

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF

### **Return of Private Foundation**

### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

For	calen	dar year 2011 or tax year beginning		, 2011	, and e	ending		, 20
Nar	me of fou	undation				A Employer	identification number	
A.Y	MCD0	ONALD CHARITABLE FOUNDATION					42-6119514	
Nur	mber and	d street (or P O box number if mail is not delivered to street address)		Room	/suite	<b>B</b> Telephone	number (see instruction	ns)
P.O	вох	508					563 583 7311	
City	y or towr	n, state, and ZIP code		L		C If exempt	ion application is pendi	ing check here
DUI	BUQUE	e, ia 52004-0508				• II Oxompo	ion application is penal	ing, check here
			of a former	public	chanty		n organizations, check i	
		☐ Address change ☐ Name char					n organizations meeting here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt pi		ation			,	
		on 4947(a)(1) nonexempt charitable trust			ation		foundation status was t 07(b)(1)(A), check here	terminated unde
		narket value of all assets at J Accounting method						
		f year (from Part II, col. (c),				under sec	ndation is in a 60-monti ction 507(b)(1)(B), check	n termination k here
	art I	Analysis of Revenue and Expenses (The total of						(d) Disbursem
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue expenses books	e and per		investment icome	(c) Adjusted net income	for charitab purposes (cash basis o
	1	Contributions, gifts, grants, etc., received (attach schedule)	3	25000				_
	2	Check ► ☐ if the foundation is not required to attach Sch B					-	
	3	Interest on savings and temporary cash investments		4950		4950	4950	
	4	Dividends and interest from securities		70109		70109	70109	
	5a	Gross rents						
ļ	b	Net rental income or (loss)					_	
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10		14462				
ž	b	Gross sales price for all assets on line 6a 134248	1-					
Revenue	7	Capital gain net income (from Part IV, line 2)				14462		
Ř	8	Net short-term capital gain						
	9	Income modifications				e ha		
	10a	Gross sales less returns and allowances		,		,		
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		14521		g= 89521	75059	
S	13	Compensation of officers, directors, trustees, etc.		ME	اعابا	VEU_		
Expenses	14	Other employee salaries and wages	4		,		ပ္က	
en	15	Pension plans, employee benefits	8		3 2 3	2012	8	
Ϋ́	16a	Legal fees (attach schedule)	23		, <sub>29</sub> 0	i i	၁	
	b	Accounting fees (attach schedule)		A A	~		<u> </u>	
tiv	С	Other professional fees (attach schedule)						
tra	17	Interest						
nis	18	Taxes (attach schedule) (see instructions)		4031			4031	
Operating and Administrative	19	Depreciation (attach schedule) and depletion						
Ad	20	Occupancy						
ğ	21	Travel, conferences, and meetings						
an	22	Printing and publications						
ng	23	Other expenses (attach schedule)						
ati	24	Total operating and administrative expenses.						
er		Add lines 13 through 23		4031	_		4031	
Ö	25	Contributions, gifts, grants paid		363094		<del></del>		
	26	Total expenses and disbursements. Add lines 24 and 25	3	367125	··		4031	
	27	Subtract line 26 from line 12.						
	a	Excess of revenue over expenses and disbursements		47396			,	
	b	, 3 , , , ,		, ,		89521		
	ı c	Adjusted net income (if negative, enter -0-)	ı	"			79090	ī

O/O

Pa	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	190007	266891	266891
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			•
	5	Grants receivable			·
	6	Receivables due from officers, directors, trustees, and other			<del>,</del>
		disqualified persons (attach schedule) (see instructions)			
į	7	Other notes and loans receivable (attach schedule) ▶			
		Less. allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·
As	10a	Investments – U.S. and state government obligations (attach schedule)	144347	149499	150024
	b	Investments—corporate stock (attach schedule)	3286125	3353489	3352964
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶		14	
	' '	Less. accumulated depreciation (attach schedule) ►			
	12	Investments—mortgage loans			<u> </u>
	13	Investments—other (attach schedule)		- · · · · · · · · · · · · · · · · · · ·	
	14				
	1-4	Land, buildings, and equipment: basis ►  Less: accumulated depreciation (attach schedule) ►	:	·	
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers—see the			
	'0	instructions. Also, see page 1, item I)	227.50	770070	~~~~~~
	17		3620479	3769879	3769879
	l	Accounts payable and accrued expenses			
es	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>.</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>:</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)		·	
_	23				
Balances		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.			
ĭ	24	Unrestricted			
<u></u>	25	Temporarily restricted			
a B	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ □			
Net Assets or Fun	27	and complete lines 27 through 31.  Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund		· · · · · · · · · · · · · · · · · · ·	
ટૂક	29	Retained earnings, accumulated income, endowment, or other funds	3620479	27,000	
Ąŝ	1	· · · · · · · · · · · · · · · · · · ·		3769879	
jt.	30 31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	3620479	3769879	
ž	"	instructions)	2020	27.00270	
D۵	rt III	Analysis of Changes in Net Assets or Fund Balances	3620479	3769879	
		al net assets or fund balances at beginning of year—Part II, colu	imp (a) line 30 /milet	agree with	<del></del>
'		of-year figure reported on prior year's return)			~~~
_					3620479
_		er amount from Part I, line 27a			47396
		er increases not included in line 2 (itemize) CHANGE IN UNREA			102004
_	. Add	I lines 1, 2, and 3		4	3769879
5	Dec	reases not included in line 2 (itemize)	Dowl II. and II. and II.	5	
	lota	al net assets or fund balances at end of year (line 4 minus line 5)—	raπ II, column (b), lin	e 30   <b>6</b>	3769879

Part	IV Capital Gains and	Losses for Tax on Investme	ent Income				
		ne kind(s) of property sold (e.g., real estate, use, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation		e acquired , day, yr)	(d) Date sold (mo , day, yr )
<u>1a</u>		·					
<u>b</u> _	SEE ATTACHED WORKSH	IEET					
<u>c</u>							
<u>d</u>				<del>                                     </del>			
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed		r other basis			n or (loss)
		(or allowable)	plus expe	ense of sale		(e) plus	(f) minus (g)
<u>a</u> b							
c							
<u>d</u>					ļ		<del></del>
<u>e</u>							
	Complete only for assets sho	owing gain in column (h) and owned b	<u> </u>				l (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any			t less than -0-) or from col (h))
a					<u> </u>		
<u>b</u>					<del> </del>		
d						·	
<del>_</del>				<del></del>	-		
2	Capital gain net income of	Nr (not canital loss) ?	ilso enter in Pa enter -0- in Pa		2		14462
3		in or (loss) as defined in sections: 1, line 8, column (c) (see instructions)	1222(5) and (6	)·	-		14402
					3		o
Part	V Qualification Und	der Section 4940(e) for Redu	ced Tax on I	Net Investment	t Incon	ne	
Was t	s," the foundation does no	section 4942 tax on the distribut t qualify under section 4940(e). Do	not complete	e this part.			☐ Yes ☑ No
_1_	Enter the appropriate am (a)	ount in each column for each yea	r; see the instr		aking a	iny entries.	
Cal	(a) Base penod years endar year (or tax year beginning in	Adjusted qualifying distributions	Net value	(c) of noncharitable-use a	assets		(d) stribution ratio divided by col (c))
	2010		9763	32	38952	38952 8.94	
	2009		4525		48118		7.84
	2008		5110		63605		691
	2007		57 <b>4</b> 0 7790		42488 90156		687
	2006		7790		90136	1	7.19
2	Total of line 1, column (d				. L	2	37.75
3		for the 5-year base period—dividualities for the formula for t				3	7.55
4	Enter the net value of nor	ncharitable-use assets for 2011 fr	om Part X, line	<del>.</del> 5		4	3686267
5	Multiply line 4 by line 3					5	278313
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)			. [	6	895
7	Add lines 5 and 6				.	7	279208
8		•			_	8	363094
	Part VI instructions.	eater than line 7, check the box in	ran vi, line 1	o, and complete	шаг ра	ar using a	170 lax rate. See the

Part \		nstru	ction	าร)	
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		895		
	here ► 🗸 and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
3	Add lines 1 and 2		895		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		895		
6	Credits/Payments:				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 2500				
b	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) . 6c 1500				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d		4000		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  uf Form 2220 is attached if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		3105		
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 3105 Refunded ▶ 11				
	VII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	NI.	
14	participate or intervene in any political campaign?	-	res		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1a		✓	
b	of the instructions for definition)?				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
С	c Did the foundation file Form 1120-POL for this year?				
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1	
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		1	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	i '			
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	1		
7					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
	IOWA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV	9		✓	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		✓	

	•			
	0-PF (2011)		F	age 5
Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<b>✓</b>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		<b>*</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ▶	13	✓	
14	The books are in care of ► AY MCDONALD MFG CO  Telephone no. ► 15	635837		
	Located at ► 4800CHAVENELLE RD, DUBUQUE, IA ZIP+4 ►	52002	2	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		•	▶ ∟
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶			
Parl	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes  Vo  Sorrow money from, lend money to, or otherwise extend credit to (or accept it from) a  disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes  No			}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		✓
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20 , 20 , 20 , 20  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

3b

4b

Page	E

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	May Be R	equire	<b>d</b> (contir	nued)		
5a	During th	e year did the foundation pay or incur a	ny amo	unt to:							
		on propaganda, or otherwise attempt to ince the outcome of any specific public						☐ Yes	☑ No		
		tly or indirectly, any voter registration dri				•	-	☐ Yes	✓ No	į l	
	(3) Provi	de a grant to an individual for travel, stud	dy, or c	ther similar p	ourpose	s?		_ ☐ Yes	☑ No		
		de a grant to an organization other than on 509(a)(1), (2), or (3), or section 4940(d				ation descr		☐ Yes	☑ No		
		de for any purpose other than religious, oses, or for the prevention of cruelty to c							✓ No		-
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the	transa	ctions fail to	qualify	under the	exception	ons descr		11	
	-	ons section 53 4945 or in a current notice i ations relying on a current notice regardii	-	-		•				5b	
С	_	swer is "Yes" to question 5a(4), does the	_						▶⊔		Ì
	because	it maintained expenditure responsibility	for the	grant?					☐ No		
_		attach the statement required by Regula									
6a		oundation, during the year, receive any sonal benefit contract?		-	_		miums	☐ Yes	✓ No		
ь	'	oundation, during the year, pay premium					benefit		_	6b	<b>√</b>
		o 6b, file Form 8870.	•	•	•	•					
		ne during the tax year, was the foundation a							☑ No	-	
	VIII	did the foundation receive any proceeds Information About Officers, Direct								7b mplove	
		and Contractors	, .				.90.0,				,00,
1	List all c	fficers, directors, trustees, foundation	n mana	gers and th	eir con	pensation	(see ir	nstructio	ns).		
	_	(a) Name and address	hou	e, and average rs per week ed to position		npensation paid, enter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expen other al	se account, llowances
SEE A		SCHEDULE					_	<del>-</del> ·			
	<b>,</b>										
								_			
	<del></del>						i				
2	Comper "NONE.	nsation of five highest-paid employee	es (oth	er than tho	se incli	uded on li	ne 1—:	see instr	uction	s). If no	ne, enter
	(a) Name an	d address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek ~	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred		ise account, llowances
NONE									_		
											<u>_</u>
	.,	•••••••••••									
					-						
	.,		·								
Total	number o	f other employees paid over \$50,000 .							. ▶		

<b>-</b> -	7
Page	•

Form 990-PF (2011)

Par	and Contractors (continued)	pioyees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		ı
 Tota	I number of others receiving over \$50,000 for professional services	
		<u> </u>
Par	t IX-A Summary of Direct Charitable Activities	
	it the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
3		
4	<del></del>	·
4		
	······································	
Pai	t IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
_	other program-related investments. See instructions	
3	<u>N/A</u>	
To+-	il. Add lines 1 through 3	<del> </del>
104	IL Add lines 1 through 3	

Part	<del></del>	ign founda	itions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3548260
b	Average of monthly cash balances	1b	225162
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	3742403
е	Reduction claimed for blockage or other factors reported on lines 1a and	14.00	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3742403
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	56136
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3686267
6	Minimum investment return. Enter 5% of line 5	6	184313
Part			
1	Minimum investment return from Part X, line 6	1	184313
2a		<b>199</b>	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	895
3	Distributable amount before adjustments Subtract line 2c from line 1	3	183418
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	183418
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	183418
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	. 4	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	363094
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1111	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	363094
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	363094
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

	90-PF (2011)				Page <b>9</b>
Part	XIII Undistributed Income (see instruction	ns)			
1	Distributable amount for 2011 from Part XI, line 7	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011 183418
2 a b	Undistributed income, if any, as of the end of 2011.  Enter amount for 2010 only  Total for prior years: 20,20,20				163418
3 a b c	Excess distributions carryover, if any, to 2011.  From 2006				
d e f	From 2009	430477			
	Qualifying distributions for 2011 from Part XII, line 4: ▶ \$				_
	Applied to undistributed income of prior years (Election required—see instructions)  Treated as distributions out of corpus (Election				
d	required—see instructions)				183418
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	179818			
6	Enter the net total of each column as indicated below:				
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b	610296			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions).	53672			
9	Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	556623			
10	Analysis of line 9:				
a	Excess from 2007				1
b	Excess from 2008				
c d	Excess from 2009				
u A	Excess from 2010				

_		
Form	990-PF	(2011)

Dane	1	n
racie		u

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	<u></u> _
1a	If the foundation has received a ruling			private operating	<u>,</u>	
	foundation, and the ruling is effective fo		-	. ▶		
b	Check box to indicate whether the four		operating founda		ection 🗌 4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for	Tax year (a) 2011	<b>(b)</b> 2010	Prior 3 years (c) 2009	( <b>d</b> ) 2008	(e) Total
	each year listed					N/A
b	85% of line 2a					N/A
С	Qualifying distributions from Part XII, line 4 for each year listed					N/A
d	Amounts included in line 2c not used directly for active conduct of exempt activities					N/A
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					N/A
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets	, <u>.</u>				N/A
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)					N/A
þ	"Endowment" alternative test-enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					N/A
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					N/A
	(2) Support from general public			<u> </u>		
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					N/A
	(3) Largest amount of support from an exempt organization					N/A
	(4) Gross investment income .					N/A
Part		-		the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation	who have contribu	ited more than 29	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more tr	nan \$5,000). (See s	ection 507(d)(2).)	
NONE	• • • • • • • • • • • • • • • • • • • •	who own 100/ o	mana of the sta	ale af a any and a	. /	
b	List any managers of the foundation ownership of a partnership or other el			·•·	· · · ·	rge portion of the
NONE		nuty) or writers the	iodilodilon nas a	10 % or greater int	ciest.	
2	Information Regarding Contribution	Grant Gift Loa	n Scholarchin	oto Brograms:		
-	Check here ▶ ✓ if the foundation unsolicited requests for funds. If the other conditions, complete items 2a,	only makes controundation makes	ibutions to prese	elected charitable		
а	The name, address, and telephone nu	imber of the perso	on to whom applic	cations should be a	ddressed:	
b	The form in which applications should	d be submitted and	d information and	materials they sho	uld include:	
С	Any submission deadlines.					
d	Any restrictions or limitations on av factors:	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of inst	itutions, or other

	t XV Supplementary Information (cont	inued)			, ago .
_3	Grants and Contributions Paid During t			ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	SOM SOM	
а	Paid during the year				
SEE	ATTACHED SCHEDULE	ALL RECIPIENTS		ALL CONTRIBUTIONS MADE	
		ARE PUBLIC		IN 2010 WERE IN ACCORD-	
		CHARITIES		ANCE WITH FOUNDATIONS	
				ARTICLE OF INCORP.SEC III	
			}		
	Total	<u> </u>	<u> </u>	<b>▶ 3</b> a	36309
b					
N/A					
				†	
					-
	Total	1	_1	<b>&gt;</b> 21	<del>.  </del>

Part XV	FA Analysis of Income-Producing Ac	uvities				
nter gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	on 512, 513, or 514	(0)
-		(0)	(In)	(0)	(4)	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d)   Amount	function income
1 Prog	ram service revenue:	Dusiness code	Amount	Exclusion code	Amount	(See instructions.)
a						
b _	<del></del>			<del>                                     </del>		
_				<del> </del>		<del></del>
				-		
d _						
e _						
f						_
gF	ees and contracts from government agencies					
_	bership dues and assessments					
	est on savings and temporary cash investments		-	14	4950	
	lends and interest from securities			14	70109	<del></del>
	rental income or (loss) from real estate:		Market Andre			
					PARTICIPATION OF THE PROPERTY OF THE PARTY O	
	Debt-financed property				· · · · · · · · · · · · · · · · · · ·	
	lot debt-financed property			<del> </del>		<del>                                     </del>
6 Net	rental income or (loss) from personal property					
<b>7</b> Othe	er investment income					<u></u>
8 Gain	or (loss) from sales of assets other than inventory			14	14462	2
9 Net	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					-
	er revenue: a			1		<del> </del>
	Teveride. a	-	<u> </u>	<del> </del>		<del> </del>
<b>b</b> _	<del></del>			<del>                                     </del>		<del> </del>
C _				ļ		ļ
ď						
е_						
12 Subi	total. Add columns (b), (d), and (e)			THE PERSON NAMED IN COLUMN	89521	
	43.45				. 13	89521
13 Tota					. 13	<del></del> _
13 Tota	al. Add line 12. columns (b), (d) and (e)	 ns.)			13	<del></del> _
13 Tota See work	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89621
13 Tota See work Part XV	al. Add line 12. columns (b), (d) and (e)	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		8952
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		8952
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89621
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89521
13 Tota See work Part XV Line No.	al. Add line 12. columns (b), (d) and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	ot Purposes		89621

Form 990-F	-						Page 13
Part X	VII		n Regarding Trai ganizations	nsfers To and Trans	actions and	Relationships With Nor	ncharitable
ir O	n sectio irganiza	organization on 501(c) of the tions?	firectly or indirectly e Code (other than	engage in any of the for section 501(c)(3) organ o a noncharitable exen	nizations) or in s	ny other organization descri section 527, relating to poli	bed Yes No
(1	1) Cash						. 1a(1) ✓
•	•	r assets .					. 1a(2)
			a noncharitable ex	empt organization .			. 1b(1) ✓
•	•						
	•			er assets			.  1b(3)  ✓  1b(4)  ✓
	-		-				. 1b(5) ✓
	-	-					. 1b(6) 🗸
						· · · · · · · · · · · · ·	
d If	the an	swer to any	of the above is "Ye	es," complete the follo	wing schedule.	. Column <b>(b)</b> should always n. If the foundation received	s show the fair market
v	alue or	ine goods, o anv transactio	iner assets, or serv on or sharing arrant	nces given by the repo dement, show in colum	in (d) the value	of the goods, other assets,	or services received.
(a) Line n	<del></del>	mount involved		charitable exempt organization		cription of transfers, transactions, a	
				- <u></u>		· · · · · · · · ·-	··
	-						
		<del></del>					
						,	<del></del>
	_						
	+						
-	-						
					<del></del>		
	_						
c	describe f "Yes,"	ed in section : complete the	501(c) of the Code e following schedul	other than section 501	(c)(3)) or in sec	nore tax-exempt organization 527?	· 🗌 Yes 🗹 No
		a) Name of organ	nization	(b) Type of org	anization	(c) Description o	i relationship
		····					
			· · · · · · · · · · · · · · · · · · ·				
<del></del>	Under or	ealties of perfury	I declare that I have exami	ned this return. Including accor	noanymo schedules	and statements, and to the best of my	knowledge and belief, it is true.
Sign	correct,	arto complete. Dec	laration of preparer (other	than taxpayer) is based on all in	formation of which p	reparer has any knowledge.	lay the IRS discuss this return
Here	1/2	LU AL	M 2	8-15-12	Vice	Prosident w	inth the preparer shown below see instructions)? [Yes No
		re of officer or tru		Date	Title		
Paid	<b>6</b>	nnt/Type prepare	\ <b>N</b> A	Preparer's signature	J. w. O.	Date Check [ self-emp	THE PTIN
Prepa		CANADL	PH 3.1-11	McGladrey	TPK TOWN	Firm's EIN ▶	41-1944416
Use O	יווין דייוין	irm's name			Ste. B	Phone no.	563.585.3160
				Dubuque, Iowa		, , , , , , , , , , , , , , , , , , , ,	Form <b>990-PF</b> (2011)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

	the organization	Employer identification number				
	A.Y. MCDONALD MFG. CO. CHARITABLE 426119514  Drganization type (check one):					
Organiz	zation type (check o	ne):				
Filers o	f:	Section:				
Form 99	90 or 990-EZ	√ 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation			
		☐ 527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ation			
		☐ 501(c)(3) taxable private foundation				
		301(C)(3) taxable private foundation				
instruct Genera						
Genera		n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,	000 or more (in money or			
		one contributor. Complete Parts I and II.				
Specia	l Rules					
	under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33½ % suppo 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 5,000 or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) F and II.	the year, a contribution of			
	during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use exclusively for religious, chooses, or the prevention of cruelty to children or animals. Complete Par	aritable, scientific, literary,			
	during the year, co not total to more the year for an exclusion	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the first of the second from the first of the second from the first of the second from \$1,000. If this box is checked, enter here the total contributions the self religious, charitable, etc., purpose. Do not complete any of the paramization because it received nonexclusively religious, charitable, etc., ear	but these contributions did at were received during the ts unless the <b>General Rule</b> contributions of \$5,000 or			
Cautio 990-EZ	<b>n.</b> An organization th , or 990-PF), but it <b>n</b>	at is not covered by the General Rule and/or the Special Rules does nust answer "No" on Part IV, line 2, of its Form 990; or check the box of	ot file Schedule B (Form 990, on line H of its Form 990-EZ or on			

Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
A Y. MCDONALD MFG. CO. CHARITABLE

Employer identification number 426119514

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	A Y MCDONALD MFG. CO.  4800 CHAVENELLE RD  DUBUQUE, IA 52004-0508	\$ 325000 	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

A.Y. McDONALD CHARITABLE FOUNDATION 990PF PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	GAIN	(FOSS)	(6,899)	(2,065)	(14,533)	(2,539)	(\$31,036)			211	4,474	159	39,513	1,140	\$45,498
	COST	BASIS	30,250	54,575	30,000	50,459	\$165,283								ŀ
	NET	PROCEEDS	23,351	47,510	15,467	47,921	\$134,248								
GROSS	SALES	PRICE	23,351	47,510	15,467	47,921	\$134,248							/12,12/29/11	
	DATE	SOLD	12/28/11	07/21/11	12/28/11	01/28/11		DATE	PAID	12/29/11	12/29/11	12/29/11	12/12/11	03/31/12, 06/30/12, 09/30/12, 12/29/11	
	DATE	ACQUIRED	03/17/06	11/27/07	03/17/06	01/16/07								03/31/12, 06	
	МОН	ACQUIRED	۵	۵	۵	۵				₾	₾	۵	۵	۵	
		SHARES	850	739	1,200	50,000					٥	OND			
		DESCRIPTION	MACQUARIE INFRASTRUCTURE LLC	TRANSOCEAN LTD NAMEN AKT	STRATS TRUST GOLDMAN SACHS	WACHOVIA CORP				GNIMA FUND ADMIRAL SHARES	INTER-TERM INVEST-GR ADMIN FUND	TOTAL BOND MARKET INDEX ADM FUND	FIDELITY SELECT HEALTH CARE	RAYONIER INC.	
		TYPE	US EQUITIES	US EQUITIES	TXBLE FIX'D INC	TXBLE FIX'D INC				LT CAP GAIN	LT CAP GAIN	LT CAP GAIN	LT CAP GAIN	LT CAP GAIN	

E=EXCHANGE
D=DISTRIBUTION
P=PURCHASED
S=SPLIT
SP=SPIN OFF

\$14,462

# A.Y. McDONALD CHARITABLE FOUNDATION 990PF PART VIII

2011

990PF PART VIII	INFORMATION ABOUT OFFICER, DIRECTORS, TRUSTEES	JT OFFICER, DII	RECTORS, TRUSTE	EES
NAME AND ADDRESS	TITLE AND AVG. HRS./WEEK	CONTRIBUTION TO PLAN	CONTRIBUTIONS EXP. ACCT. TO & OTHER PLAN ALLOWANCE C	EXP. ACCT. & OTHER ALLOWANCE COMPENSATION
MIKE MCDONALD, DUBUQUE, IOWA	PRES / PART	NONE	NONE	NONE
SCOTT KNAPP, DUBUQUE, IOWA	V.P. / PART	NONE	NONE	NONE
J.M. McDONALD III, LEXINGTON, KY.	V.P. / PART	NONE	NONE	NONE
L.J. SHERMAN, DUBUQUE, IOWA	V.P. / PART	NONE	NONE	NONE
SARAH HASKEN, DUBUQUE, IOWA	SECRETARY / PART	NONE	NONE	NONE
R.D. McDONALD II, DUBUQUE, IOWA	V.P./PART	NONE	NONE	NONE

EDUCATIONAL AQUIN EDUCATIONAL SYSTEM CAPITAL CAMPAIGN	1,000 00
CLARKE UNIVERSITY	25,000 00
DIVINE WORD COLLEGE	400 00
HOLY FAMILY CATHOLIC SCHOOLS IOWA COLLEGE FOUNDATION	2,000 00 5,000 00
LORAS COLLEGE	15,000 00
UNIVERSITY OF DUBUQUE	37,000 00
UNIVERSITY OF IOWA FOUNDATION	12,500 00
WAHLERT HIGH SCHOOL ATHLETIC FUND	98,900 00
COMMUNITY SERVICES	
AMERICA'S RIVER II	20,000 00
AREA RESIDENTIAL CARE BELL TOWER THEATER	500 00 500 00
BERNARD RESCUE UNIT	500 00
CAMP ALBRECHT ACRES FOUNDATION	500 00
CARNAGIE-STOUT LIBRARY	10,000 00
COMMUNITY FOUNDATION OF GREATER DBQ DOMINIC GOODMAN MEMORIAL	1,000 00 525 00
DUBUQUE ARBORETUM & BOTANICAL GARDEN	2,500 00
DBQ COMMUNITY THANKSGIVING DINNER INC	250 00
DUBUQUE COMMUNITY ICE & RECREATION CENTER DUBUQUE COMMUNITY "Y"	10,000 00 500 00
DUBUQUE COUNTY FIREFIGHTERS	500 00
DUBUQUE DRUM & BUGLE CORPS - THE COLTS	10,000 00
DUBUQUE FOOD PANTRY	500 00
DUBUQUE MUSEUM OF ART DUBUQUE REGIONAL HUMANE SOCIETY	1,000 00 16,000 00
DUBUQUE SYMPHONY ORCHESTRA	10,943 00
DUBUQUE VNA FOUNDATION	500 00
FIRST CONGREGATIONAL UCC FOUR MOUNDS FOUNDATION	20,000 00 1,250 00
FOUR OAKS	500 00
FRIENDS OF DBQ COUNTY CONSERVATION BOARD	500 00
FRIENDS OF THE MINES OF SPAIN	2,000 00
GRAND OPERA HOUSE HILLCREST SERVICES REFLECTIONS IN THE PARK	5,000 00 24,000 00
IOWA JOBS FOR AMERICA'S GRADUATES PROGRAM-IJAG	
JOYAL CAPITAL MGMT FOUNDATION, INC	500 00
LINWOOD CEMETARY MARIA HOUSE	1,000 00 600 00
MIDWEST GANG INVESTIGATORS ASSOCIATION	500 00
RATHBURN LAKE RESORT, INC	5,000 00
RIVER VALLEY INITIATIVE	5,000 00
RIVERVIEW CENTER ROTARY CLUB OF DBQ	500 00 5,000 00
SPECIAL OLYMPICS IOWA	1,000 00
ST MARK COMMUNITY CENTER	500 00
ST MARY CHURCH	5,000 00
ST VINCENT DEPAUL SOCIETY STORYBOOK HILL CHILDREN'S ZOO	250 00 100 00
TWO BY TWO, INC	1,000 00
UNITED WAY SERVICES, INC	35,776 00
VETERAN'S MEMORIAL PLAZA VISITING NURSES ASSOCIATION JR BOARD	2,500 00 1,000 00
VISITING NOTICES ACCOUNTING OF SIX DO AND	209,694 00
MEDICAL RESEARCH & ASSISTANCE	
ALZHEIMER'S ASSOCIATION AMERICAN CANCER SOCIETY	500 00 1,000 00
AMERICAN HEART ASSOCIATION	500 00
AMERICAN RED CROSS OF THE TRI-STATES	5,000 00
DISABLED AMERICAN VETERANS	1,000 00
EASTLAND MEMORIAL HOSPITAL FINLEY HEALTH FOUNDATION	100 00 15,500 00
HILLS AND DALES	11,000 00
HOSPICE OF DUBUQUE	1,000 00
MARCH OF DIMES MERCY HEALTH FOUNDATION	500 00 5,000 00
STONEHILL BENEVOLENT	2,000 00
	43,100 00
YOUTH BUSINESS ORGANIZATION JUNIOR ACHIEVEMENT OF TRI-STATES	4,000 00
SOME TEMENT OF INFORMED	4,000 00
YOUTH SERVICES	
BOY SCOUTS OF AMERICA BOYS & GIRLS CLUB OF GREATER DUBUQUE	2,300 00 1,350 00
MAKE-A-WISH FOUNDATION OF IA	3,000 00
MISSISSIPPI WALLEYE CLUB	500 00
RONALD MCDONALD HOUSE CHARITIES OF EAST IA	7,400 00
TOTAL CONTRIBUTIONS	202 004 00

TOTAL CONTRIBUTIONS

363,094 00