiliates? Yes No Application pending 780 West Central Park Ave, Davenport, IA 52804 H(b) Are all affiliates included? Yes No Tax-exempt status, If "No," attach a list. (see instructions) Website: ▶ H(c) Group exemption number 🕨 2009 M State of legal domicale: IA Form of organization. ✓ Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 L Year of formation: Summary Briefly describe the organization's mission or most significant activities: The Catholic Foundation encourages, solicits accepts and manages gifts from individuals in order to further stewardship and distributes income so as to advance the priorities of the Diocese of Davenport and its entitles according to gospel values. Check this box ▶ □ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a). 008 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Not unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 1,351,349 15,976,805 Contributions and grants (Part VIII, line 1h)
Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A) times 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue—add lines 8 times in times paper (A), lines 12) -137 628 10 11 1,351,212 15,977,433 Grants and similar-amounts paid (Part Xx column (A), lines 1-3) 2,327,620 Benefits paid to or to members (Part IX, column (A), line 4) Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14 15 309,592 1,383,000 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ ... 6,713 159,896 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 316,305 3,870,516 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 12,106,917 1,034,907 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 1,351,184 14,093,722 Total assets (Part X, line 16) 316,277 951,898 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 22 1,034,907 13,141,824 Signature Block Part II 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 being, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11-11-10 nactu Sign Signature of officer Here Bishop Martin Amos, Bishop of Davenbort, President Type or print name and title Chack if Date Preparer's identifying number Preparer's signature (see instructions) employed ► Paid Preparer's Firin's name (or yours EIN Use Only if self-employed), address, and ZIP + 4 Phone no ► I

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Cat No 11282Y

✓ Yes □ No.

Form 990 (2009)

Pa	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Catholic Foundation encourages, solicits, accepts and manages gifts from individuals in order to further stewardship and distributes income so as to advance the priorities of the Diocese of Davenport and its entities according to gospel values.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,327,620 including grants of \$ 2,327,620) (Revenue \$ 2,327,620) The Foundation granted \$1,400,000 to the Diocese of Davenport to purchase and renovate an office building for corporate headquarters and a residence for retired priests. The Foundation committed to granting \$927,620 to 80 different parishes to assist with their operating expenses.
	See Schedule I, attached.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	V	
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? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	NA	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of ert, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	THE HALL	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI.			
	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.	120		
0	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part IX.			
0	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X. 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° if "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	File
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	√

120	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yos	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistence to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions)			
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	 ✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	├	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	-	1
	197 Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
10	U.S. Information Returns Enter -0- If not applicable			416
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	题制 1c		對理
	gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return 2a 0			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required tederal employment tax returns?	2b	ΝÑ	A-01-56.
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3а	Did the organization have unrelated business gross Income of \$1,000 or more during the year covered by this return?	3a	HARCE	₹
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	NA	
	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	sa nes	√
b	If "Yes," enter the name of the foreign country: NA			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		NΑ	
	Prohibited Tax Shelter Transaction?	5c	FIZA	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b	NA	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		號	瓣
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	NA	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c	3200	3 1/07/14
đ	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		1
Я	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	NA	ļ,
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		NA	
	required?	7h	IVA	Leurene Leurene
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			THE STATE OF
	organization, have excess business holdings at any time during the year?	8	13 350 8 3	\
9	Sponsoring organizations maintaining donor advised funds.		輟	320
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	NA	12. 2.0
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			開放
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities NA			調
11	Section 501(c)(12) organizations. Enter:			
8	Gross Income from members or shareholders		Here's	
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		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b NA	短調	126.2	1985

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 in Schedule O. See instructions.

Sec	ation A. Governing Body and Management			
		TOTAL VI	Yes	No
10		理則		
b	Enter the number of voting members that are independent	3.6		
2	Dld any officer, director, trustee, or key employee have a family relationship or a business relationship with		验验	
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			ļ
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		✓
6	Does the organization have members or stockholders?	6		/
7a				
	of the governing body?	7a		✓
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	罷	· · · · · · · · · · · · · · · · · · ·	
_	the year by the following:			
я	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			i
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	mal		
	enue Code.)			
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
U	· · · · · · · · · · · · · · · · · · ·	10b	ŊΑ	
11	affillates, and branches to ensure their operations are consistent with those of the organization?	100		
• •	form?	11	1	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	元 級		
		12a	1	50
	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12.0	 '	
v	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120	-	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	1	
12	describe in Schedule O how this is done	12c	7	
13	Does the organization have a written whistleblower policy?	14	7	 -
14	Does the organization have a written document retention and destruction policy?	ENISHED ENISHED	EASE:	- Enhand
15	Did the process for determining compensation of the following persons include a review and approval by			na Na
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		NV Krist	EE 380:2
	The organization's CEO, Executive Director, or top management official	158		 -
a	Other officers or key employees of the organization	15b 写题	1238.92 1127	C2172 K
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See Instructions.)			
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			134
	with a taxable entity during the year?	16a	<u>िस्तान-</u>	<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		NA NA	1915/19
200	tion C. Disclosure	16b		L
7	List the states with which a copy of this Form 990 is required to be filed ▶ lowa			•••••
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	e(E)(:	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
_	Own website Another's website Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of Int	erest	
	policy, and financial statements available to the public.			
0	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: Charlene Maaske, 780 West Central Park Avenue, Davenport, IA 52804-1901		-	

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

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

The Object while have if the appearance and not compound a pay gurrent officer director or trustee

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any c	urr			cer, d	irec		·	
(A)	(B)	(C) po Position (check all that apply)						(D)	(E)	(F) Estimated
Name and Titte	Averago hours per week	Individual trustee	nstitutional trustee	Officer		Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mary Babinat, Director	<1	1						0	0	0
Tonja Jirak, Director	<1	1						0	0	0
David A. Miller, Director	<1	1						0	0	0
James Nepple, Director	<1	1						O	0	0
Stanley Reeg, Director	<1	1						0	0	0
Molly O'Meara Schnell, Director	<1	1						0	0	0
Joseph Welsh, Director	<1	1						0	0	0
Doug Young, Director	<1	1						0	0	0
Bishop Martin Amos, President	3	1		1				0	0	0
Msgr. John Hyland, Vice President	2	1		1				0	0	o
				Γ						

Pan	VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	es,	an	d Hig	hes	t Compensate	l Employees	(continued)
	(A)	(B)			•	C)			(D)	(E)	1	(F)
Name and title		Avorage hours per week	Individual trustee	S Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the the crganization (W-2/1090-MISC)	Reportable compensation from related organization (W-2/1099-Mis	n amin I comp SC) fro orga and	imated ount of other ensution in the inization related nizations
•												
	Total		4- 46					>	<u></u>		0 000 in	
	Total number of individuals (including but in reportable compensation from the organization from the organiza				: IIST	ea	above	9) W	no received m	ore than \$10	ni voo,u	
												Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director Schedule J	or tr	uste ich	ee, I	key ivid	empl	loye	e, or highest o	-	建筑 3	
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of rep	ortab	le c	om	pen	satior		d other compa	ensation from		
5	individual	or accrue Yes." comi	com: com:	pen Sch	sati edi	on ile	from L for s	any	unrelated org	anızation fo	35 Sept. 1	
	ion B. Independent Contractors	,							, , , ,			
	Complete this table for your five highest compensation from the organization.	ompensate	d Ind	epe	ende	∍nt	contr	acto	ors that receive	d more than	\$100,000	of
	(A) Nume and business add	iress	,		<u>.</u>				(B) Description of s	serv-ces	(C) Comper	
	(Community Counseling Services Co.)							fu	ndraising			1,383,00
	5th Avenue, 3rd floor							╁				
New	York, NY 10017							╁			<u> </u>	
								\dagger				
	Total number of independent contractors (i more than \$100,000 in compensation fron					to	those	Ilst	ed above) who	received		

Par	t VII	Statement of Re	venue				T	i	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Urrelated businese revenue	(D) Rovenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a					
ts, grants	b	Membership dues		1b					
ž, E		Fundraising events		1c					
gifts, Ilar an	l d	Related organizations	L	1d		ar I had balandan ar 12			以及其
Contributions, gif and other similar	e	Government grants (contri	ibutions).	1e			鐵的接流透		
윤병	f	All other contributions, gifts, g							
혈축	İ	and similar amounts not inclu		11	15,976,805			4.44	上海 斯特里
달	ا ا	Noncash contributions include		: \$					
ပ္ပန	h	Total. Add lines 1a-1f			>	15,976,805			
					Business Code				
Service Revenue	2a				NA	0	I marke subtract	0	D D
Ş	b		•• •••••		NA			İ	
8	1 2			•••	NA		-		
Ž	٦	******************		•••	NA.		·		
	d	***************************************			NA.			 	
Program	e f	All other program servi	CA revenue		NA NA				
Ę	g		Co revenue	• 1	NA -	 	ENCHARGE GENERAL		LEGISSA SIGNIFICANTIA
	† <u>-</u> -		· · · ·				Altain and Cathaning	Section appropriate	经验证证证证证证证 证证证
	3	Investment income (Incother similar amounts) Income from investment of	, , , .		>	156			
	5	Royalties		•		161-50 K-9294 - 11161-111		5010 52" (160055555 6000	
			(i) Real		(ii) Personal				
	6a	Gross Rents , .		0	0				
		Less. rental expenses							
		Rental income or (loss)					即對對理權	是李明斯提到	特法制的代码码
	d	Net rental income or (lo	oss)		<u> </u>	0			
	7a	Gross amount from sales of	(i) Secunties	5	(ii) Other	PATER THE PARTY OF	Exercise 1.8		
		assels other than inventory	393,	948	C				
	l h	Less: cost or other basis							
	~	and sales expenses	393,	476	C				
	_	Gain or (loss)		472	C				
		Net gain or (loss)				472	amanii taan ay Tra	- 12 minded 80 (US 1)	Service (FE v. 655 70) Lea
60	i					The state of the s	775 ME 1985 STATE IE.	THE RESERVE AND A SECOND CO.	00000000000000000
Other Revenue	8a	Gross Income from	fundralsing						
Š		events (not including \$					1277 (1388) 275 (1374)		
Re	ļ	of contributions reported).					
7	Ι.			а					
至	b	Less: direct expenses		b			的問題特別是理		
O	C	Net income or (loss) fro	ım tundralsi	ng e	vents 🕨	0			
	9a	Gross income from gam	ing activities	. İ					建设建设 证
	ļ	See Part IV, line 19		a	0				
	b	Less. direct expenses.		b		国内的基础的			
	C	Net income or (loss) fro	m gaming a	activ	ties . 🕨	0			
	10a	Gross sales of inve	entory less	. [通过温度中级	Taleber, Tenhagolisin.
	1	returns and allowances	intory, ica	a	0				
	ь	Less: cost of goods sol		ь					
	C	Net income or (loss) from	sales of inv		ITV •	1 0 Co 4 44 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CLETERIZE GERGER AL S	Right Control of the Second	海贝尼亚马州中亚亚亚 斯
		Miscellaneous Reve			Business Code		13020045-004	saa Pre Heela	Salar Mercanderrander
ĺ	11a					्राजन्य नकातकारीय होते. 			学23334.福福周别会 约
	b			··-					
				··		<u> </u>	L	···	
	C	A	•••••	}					
		All other revenue		٠ ل			Mines J. William Total	Carrier and the second	(-1)
		Total. Add lines 11a-11			🟲		High Fields greet		
	12	Total revenue. See inst	ructions.		▶	15,977,433			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 50 All other organizations must complete co				(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,327,620	2,327,620	genoral exponees	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0.		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	<u> </u>		
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·	The state of the s	-imbehrelmensberheitbism whitels
5	Compensation of current officers, directors, trustees, and key employees	0			÷
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages , ,	0			
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions).	0			-
9	Other employee benefits	0			
10	Payroll taxes	0	<u> </u>		
11	Fees for services (non-employees):	o			
	Management	0			
	Legal	10,400		10,400	
d	Lobbying	0			
e	Professional fundralsing services. See Part IV, line 17	1,383,000			1,383,000
f	Investment management fees	0			
g	Other Engineering study for RE	2,185			2,185
12	Advertising and promotion	90,135 37,448		37,448	90,135
13	Office expenses	37,448		37,440	
14 15	Information technology	0			
16	Royaltles	0			
17	Travel	19,728			19,728
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affillates	0			
22	Depreciation, depletion, and amortization.	0			
23	Insurance	0			
24	Other expenses ltemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
Ð					
b			<u> </u>		
C	······································				
d	• • • • • • • • • • • • • • • • • • • •		<u></u>		
e .	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,870,516	2,327,620	47,848	1,495,048
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation ,	NA NA	L		<u> </u>

Part X	Balance Sheet	,		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	52,382	1	1,332,686
2	Savings and temporary cash investments	30,453	2	387,949
3	Pledges and grants receivable, net	1,268,349	3	12,372,497
4	Accounts receivable, net		4	
5	Basicaklas from surrent and former officers directors trustees trus			
	employees, and highest compensated employees. Complete Part II of	ł	5	i
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
꽃 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use		8	
₹ 9	Prepald expenses and deferred charges ,		9	590
10a	1.0			
l	other basis. Complete Part VI of Schedule D		調	
	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Intangible assets		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,351,184	16	14,093,722
17	Accounts payable and accrued expenses	316,277	17	
18	Grants payable	******	18	927,620
19	Deferred revenue		19	
20	Tax-exempt bond liabilities , ,		20	
8 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
ap	employees, highest compensated employees, and disqualified			
ゴ	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	316,277	26	951,898
Balances 22 28	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets , , , , ,	1,011,059		
28	Temporarily restricted net assets	23,848	28	166,657
일 29	Permanently restricted net assets	- Martine / Martine Delivery	29	
Net Assets or Fund 33 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ta 30	Capital stock or trust principal, or current funds		30	
% 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,034,907	33	13,141,824
34	Total liabilities and net assets/fund balances , , , , ,	1,351,184	34	14,093,722

Pagu	12	١

Form 990 (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			靈體
	Schedule O.		经期	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the pudit, review, or compilation of its financial statements and selection of an independent accountant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in			IN THE
	Schedule O.		L	腰髓
d	If "Yes" to line 2a or 2b, check a box below to Indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:	四期		44
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	起此		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ATA	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	·NA	

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Servico Employer Identification number Name of the organization 4267643 Catholic Foundation for the Diocese of Davenport Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(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 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yns Nο (i) A person who directly or Indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iil) Provide the following information about the supported organization(s). (i) Name of supported #N FIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) Yes Yes No Yes

Total

Scheo	tute A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you check	anizations D ked the box	lescribed in on line 5, 7, c	Sections 170 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1)	(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.")					1,351,349	1,351,349
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge					4 254 240	4 254 240
4	Total. Add lines 1 through 3		121201212012120120	Turkije rezivenskoji		1,351,349	1,351,349
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	CONTRACTOR OF THE PROPERTY OF					1,351,349
	tion B. Total Support	[hearth and a set of	1,100	paragraphy (100) (1 part 10) (1 part 10 part 1	41104-10-11-11-1		
	lender year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					1,351,349	1,351,349
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				posterio les las columbs	o ne sor ozatelikas	4 254 240
11	Total support. Add lines 7 through 10 .	建筑直接的 。		, et en en en en en en en	性性問題的可以		1,351,349
12	Gross receipts from related activities, etc.	-	•			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he					ear as a sectio	
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 1	l, column (f))		14	%
15	Public support percentage from 2008 Sci					15	%
16a	33½ % support test—2009. If the organiand stop here. The organization qualifies						ck this box
b	33% % support test—2008. If the organibox and stop here. The organization que	ization did not d alifles as a publ	check a box on icly supported	line 13 or 16a, organization .	and line 15 is	33/3 % or more,	check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	009. If the organiacts-and-circur	ization did not e nstances" test,	check a box on check this box	line 13, 16a, or and stop here.	16b, and line 1. Explain in Part	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the

30116	10 6 × (FOILL 930 OL 930-EZ) 2009							. 19	_
	Support Schedule for Orga (Complete only if you checke	nizations De	scribed in S	ection 509(a rt l.)	1)(2)				
Sec	tion A. Public Support								_
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	_
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise								
	sold or services performed, 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								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add imes 1 through 5				ļ	 			
78	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support	<u>,</u>	·			,		 	
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	
9	Arnounts from line 6				ļ	ļ			
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	ļ	 		<u> </u>	-			
11	Net income from unrelated business activities not included in 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 IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for organization, check this box and stop	here .			th, or fifth tax y				
	tion C. Computation of Public Su					ا			
15 16	Public support percentage for 2009 (Ili Public support percentage from 2008	Schedule A, Pa	art III, line 15	ne 13, column	(f)) 	15 16			% %
	tion D. Computation of Investme		_			L			
17 18	Investment income percentage for 200 Investment income percentage from 200	008 Schedule	A, Part III, line	17		17			<u>%</u> %
19a	17 Is not more than 33% %, check this b	oox and stop h	ere. The organ	Ization qualifie	s as a publicly	suppoi	rted orga	ınization 🕨	
b	33% % support tests—2008. If the organine 18 is not more than 33% %, check this	s box and stop	here. The orga	nization qualifi	es as a publicly	suppor	rted orga	nlzation 🕨	
20	Private foundation. If the organization	dld not check	a box on line:	14, 19a or 19l	 b. check this b 	ox and	see Inst	tructions >	

Schedulo A (H	orm 990 or 990-E2) 2009					Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12	part to provid . Provide any c	e the explanations other additional inf	required by Par ormation. See in	rt II, line 10; structions.
						•••••

					~ = = v ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

	······					
			••••			••••••••••

	•••••••••••	***************************************	••••		******************	
	••••••		•••••			••••••
	•••••••••••••••••••••••••••••••••••••••			,		v P1 - 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7
	•••••••••••••••••••••••••••••••••••••••		•••••			

SCHEDULE D (Form 990)

Department of the Treasury

tomal Rovenuo Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer Identification number

4267643 Catholic Foundation for the Diocese of Davenport 26 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (duning year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

1a If the organization elected, as permitted under SFAS I16, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

b Assets included in Form 990, Part X

d Number of conservation easements included in (c) acquired after 8/17/06

Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

the tax year ►

7

_	ule D (Form 990) 2009 t III Organizations Maintaining C	allostions of Art Hi	storical Transura	c or Other Similar	Pago 2
1614 3	Using the organization's acquisition, acce collection items (check all that apply).				
3	Public exhibition	d		ange programs	
b	Scholarly research	e	U Other		
C	Preservation for future generations	11			
}	Provide a description of the organization' Part XIV.				xempt purpose in
; 	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as pa	art of the organizatio	n's collection?	Yes No
'ar	Escrow and Custodial Arrang IV, line 9, or reported an amou			answered "Yes" to h	om 990, Pan
ia	is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other interm	nediary for contribut	tions or other assets r	nol Yes No
b	If "Yes," explain the arrangement in Part	XIV and complete the	following table:		
					Amount
C	Beginning balance			. 1c	
d	Additions during the year			. 1d	
8	Distributions during the year			. 1e	
f	Ending balance . ,			. 11	
2a b	Did the organization include an amount of "Yes," explain the arrangement in Part	on Form 990, Part X, I	line 21?		. L Yes L No
١Bد	t V Endowment Funds. Comple	te if the organizatio	n answered "Yes'		
	(a)	Current year (b) Price	or year (c) Two yea	rs back (d) Three years ba	ack (e) Four years back
la	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains, and losses				
d	Grants or scholarships ,				
е	Other expenditures for facilities and programs				
	Administrative expenses End of year balance				
2	Provide the estimated percentage of the	vear end balance hel	d as:		
а	Board designated or quasi-endowment				
b	Permanent endowment ▶ %				
С	Term endowment ▶%				
	Are there endowment funds not in the posoganization by:	session of the organiz	ation that are held a	and administered for th	Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organization				. 3b
4	Describe in Part XIV the intended uses o	f the organization's er	ndowment funds.		
ar	t VI Investments—Land, Buildin	gs, and Equipmen	t. See Form 990, I	Part X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated deprectation	(d) Book value
la	Land				
	Ruldings	· · · · · · · · · · · · · · · · · · ·			

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	See Form 990, Part X	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Mothod of valuation: Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	— <u></u>		
			
7		Economican Colors Colors Colors Colors Colors	क्षापका राज्य
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10 E 500 B 17		GILLER DEL
Part VIII Investments—Program Relate			
(a) Description of Investment type	(b) Book value	(c) Method of valuation, Cost or end-of-year market value	
		000000000000000000000000000000000000000	
			
Table (Column Column Column 12)			168.85
Total, (Column (o) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Pa	rt V line 15	「これに、自然と、他には、「本語」を表現している。これには、「一般には、「一般には、「一般には、「一般には、」という。 「これに、「一般に、「一般に、「一般に、」」という。「「一般に、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、	(1227-221-1)
Part IX Other Assets. See Form 990, Pa	(a) Description	(b) Book	alue.
	(B) Description	(5) 2001	
			·
	 		
			
			
Total. (Column (b) must equal Form 990, Part X, col.	(R) line 15)	•	
Part X Other Liabilities. See Form 990,			
1. (a) Description of Hability	(b) Amount		released to the
Federal income taxes	(b) rancon		
1 22001	····		
	 		
			
			
			
Total. (Column (b) must equal Form 990, Part X, col. (8) line 25)			
	<u>. </u>	The second section of the section of the	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4

Pä	Reconciliation of Change In Net Assets from Form 990	to Au	dited Financial Sta	aten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	15,977,433
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	3,870,516
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	12,106,917
4	Net unrealized gains (losses) on investments			4	0
5	Donated services and use of facilities			5_	0
6	Investment expenses			6	0
7	Prior period adjustments			7	0
8	Other (Describe in Part XIV.)		-	8	0
9	Total adjustments (net). Add lines 4 through 8	1. 2. 2		9	0
10	Excess or (deficit) for the year per audited financial statements. Comb XII Reconciliation of Revenue per Audited Financial Sta				12,106,917
				he	17,063,046
1	Total revenue, gains, and other support per audited financial statemen	nts , ,		300	77,000,040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	0		
a	Net unrealized gains on investments	2b			
þ	Donated services and use of facilities ,	20			
C	Recoveries of prior year grants	2d	1,085,613		
d	Other (Describe in Part XIV.)			20	· 1
9	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	$\int_{0}^{\infty} \int_{0}^{\infty} \int_{0$			10,011,400
4	• • • • • • • • • • • • • • • • • • • •	48			
8	Investment expenses not included on Form 990, Part VIII, line 7b . Other (Pageribe in Red VIV.)				
b	Other (Describe in Part XIV.)		····	40	3
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
	Reconciliation of Expenses per Audited Financial St				
1	Total expenses and losses per audited financial statements			1	4,956,129
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •			
т а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		闖	
d		2d	1,085,613		
e				20	e 1,085,613
3	Subtract line 2e from line 1			3	3,870,516
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			難	
а		4a		300	# -
b		46			料
C	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 1	8.)	5	3,870,516
Рa	t XIV Supplemental Information				
	uplete this part to provide the descriptions required for Part II, lines 3, 5				
	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4t	o; and f	Part XIII, lines 2d and	d 4b	o. Also complete
this	part to provide any additional information				
Pai	t XII, Line 2d and Part XIII, line 2d				
Pro	evision for the uncollectible contributions \$1,086,242				
			······································	• • • • •	···· ·· ········· ····················
Oth	ner (galn on sale of investments) (629)				
	\$1,085,613				
.					
	······································				
/Th	ere is no line for Provision for Uncollectible Accounts)				
	ere to the time for a fortiller for embendation deconities				

Schedule D (For	orm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		,
	······································	
	······································	
		••••••
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Truesury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 0a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ОМВ No 1545-0047
2009
Ореп То Public

Employer identification number Name of the organization 4267643 26 Catholic Foundation for the Diocese of Davenport Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants

f Solicitation of government grants Mail solicitations a ьL __ Internet and email solicitations g Special fundraising events Phone solicitations cl d In-person solicitations 2a Dld 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? Ves No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (vi) Amount paid to (or retained by) (v) Amount paid to (i) Name of individual (iii) Did fundraiser have (Iv) Gross receipts (il) Activity (or retained by) fundralser listed in col (i) custody or control of contributions? or entity (fundralser) from activity organization Yes No professional 1,383,000 14,593,805 15,976,805 **Community Counseling Services** fundraiser 15,976,805 1,383,000 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. All 50 states.

1		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue					NA NA
	•				1477
2	? Less: Charitable contributions .				
3	Gross income (line 1 minus line 2)				
+	minus iine 2)				
4	Cash prizes	,			NA NA
_					
5	Noncash prizes				
ଧ 6	Rent/facility costs				
Oirect Expenses	. Cand and barrana				
호 7 집 7	Food and beverages				
절 8	B Entertainment				
	Other disease symposes				
9					_
10	· · · · · · · · · · · · · · · · · · ·	Add lines 4 through 9 in c	olumn (d) , , , , , ,		(
11 Part	Gaming, Complete it	the organization answ	vered "Yes" to Form	990. Part IV. line 19	, or reported more
	than \$15,000 on For				
e		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					
œ <u>1</u>	1 Gross revenue				
,,					
* 1 2	Cach prizes				
esu 2	2 Cash prizes				
Expense:					
ect Expense:	3 Noncash prizes				
Direct Expenses	Noncash prizes Rent/facility costs .				
Direct Expenses	Noncash prizes Rent/facility costs .	D4			
5	Noncash prizes	☐ Yes%	☐ Yes%	☐ Yes%	
- i	Noncash prizes Rent/facility costs . Other direct expenses .				
5	Noncash prizes	□ No	No		
Oirect Expens	Noncash prizes	No Add lines 2 through 5 in c	olumn (d)	□ No	
5 6 7 8	Noncash prizes	No No Add lines 2 through 5 in cary. Combine line 1, column	no No column (d)	□ No	
5 6 7 8	Noncash prizes	No No Add lines 2 through 5 in cary. Combine line 1, columns organization operates g	nolumn (d)	□ No ►	
5 6 7 8	Noncash prizes	No No Add lines 2 through 5 in cary. Combine line 1, columns organization operates g	nolumn (d)	□ No ►	(Yes N
5 6 7 8	Noncash prizes	No No Add lines 2 through 5 in cary. Combine line 1, columns organization operates g	No No no No no No No No No No No No No No No No No No	□ No	(Yes N
5 6 7 8 9 E a l'	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summa Enter the state(s) in which the is the organization licensed to if "No," explain	No Add lines 2 through 5 in cary. Combine line 1, coluin organization operates go operate gaming activities	No No nolumn (d)	□ No	Yes No.
9 E a li b li	Noncash prizes	No Add lines 2 through 5 in cary. Combine line 1, coluin organization operates go operate gaming activities	No No nolumn (d)	□ No	Yes No
5 6 7 8 9 E a li b li b	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summa Enter the state(s) in which the is the organization licensed to if "No," explain. Were any of the organization's	No Add lines 2 through 5 in cary. Combine line 1, coluin organization operates go operate gaming activities	No No nolumn (d)	□ No	Yes No
5 6 7 8 8 9 E 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summa Enter the state(s) in which the is the organization licensed to if "No," explain. Were any of the organization's	No Add lines 2 through 5 in cary. Combine line 1, coluin organization operates go operate gaming activities a gaming licenses revokes	No column (d)	□ No	Yes No.

Page 3	
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			· ·	
		전문된다	Yes	No
13	Indicate the percentage of gaming activity operated in:			対は
а	The organization's facility			
b	An outside facility	靅		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:		腦	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	運輸 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047	
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▲ Attach to Form 990.

Employer identification number 4267643 26 Part I General Information on Grants and Assistance Catholic Foundation for the Diocese of Davenport Name of the organization

ջ □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use ☑ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection critena used to award the grants or assistance?

Part IV and Schedule I-1 (Form 990)	I-1 (Form 990) i	if additional space is needed	se is needed				△
1 (a) Name and address of organization or government	(e) EIN	(c) IRC section of applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraxal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diocese of Davenport Davenport, Iowa 52804	42-0680472	501c3	1,400,000	0	0 NA	NA	Building purchase
							and renovations
See attached spreadsheet		501c3	927,620	0	NA	NA	Church operations
	1(c)(3) and govern	ment organizations					.81
כ בנוופן וסומן ווסוויספן טו סונופן סולמיולמווסווצ	driikallons					•	9

Schedule 1 (Form 990) 2009

Cat No 50055P

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

chaps!; updating restrooms for handicapped accessibility; renovating the third floor of the building to provide maximum use of the facility; moving The Catholic Messenger office to the Chancery; and other renovations as needed. These funds help in purchasing and renovating the chancery. 2) \$927,620: 80 parishes will receive 20% of all cash received. There are significant needs in many parishes throughout our diocese. The needs of the parishes may Schedule I (Farm 990) 2009 the priorities of the Diocese of Davenport and its entities according to gospel values. for handicapped accessibility; updating the kitchen which prepares food for the retired priests; updating carpeting and flooring; replacing windows; renovaling the The Catholic Foundation encourages, solicits, accepts and manages gifts from individuals in order to further stewardship and distributes income so as to advance 1) S1,400,000: Diocese: The current facility is in need of moderate renovations to keep the Chancery efficiently operating. Modifications include: Adding an elevator (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (bcok, FMV, appraisal, other) ınclude building expansion, repairs and renovations, parish endowments, debt relief or a base funding for parish ministries. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Farm 950) 2009

DIOCESE OF DAVENPORT PARISH LEGAL NAMES AND EIN NUMBERS SCHEDULE I - FORM 990

CITY	LEGAL PARISH NAME	EIN NUMBER	AMOUNT OF CASH GRANT
ALBIA	St. Mary Church of Albia, Iowa	42-0807587	7,223
BETTENDORF	Our Lady of Lourdes Church of Bettendorf, Iowa	42-0782514	56,543
BETTENDORF	St. John Vianney Church of Bettendorf, Iowa	23-7287959	63,818
BLOOMFIELD	St. Mary Magdalen Church of Bloomfield, Iowa	42-1008723	702
BLUE GRASS	St. Andrew Church of Blue Grass, Iowa	42-1086205	4,161
BROOKLYN	St. Patrick Church of Brooklyn, Iowa	42-0871258	5,986
BUFFALO	St. Peter Church of Buffalo, Iowa	20-5450420	1,260
BURLINGTON	SS. John & Paul Church of Burlington, Iowa	42-0698289	28,241
CAMANCHE	Church of the Visitation of Camanche, lowa	42-0940899	2,808
CENTERVILLE	St. Mary Church of Centerville, Iowa	42-0802627	3,641
CHARLOTTE	Assumption and St. Patrick Church of Charlotte, Iowa	42-1406908	2,127
CLINTON	Jesus Christ, Prince of Peace Roman Catholic Church of Clinton, Iowa	42-1351766	31,942
COLFAX	Immaculate Conception Church of Colfax, Iowa	42-0718489	3,306
COLUMBUS JUNCTION	St. Joseph Church of Columbus Junction, Iowa	42-0937176	2,193
CORALVILLE	St. Thomas More Church of Iowa City, Iowa	42-0680432	6,441
COSGROVE	St. Peter Church of Cosgrove, Iowa	23-7413563	11,622
DAVENPORT	Holy Family Church of Davenport, Iowa	42-0680237	28,903
DAVENPORT	Our Lady of Victory Church of Davenport, Iowa	42-0868097	13,061
DAVENPORT	Sacred Heart-Cathedral of Davenport, Iowa	42-6005490	18,359
DAVENPORT	St. Alphonsus Church of Davenport, Iowa	42-0703281	7,819
DAVENPORT	St. Anthony Church of Davenport, Iowa	42-0698840	8,036
DAVENPORT	St. Mary Church of Davenport, Iowa	42-0740997	5,369
DAVENPORT .	St. Paul the Apostle Church of Davenport, Iowa	42-0794371	65,648
DELMAR	St. Patrick Church of Delmar, Iowa	42-0939902	1,403
DEWITT	St Joseph Church of DeWitt, Iowa	42-0802085	22,010
DODGEVILLE	St. Mary Church of Dodgeville, Iowa	42-1104017	1,554
FAIRFIELD	St. Mary's Church of Fairfield, lowa	42-0757424	18,496
FARMINGTON	St. Boniface Church of Farmington, Iowa	23-7239696	2,917
FORT MADISON	Holy Family Parish of Fort Madison, Iowa	90-0478240	38,014
GEORGETOWN	St. Patrick Church of Georgetown, Iowa	42-0984346	1,234
GRAND MOUND	SS. Philip and James Church of Grand Mound, Iowa	42-0814473	801
GRINNELL	St. Mary Church of Grinnell, Iowa	42-0934731	23,877
HILLS	St. Joseph Church of Hills, Iowa	42-0991736	3,095
HOUGHTON	St. John Church of Houghton, Iowa	42-0680268	11,492
IOWA CITY	Newman Catholic Student Center	42-0957121	\$ 567
IOWA CITY	St. Mary Church of Iowa City, Iowa	42-0716346	34,355
IOWA CITY	St Patrick Church of Iowa City, Iowa	42-0680275	23,198
IOWA CITY	St. Wenceslaus Church of Iowa City, Iowa	42-0789445	20,602
KEOKUK	Church of All Saints of Keokuk, Iowa	42-1186104	3,522
KEOTA	Holy Trinity Church of Keota/Harper, Iowa	42-1388176	15,948
KNOXVILLE	St. Anthony Church of Knoxville, Iowa	42-0846755	
LECLAIRE			8,850
LONE TREE	Our Lady of the River Church of LeClaire-Princeton, lowa	42-6141685	14,068
	St. Mary Church of Lone Tree, Iowa	42-0772571	2,915
LONG GROVE	St Ann Church of Long Grove, Iowa	42-1183516	7,841
LOST NATION	Sacred Heart Church of Lost Nation, Iowa	42-1322403	22(
LOVILIA	St Peter Church of Lovilia, Iowa	42-1213391	1,50€
MARENGO MECHANICSVII I E	St. Patrick Church of Marengo, Iowa	39-1871203	494
MECHANICSVILLE	St. Mary Church of Mechanicsville, Iowa	42-0698090	3,730
MELDOSE	Sacred Heart Church of Melcher, Iowa	42-1206456	3,132
MELROSE	St. Patrick Church of Melrose, lowa	42-0791548	1,176
MONTROSE MOUNT DUCASANT	St. Joseph Church of Montrose, Iowa	42-1173856	641
MOUNT PLEASANT	St. Alphonsus Church of Mt. Pleasant, Iowa	42-0680334	20,091
MUSCATINE	SS. Mary and Mathias Church of Muscatine, Iowa	42-0707116	20,164

DIOCESE OF DAVENPORT PARISH LEGAL NAMES AND EIN NUMBERS SCHEDULE I - FORM 990

Sacred Heart Church of Newton, Iowa St Mary Church of Nichols, Iowa St Joseph Church of North English, Iowa St. Mary Church of Oskaloosa, Iowa	42-0780103 42-0736168	19,16
St Joseph Church of North English, Iowa		4 400
	40.4000404	1,49
St Many Church of Ockalonea Jowa	42-1063401	
Tot. Wasy Citates of Oskaloosa, lowa	42-0808941	34,15:
Church of St. Mary of the Visitation, Ottumwa, Iowa	42-0718470	5,967
St. Patrick Church of Ottumwa, Iowa	42-0681061	24,594
St. Mary Church of Oxford, Iowa	42-0741012	8,69
Sacred Heart (Archdiocese of Dubuque)	42-0761083	
St. Mary Church of Pella, Iowa	42-1319288	3,40
Immaculate Conception Church of Petersville, Iowa	42-0277760	
SS, Joseph and Cabrini Catholic Church	26-2817949	7,314
Holy Trinity Church of Richmond, Iowa	42-0880263	1,32
	42-0877747	
St. James Church of St. Paul, Iowa	91-2146604	10,052
St. Mary Church of Sigourney, Iowa	42-0680290	1,560
St. Mary Church of Solon, Iowa	42-0805379	32,932
SS, Mary and Joseph Church of Sugar Creek/Bryant, Iowa	42-1406911	1,234
	42-1013744	5,179
St. James Church of Toronto, Iowa	42-1322403	44(
St. Bridget Church of Victor, Iowa	42-0844990	5,958
St. James Church of Washington, Iowa	42-0681064	10,672
St. Joseph Church of Wellman, Iowa	42-6130329	17!
St. Anne Church of Welton, Iowa	42-0216090	217
St. Bernadette Church of West Branch, Iowa	42-1215913	2,72
SS Mary and Patrick Church of West Burlington, lowa	42-1180750	23,959
St Joseph Church of West Liberty, Iowa	42-6084544	5,88
St Mary Church of West Point, Iowa	42-0698107	26,048
St. Mary Church of Williamsburg, Iowa	42-0714740	1,720
St Mary Church of Wilton, Iowa	42-0791565	5,62
		927,619
İ	St. Mary Church of Oxford, Iowa Sacred Heart (Archdiocese of Dubuque) St. Mary Church of Pella, Iowa Immaculate Conception Church of Petersville, Iowa SS. Joseph and Cabrini Catholic Church Holy Trinity Church of Richmond, Iowa St. Mary Church of Riverside, Iowa St. James Church of St. Paul, Iowa St. Mary Church of Sigourney, Iowa St. Mary Church of Solon, Iowa SS. Mary and Joseph Church of Sugar Creek/Bryant, Iowa St. Mary Church of Tipton, Iowa St. James Church of Toronto, Iowa St. James Church of Victor, Iowa St. James Church of Washington, Iowa St. James Church of Wellman, Iowa St. Joseph Church of Wellman, Iowa St. Anne Church of Welton, Iowa St. Anne Church of Welton, Iowa St. Bernadette Church of West Branch, Iowa St. Mary and Patrick Church of West Burlington, Iowa St. Joseph Church of West Liberty, Iowa St. Mary Church of West Point, Iowa St. Mary Church of Williamsburg, Iowa St. Mary Church of Williamsburg, Iowa St. Mary Church of Williamsburg, Iowa	St. Mary Church of Oxford, Iowa Sacred Heart (Archdiocese of Dubuque) 42-0761083 St. Mary Church of Pella, Iowa 42-1319288 Immaculate Conception Church of Petersville, Iowa 42-1319288 Immaculate Conception Church of Petersville, Iowa 42-0277760 SS. Joseph and Cabrini Catholic Church 46-0810263 St. Mary Church of Richmond, Iowa 42-0880263 St. Mary Church of Riverside, Iowa 42-0877747 St. James Church of St. Paul, Iowa 42-0860290 St. Mary Church of Sigourney, Iowa 42-0805379 SS. Mary and Joseph Church of Sugar Creek/Bryant, Iowa 42-106911 St. Mary Church of Tipton, Iowa 42-1013744 St. James Church of Toronto, Iowa 42-1013744 St. James Church of Victor, Iowa 42-0844990 St. James Church of Washington, Iowa 42-0881064 St. Joseph Church of Wellman, Iowa 42-081069 St. Anne Church of Wellon, Iowa 42-1215913 SS. Mary and Patrick Church of West Burlington, Iowa 42-1180750 St. Joseph Church of West Dont, Iowa 42-0898107 St. Mary Church of West Point, Iowa 42-0714740 St. Mary Church of West Point, Iowa 42-0791565

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization	Emplo	yer identification number
Catholic Foundation for the Diocese of Davenport	26	4267643
Part VI, line 11 The governing board reviewed the Form 990 before filling the return.		
Part VI, line 19 The audited financial statements are posted on the Diocesan website. Gov	erninc	documents may be
Tall VI, mic 10 The decide Things of City Posters of City Posters 1000101	YUUUU	7.7.7.7.7.7.1111
viewed at Foundation offices.		
Part VI, line 11a The board meeting held on October 18, 2010 was used to review and disc	cuss th	ie Form 990.

Part VI, line 12c The board members all sign a Conflict of Interest Disclosure form annua	lly (cor	mpleted August 23, 2009

and October 18, 2010).		

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