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Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 11-01-2011 and ending 10-31-2012

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

C Name of organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
15623 COALTOWN ROAD

City or town, state or country, and ZIP + 4
EAST MOLINE, IL 61244

D Employer identification number
93-1332421

E Telephone number
(309)762-4653

G Gross receipts $ 14,766,659

F Name and address of principal officer
CLAIR PETERSON
15623 COALTOWN ROAD
EAST MOLINE,IL 61244

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JOHNDEERECLASSIC COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE JOHN DEERE CLASSIC, A NOT-FOR-PROFIT CORPORATION, IS TO CONDUCT A PGA TOUR SANCTIONED PROFESSIONAL GOLF TOURNAMENT THAT WILL CONTRIBUTE POSITIVELY TO THE QUALITY OF LIFE IN OUR COMMUNITY, PROVIDE GROWING ANNUAL FINANCIAL CONTRIBUTIONS TO CHARITY, PROMOTE VOLUNTEERISM, PROVIDE A POSITIVE ECONOMIC IMPACT TO THE COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	1,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,325,513	14,053,369
9	Program service revenue (Part VIII, line 2g)	517,088	557,257
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,898	2,643
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,578	104,771
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,920,077	14,718,040
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,350,652	6,785,366
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	630,222	686,016
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶46,182		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,813,466	7,065,307
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,794,340	14,536,689
19	Revenue less expenses Subtract line 18 from line 12	125,737	181,351

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,555,279	2,743,278
21	Total liabilities (Part X, line 26)	1,078,023	1,084,671
22	Net assets or fund balances Subtract line 21 from line 20	1,477,256	1,658,607

Part II Signature Block

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

Sign Here

****** | 2013-05-29
Signature of officer | Date

CLAIR PETERSON TOURNAMENT DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JAMES E TAYLOR | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00002697

Firm's name (or yours if self-employed), address, and ZIP + 4: CARPENTIER MITCHELL GODDARD & CO LLC, 4915 21ST AVENUE A, MOLINE, IL 61265 | EIN ▶ 36-2662809 | Phone no ▶ (309) 762-3626

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

SEE PAGE 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 6,846,484 including grants of $) (Revenue $ 566,890)

THE JOHN DEERE CLASSIC, A PGA TOUR EVENT WHERE A PORTION OF THE EARNINGS OF THE EVENT ARE DONATED TO AREA CHARITABLE ORGANIZATIONS

4b (Code) (Expenses $ 6,785,366 including grants of $ 6,785,366) (Revenue $)

PLEDGE FUNDRAISING - RAISES FUNDS THROUGH DIRECT CHARITABLE PLEDGES ASSOCIATED WITH THE JOHN DEERE CLASSIC AND RE-GRANTS THE FUNDS TO TARGETED LOCAL CHARITIES

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 13,631,850

Part 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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
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**		No
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**		No
27	Did the organization provide a grant or other assistance 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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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*	**36**		No
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, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	20		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization 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? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CLAIR PETERSON
15623 COALTOWN ROAD
EAST MOLINE, IL 61244
(309) 762-4653

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								337,248	0	4,300

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 14,053,369				
	g	Noncash contributions included in lines 1a-1f $ 1,000				
	h	**Total.** Add lines 1a-1f . . . . . ▶	14,053,369			
Program Service Revenue		Business Code				
	2a	TICKET SALES	713910	208,944	208,944	
	b	CONCESSIONS	722210	155,547	155,547	
	c	ADVERTISING	541800	72,878	72,878	
	d	UNIFORM SALES	448000	59,638	59,638	
	e	PARKING AND SHUTTLES	485000	48,650	48,650	
	f	All other program service revenue		11,600	11,600	
	g	**Total.** Add lines 2a–2f . . . . . ▶		557,257		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,643		2,643
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 143,757				
	b	Less direct expenses . . . b 48,619				
	c	Net income or (loss) from fundraising events . . ▶	95,138			95,138
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS 900099	9,633	9,633		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	9,633			
	12	**Total revenue.** See Instructions . . . ▶	14,718,040	566,890	0	97,781

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,785,366	6,785,366		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	276,225		276,225	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	337,832		337,832	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,662		15,662	
9	Other employee benefits	32,663		32,663	
10	Payroll taxes	23,634		23,634	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,965		10,965	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	283,818	237,636		46,182
13	Office expenses	53,932		53,932	
14	Information technology	4,301		4,301	
15	Royalties . .				
16	Occupancy	688,888	688,888		
17	Travel	198,800	198,800		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,039	46,039		
23	Insurance	70,728		70,728	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	TOURNAMENT WEEK OPERATI	5,301,877	5,301,877		
b	PLAYER HOSPITALITY	127,861	127,861		
c	PRO-AM EVENTS	125,506	125,506		
d	VOLUNTEERS	108,105	108,105		
e					
f	All other expenses	44,487	11,772	32,715	
25	**Total functional expenses.** Add lines 1 through 24f	14,536,689	13,631,850	858,657	46,182
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,308,050	2	1,564,109
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,057,138	4	1,035,106
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		55,924	9	40,822
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,124,504			
	b	Less accumulated depreciation	10b 1,021,263	134,167	10c	103,241
	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	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,555,279	16	2,743,278
Liabilities	17	Accounts payable and accrued expenses		5,913	17	18,532
	18	Grants payable			18	
	19	Deferred revenue		1,031,230	19	1,018,756
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		40,880	25	47,383
	26	**Total liabilities.** Add lines 17 through 25		1,078,023	26	1,084,671
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,477,256	27	1,658,607
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	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		1,477,256	33	1,658,607
	34	Total liabilities and net assets/fund balances		2,555,279	34	2,743,278

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	14,718,040
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,536,689
3	Revenue less expenses Subtract line 2 from line 1	3	181,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,477,256
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,658,607

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I 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)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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).**

11 ☐ 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 **d** ☐ Type III - Other

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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,659,925	11,140,562	11,216,243	12,351,580	14,053,369	60,421,679
2 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	579,460	420,136	476,826	517,088	557,257	2,550,767
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 lines 1 through 5	12,239,385	11,560,698	11,693,069	12,868,668	14,610,626	62,972,446
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						62,972,446

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	12,239,385	11,560,698	11,693,069	12,868,668	14,610,626	62,972,446
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,742	62,082	43,437	17,898	2,643	206,802
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	80,742	62,082	43,437	17,898	2,643	206,802
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)	10,387	50,527	55,183	100,336	153,390	369,823
13 **Total support** (Add lines 9, 10c, 11 and 12)	12,330,514	11,673,307	11,791,689	12,986,902	14,766,659	63,549,071

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 090 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 090 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 330 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 550 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I 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	
2	Aggregate contributions to (during year)	6,051,570	
3	Aggregate grants from (during year)	4,742,414	
4	Aggregate value at end of year	6,107,534	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ 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	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		979,287	901,875	77,412
d Equipment		145,217	119,388	25,829
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				103,241

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) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER CURRENT LIABILITIES	47,383
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	47,383

2. Fin 48 (ASC 740) 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,718,040
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,536,689
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	181,351
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	181,351

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	14,686,996
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	14,686,996
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	31,044		
c	Add lines **4a** and **4b**			4c	31,044
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,718,040

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	14,505,645
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	14,505,645
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	31,044		
c	Add lines **4a** and **4b**			4c	31,044
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	14,536,689

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXCESS REVENUE ON STATEMENT OF REVENUES PER FUNDRAISING ACTIVITIES 31,044
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING NET INCOME APPLIED AGAINST EXPENSES ON FINANCIAL STATEMENTS 31,044

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
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 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CHARITY DINNER (event type)	(b) Event #2 PLAY IT LIKE THE PROS (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	103,083	40,674		143,757
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	103,083	40,674		143,757
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	37,826	3,720		41,546
	7 Food and beverages		5,487		5,487
	8 Entertainment				
	9 Other direct expenses	1,163	423		1,586
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(48,619)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				95,138

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION EXERCISES DUE DILIGENCE BY VERIFYING NOT FOR PROFIT CREDENTIALS OF ORGANIZATIONS WHICH RECEIVE GRANT FUNDS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 93-1332421
Name: QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
180 ZONE4700 53RD STREET MOLINE,IL 61265	32-0100540	501(C)(3)	8,254				HOUSING FOR HOMELESS, ADDICTED, OR POVERTY STRICKEN INDIVIDUALS
ABILITIES PLUS INC1100 NORTH EAST STREET KEWANEE,IL 61443	36-2841697	501(C)(3)	12,973				DEVELOPMENTAL DISABILITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLEMAN HIGH SCHOOL1103 40TH STREET ROCK ISLAND,IL 61201	99-9999999	501(C)(3)	20,846				CHARITABLE DONATION FOR EDUCATIONAL PURPOSES
AMERICAN JUNIOR GOLF ASSOCIATION1980 SPORTS CLUB DRIVE BRASELTON,GA 30517	58-1433914	501(C)(3)	5,000				CHARITABLE DONATIONS FOR SUPPORT TO PROMOTE JUNIOR GOLF

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS OF THE QUAD CITIES 1100 RIVER DRIVE MOLINE,IL 61265	36-6000114	501(C)(3)	20,226				COMMUNITY AND EMERGENCY SERVICES
ARC OF THE QUAD CITY AREA4016 - 9TH STREET ROCK ISLAND,IL 61201	36-2615996	501(C)(3)	14,510				DISABLED SERVICES/CENTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARROWHEAD RANCH12200 104TH STREET COAL VALLEY,IL 61240	36-2192833	501(C)(3)	36,286				AT-RISK YOUTH MOTIVATION
ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT,IA 52804	99-9999999	501(C)(3)	6,750				EDUCATIONAL INSTITUTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AUGUSTANA COLLEGE639 38TH STREET ROCK ISLAND,IL 61201	36-2166962	501(C)(3)	16,200				COLLEGIATE LEVEL EDUCATION
BALLET QUAD CITIES613 17TH STREET ROCK ISLAND,IL 61201	42-1366753	501(C)(3)	23,464				DANCE PERFORMANCES, LECTURES, AND EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETHANY FOR CHILDREN AND FAMILYPO BOX 14 BERNARD,IA 52032	42-1221575	501(C)(3)	37,170				COMMUNITY SERVICE WORKER PROGRAM
BETTENDORF PUBLIC LIBRARY FOUNDATION2950 LEARNING CAMPUS DRIVE BETTENDORF,IA 52722	20-3419691	501(C)(3)	14,559				COMMUNITY EDUCATION AND HISTORY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERSBIG SISTERS OF THE MISSISSIPPI VALLEY130 WEST 5TH STREET DAVENPORT,IA 52801	42-1320908	501(C)(3)	32,616				YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA4412 NORTH BRADY STREET DAVENPORT,IA 52806	22-1576300	501(C)(3)	11,005				YOUTH EDUCATION AND SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE MISSISSIPPI VALLEY338 6TH STREET MOLINE,IL 61265	36-3838421	501(C)(3)	7,816				EDUCATION AND CAREER DEVELOPMENT
BRAVEHEART CHILDREN'S ADVOCACY414 EAST CENTRAL STREET CAMBRIDGE,IL 61238	36-4361499	501(C)(3)	12,427				PREVENTION OF SEXUAL ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMP ALBRECHT ACRES FOUNDATION2364 HARVEST VIEW DRIVE DUBUQUE,IA 52002	42-1125110	501(C)(3)	156,931				DISABLED CHILDREN PROGRAMS
CENTER FOR ACTIVE SENIORS INC1035 WEST KIMBERLY ROAD DAVENPORT,IA 52801	42-1011267	501(C)(3)	23,801				ADULT DAY SERVICES AND SENIOR ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S THERAPY CENTER 1504 13TH AVENUE MOLINE,IL 61265	36-2207922	501(C)(3)	9,845				DEVELOPMENTAL DISABILITY SERVICES FOR CHILDREN
CHRISTIAN CARE 2209 3RD AVENUE ROCK ISLAND,IL 61201	36-3146523	501(C)(3)	7,232				HOMELESS AND DOMESTIC VIOLENCE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN FRIENDLINESS ASSOCIATION3928 12TH AVENUE MOLINE,IL 61265	36-2193602	501(C)(3)	40,120				YOUTH OUTREACH FOR LOW INCOME INDIVIDUALS
CHURCHES UNITED OF THE QUAD CITIES2535 TECH DRIVE STE 205 BETTENDORF,IA 52722	36-2480784	501(C)(3)	8,801				RELIGIOUS PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION OF THE GREAT RIVER BEND852 MIDDLE ROAD STE 100 BETTENDORF,IA 52722	42-6122716	501(C)(3)	135,000				COMMUNITY FOUNDATION
COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 SOUTH MAIN STREET MAQUOKETA,IA 52060	42-1197911	501(C)(3)	172,596				COMMUNITY FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY RESOURCES AND LEARNING CENTER 1201 13TH STREET MOLINE,IL 61265	38-3763928	501(C)(3)	6,632				ADULT EDUCATION
DAC INC1710 E MAPLE STREET MAQUOKETA,IA 52060	23-7224698	501(C)(3)	17,424				EDUCATIONAL INSTITUTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAVENPORT CENTRAL VOCAL BOOSTERS INC 2872 FOREST ROAD DAVENPORT,IA 52803	99-9999999	501(C)(3)	26,616				PUBLIC SCHOOL - MUSIC PROGRAM
DAVENPORT COMMUNITY SCHOOLS1216 WEST LOMBARD DAVENPORT,IA 52804	99-9999999	501(C)(3)	6,195				PUBLIC SCHOOL - SPORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAVENPORT GOOD SAMARITAN CENTER700 WAVERLY ROAD DAVENPORT,IA 52804	45-0228005	501(C)(3)	80,532				ELDERLY SERVICES AND HEALTH CARE
DAVENPORT SCHOOLS FOUNDATIONDSF 1606 BRADY STREET DAVENPORT,IA 52803	42-1304688	501(C)(3)	5,863				PUBLIC SCHOOL FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEWITT COMMUNITY HOSPITAL AUXILIARY825 7TH STREET DEWITT,IA 52742	42-1056656	501(C)(3)	7,633				HEALTH CARE
DISCOVERY DEPOT1849 N SEMINARY STREET GALESBURG,IL 61401	37-1356298	501(C)(3)	8,426				MUSEUM FACILITES/COMMUNITY EDUCATION AND HISTORY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DISCOVERY LIVING415 PARKLAND DRIVE SE CEDAR RAPIDS,IA 52403	42-1082773	501(C)(3)	5,590				GROUP HOME
DRESS FOR SUCCESS QUAD CITIES111 W 3RD STREET STE 710 DAVENPORT,IA 52801	45-1825338	501(C)(3)	18,037				EMPLOYMENT PROCUREMENT ASSISTANCE AND JOB TRAINING

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EAGLES' WINGSPO BOX 4804 DAVENPORT,IA 52808	42-1397552	501(C)(3)	12,734				RELIGIOUS PURPOSES
FAITH UNITED METHODIST CHURCH108 EAST WASHINGTON STREET MONMOUTH,IA 52309	99-9999999	501(C)(3)	16,200				CHURCH/RELIGIOUS PURPOSES

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FAMILY RESOURCES INC 2800 EASTERN AVENUE DAVENPORT,IA 52803	42-0698225	501(C)(3)	14,256				EDUCATION/GROUP HOME
FELLOWSHIP OF CHRISTIAN ATHLETESPO BOX 131 ELDRIDGE,IA 52748	44-0610626	501(C)(3)	15,982				FAITH BASED PROGRAM FOR ATHLETES

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FIGGE ART MUSEUM225 WEST 2ND STREET DAVENPORT,IA 52801	42-6090398	501(C)(3)	114,707				MUSEUM FACILITES/COMMUNITY EDUCATION AND HISTORY
FIRST TEE OF THE QUAD CITIES201 W 2ND STREET STE 601 DAVENPORT,IA 52801	42-1510940	501(C)(3)	20,000				RECREATION, SPORTS/CHILD DEVELOPMENT

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FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT,IA 52804	42-0733466	501(C)(3)	6,715				DAY CARE, FAMILY, SENIOR AND YOUTH FACILITIES
FRIENDS OF STRAYS INCPO BOX 315 PRINCETON,IL 61356	36-3973645	501(C)(3)	9,206				ANIMAL CARE AND PROTECTION

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FRIENDS OF THE DAVENPORT PUBLIC LIBRARY 4022 BELLE AVENUE DAVENPORT,IA 52807	42-1204594	501(C)(3)	9,284				COMMUNITY EDUCATION AND HISTORY
FRIENDSHIP MANOR1209 21ST AVENUE ROCK ISLAND,IL 61201	36-2524984	501(C)(3)	55,994				CONTINUING CARE RETIREMENT COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GENESIS HEALTH SERVICES1227 RUSHOLME STREET DAVENPORT,IA 52803	42-1421670	501(C)(3)	73,705				HEALTH CARE OPERATIONS
GERMAN AMERICAN HERITAGE CENTER712 W 2ND STREET DAVENPORT,IA 52806	42-1424418	501(C)(3)	8,574				MUSEUM FACILITES/COMMUNITY EDUCATION AND HISTORY

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GILDA'S CLUB OF THE QUAD CITIES 1234 EAST RIVER DRIVE DAVENPORT,IA 52803	42-1446989	501(C)(3)	25,920				SUPPORT FOR INDIVIDUALS WITH CANCER
GIRL SCOUTS OF EASTER IOWA AND WESTERN ILLINOIS2011 2ND AVENUE ROCK ISLAND,IL 61201	42-1008848	501(C)(3)	12,065				TROOP/GROUP SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GOSPEL MISSION TEMPLE OF DAVENPORT2011 WEST 1ST STREET DAVENPORT,IA 52802	42-1321796	501(C)(3)	46,560				RELIGIOUS PURPOSES
GREYHOUND ADOPTION CENTER75 WINDSWEPT WAY MISSION VIEJO, CA 92692	95-4132021	501(C)(3)	17,870				ANIMAL CARE AND PROTECTION

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GROW QUAD CITIES FUND 130 WEST 2ND STREET DAVENPORT,IA 52801	36-4202427	501(C)(3)	27,000				COMMUNITY, NEIGHBORHOOD DEVELOPMENT/IMPROVEMENT
GUARDIAN ANGELS HUMANE SOCIETY1805 N BROAD STREET GALESBURG,IL 61401	61-1488324	501(C)(3)	15,352				ANIMAL CARE AND PROTECTION

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HELP LEGAL ASSISTANCE736 FEDERAL STREET STE 1401 DAVENPORT,IA 52803	42-0957957	501(C)(3)	33,970				PUBLIC INTEREST LAW/LITIGATION
HABITAT FOR HUMANITY QUAD CITIES2235 GRANT STREET BETTENDORF,IA 52722	58-1235159	501(C)(3)	17,537				HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT

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HAND IN HAND 3860 MIDDLE ROAD BETTENDORF,IA 52722	42-1508508	501(C)(3)	9,072				DEVELOPMENTALLY DISABLED SERVICES/CENTERS
HANDICAPPED DEVELOPMENT CENTER3402 HICKORY GROVE ROAD DAVENPORT,IA 52809	42-0947868	501(C)(3)	9,945				PHYSICAL THERAPY AND EMPLOYMENT SERVICES FOR HANDICAPPED INDIVIDUALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HUMILITY OF MARY HOUSING INC1228 EAST 12TH STREET DAVENPORT,IA 52803	42-1349437	501(C)(3)	25,130				TRANSITIONAL AND PERMANENT HOUSING
HUMILITY OF MARY SHELTER INC3805 MISSISSIPPI AVENUE DAVENPORT,IA 52807	42-1349437	501(C)(3)	6,641				TEMPORARY HOUSING FOR THE HOMELESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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INTERNATIONAL DEVELOPMENT ENTERPRISES10403 W COLFAX AVENUE LAKEWOOD,CO 80215	23-2220051	501(C)(3)	7,560				BUSINESS, YOUTH DEVELOPMENT
IOWA BOOSTER CLUB3845 WAPSI AVE SE IOWA CITY,IA 52240	42-1506358	501(C)(3)	8,821				PROVIDE HIGH SCHOOL ATHLETIC SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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IOWA PGA DRIVE CHIP & PUTT PROGRAM3184 HWY 22 RIVERSIDE,IA 52327	27-2489565	501(C)(3)	5,000				RECREATION, SPORTS/CHILD DEVELOPMENT
JACKSON COUNTY HISTORICAL SOCIETY1212 QUARRY STREET MAQUOKETA,IA 52060	42-0984105	501(C)(3)	108,000				HISTORICAL SOCIETIES AND RELATED ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JACKSON COUNTY HUMANE SOCIETY 1007 WASHINGTON STREET BELLVUE,IA 52031	42-1013529	501(C)(3)	13,958				ANIMAL CARE AND PROTECTION
JUNIOR ACHIEVEMENT800 12TH AVENUE MOLINE,IL 61265	36-2684253	501(C)(3)	70,200				YOUTH EDUCATIONAL PROGRAMS

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KNIGHTS OF COLUMBUS HANDICAPPED9 NORTHWEST CROSSING DAVENPORT,IA 52806	99-9999999	501(C)(3)	7,153				CHURCH/RELIGIOUS PURPOSES
LAKE DARLING YOUTH CENTER INC34 OAK LANE WASHINGTON,IA 52353	42-6074539	501(C)(3)	8,312				YOUTH CENTERS, CLUBS

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LIF ENDOWMENT - LIONS CLUB131 WEST 14TH STREET COAL VALLEY,IL 61240	23-7379629	501(C)(3)	574,727				COMMUNITY SERVICE PURPOSES
LIFE AND FAMILYWOMEN'S CHOICEPO BOX 549 BETTENDORF,IA 52722	37-3658005	501(C)(3)	129,907				SERVICES AND FACILITES FOR PREGNANT WOMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LIVING LANDS & WATERS17624 ROUTH 84 NORTH EAST MOLINE,IL 61244	36-4244353	501(C)(3)	41,329				LAND AND WATER PROTECTIONS AND CLEAN UP
MAKE A WISH FOUNDATION OF IOWA5208 SCHOOLHOUSE ROAD BETTENDORF,IA 52722	42-1310530	501(C)(3)	13,107				PATIENT SERVICES - ENTERTAINMENT, SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MAQUOKETA AREA CHAMBER OF COMMERCE117 SOUTH MAIN MAQUOKETA,IA 52060	42-1270680	501(C)(3)	21,600				COMMUNITY DEVELOPMENT
MAQUOKETA'S FIREMAN'S ASSOCIATION120 1/2 SOUTH MAIN STREET MAQUOKETA,IA 52060	42-1197911	501(C)(3)	29,468				COMMUNITY DEVELOPMENT

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MOLINE BOOSTER CLUBPO BOX 246 MOLINE,IL 61266	42-1284374	501(C)(3)	5,400				EDUCATIONAL INSTITUTIONS
MOLINE GIRLS BASKETBALLPO BOX 246 MOLINE,IL 61266	42-1284374		5,000				EDUCATIONAL INSTITUTIONS

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MUSCATINE CENTER FOR SOCIAL ACTION 312 IOWA AVENUE MUSCATINE,IA 52761	42-1367973	501(C)(3)	7,385				SOCIAL SERVICES AND COMMUNITY AWARENESS
MUSCATINE CHARITIES PRESCHOOL SCHOLARSHIP PROGRAMPO BOX 793 MUSCATINE,IA 52761	42-1492791	501(C)(3)	43,200				CHILD CARE SERVICES

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NEW KINGDOM TRAILRIDERS1001 2ND STREET COURT MOLINE,IL 61265	36-3344113	501(C)(3)	9,098				DISABLED INDIVIDUAL SERVICES
NEW LIFE CRISIS PREGNANCY CENTER240 NORTH BLUFF BLVD SUITE 105 CLINTON,IA 52732	42-1260047	501(C)(3)	10,476				SERVICES AND FACILITES FOR PREGNANT WOMEN

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NORTH SCOTT EDUCATION FOUNDATION1561 JACKSON STREET DUBUQUE,IA 52001	42-1490364	501(C)(3)	78,144				PROVIDE HOMELESS SHELTER TO WOMEN
OPTIMIST CLUB FOUNDATION OF DAVENPORT850 43RD AVENUE MOLINE,IL 61265	42-1408289	501(C)(3)	5,085				HUMAN SERVICE ORGANIZATIONS

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OUR LADY OF LOURDES CATHOLIC CHURCH1506 BROWN STREET BETTENDORF,IA 52722	99-9999999	501(C)(3)	27,000				CHURCH YOUTH PROGRAM
OUR SAVIOR LUTHERAN CHURCH3775 MIDDLE ROAD BETTENDORF,IA 52722	42-0941905	501(C)(3)	17,173				CHURCH/RELIGIOUS PURPOSES

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PALMER COLLEGE OF CHIROPRACTIC 1000 BRADY STREET DAVENPORT,IA 52803	42-6081293	501(C)(3)	10,741				EDUCATIONAL INSTITUTIONS
PERRY MEMORIAL HOSPITAL FOUNDATION530 PARK AVENUE EAST PRINCETON,IL 61356	36-3745256	501(C)(3)	30,931				HOSPITAL

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PRAIRIELAND ANIMAL WELFARE CENTER1855 WINDISH DRIVE GALESBURG,IL 61401	37-1283246	501(C)(3)	36,848				ANIMAL CARE AND PROTECTION
PREGNANCY RESOURCES829 15TH STREET MOLINE,IL 61265	36-3699951	501(C)(3)	15,371				REPRODUCTIVE HEALTH CARE FACILITIES AND ALLIED SERVICES

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PUTNAM MUSEUM 1717 WEST 12TH STREET DAVENPORT,IA 52804	42-0680474	501(C)(3)	93,692				MUSEUM FACILITES/COMMUNITY EDUCATION AND HISTORY
QUAD CITY ARTS 1715 SECOND AVENUE ROCK ISLAND,IA 61201	36-3122824	501(C)(3)	34,449				ARTS AND HUMANITIES PROGRAMS AND SERVICES

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QUAD CITY BOTANICAL CENTER FOUNDATION2525 4TH AVENUE ROCK ISLAND,IL 61201	36-3496537	501(C)(3)	14,333				COMMUNITY EDUCATION AND ENJOYMENT
QUAD CITY SYMPHONY ORCHESTRA327 BRADY STREET DAVENPORT,IA 52801	42-6017663	501(C)(3)	117,149				MUSICAL ARTS PERFORMANCES AND EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RIGHT TO LIFE OF THE QUAD CITIES 4768 BELLE AVENUE DAVENPORT,IA 52807	42-1494770	501(C)(3)	8,485				SERVICES AND FACILITES FOR PREGNANT WOMEN
RIVER ACTION822 E RIVER DRIVE DAVENPORT,IA 52803	42-1267366	501(C)(3)	6,759				COMMUNITY NEIGHBORHOOD DEVELOPMENT, IMPROVEMENT

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RIVER BEND FOODBANK309 12TH STREET MOLINE,IL 61265	36-3147342	501(C)(3)	6,966				PROVIDE FOOD TO CHARITABLE FEEDING PROGRAMS
RIVERMONT COLLEGIATE1821 SUNSET DRIVE BETTENDORF,IA 52722	42-0703279	501(C)(3)	5,450				EDUCATIONAL PROGRAMS

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ROCK ISLAND - MILAN EDUCATION FOUNDATION2101 6TH AVENUE ROCK ISLAND,IL 61201	36-3504459	501(C)(3)	5,014				SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS
ROCKFORD RESCUE MISSION 10662 IL ROUTE 64 WEST POLO,IL 61064	36-6132381	501(C)(3)	12,736				SOCIAL SERVICES FOR THE HOMELESS AND HUNGRY

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SALVATION ARMY 2200 5TH AVENUE MOLINE,IL 61265	36-2167910	501(C)(3)	19,754				FAMILY SERVICE CENTER (SHELTER), AND EMERGENCY FAMILY ASSISTANCE
SCOTT COUNTY FAMILY YMCA600 WEST 2ND STREET DAVENPORT,IA 52801	42-0703278	501(C)(3)	35,219				COMMUNITY PHYSICAL FITNESS FACILITIES

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SHALOM RETREAT CENTER1001 DAVIS STREET DUBUQUE,IA 52001	99-9999999	501(C)(3)	5,686				CHURCH/RELIGIOUS PURPOSES
SETON DAD'S CLUBPO BOX 792 MOLINE,IL 61265	36-3305036	NA	15,000				EDUCATIONAL INSTITUTIONS

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SHRINERS511 VETERANS MEMORIAL PKWY DAVENPORT,IA 52807	42-0114790	501(C)(3)	12,787				VETERAN FRATERNITY
SISTERS OF CHARITY BVM 1100 CARMEL DRIVE DUBUQUE,IA 52003	99-9999999	501(C)(3)	86,658				CHURCH/RELIGIOUS PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SISTERS OF ST FRANCIS OF DUBUQUE3390 WINDSOR AVENUE DUBUQUE,IA 52001	42-0757421	501(C)(3)	25,345				HOUSING AND HEALTHCARE FOR RETIRED NUNS
SKIP-A-LONG DAY CARE CENTER4800 60TH STREET MOLINE,IL 61265	36-2728411	501(C)(3)	80,747				CHILD DAY CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ALPHONSUS CHURCH - SCHOOL9856 130TH STREET DAVENPORT,IA 52804	42-0703281	501(C)(3)	30,113				CHURCH/RELIGIOUS PURPOSES
ST AMBROSE UNIVERSITY ATHLETICS518 WEST LOCUST STREET DAVENPORT,IA 52803	42-0703280	501(C)(3)	52,655				COLLEGIATE LEVEL ATHLETICS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST AMBROSE UNIVERSITY PRESIDENT'S518 WEST LOCUST STREET DAVENPORT,IA 52803	42-0703280	501(C)(3)	5,130				EDUCATIONAL INSTITUTIONS
ST JOHN VIANNEY CHURCH YOUTH GROUP4097 18TH STREET BETTENDORF,IA 52722	23-7287959	501(C)(3)	8,437				RELIGIOUS PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MALACHY'S CATHOLIC SCHOOL595 EAST OGDEN AVENUE GENESEO,IL 61254	36-3548877	501(C)(3)	50,098				EDUCATIONAL INSTITUTIONS
STUDENT HUNGER DRIVE4457 E 56TH STREET DAVENPORT,IA 52807	42-1399854	501(C)(3)	8,409				FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUMMIT GROUP 15623 COAL TOWN ROAD EAST MOLINE, IL 61244	99-9999999	APPLIED FOR	10,000				------
TEMPLE EMANUEL2328 40TH STREET COURT ROCK ISLAND, IL 61201	42-0776413	501(C)(3)	25,254				CHURCH/RELIGIOUS PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRANSPORTATION FUND OF MOHAMMED & KAABA2615 14TH AVENUE MOLINE,IL 61265	36-2193608	501(C)(3)	11,798				COMMUNITY SERVICE PURPOSES
TRINITY HEALTH FOUNDATION2701 17TH STREET ROCK ISLAND,IL 61201	36-3321751	501(C)(3)	5,411				FUND RAISING/FUND DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY LUTHERAN CHURCH1330 13TH STREET MOLINE,IL 61265	36-2406268	501(C)(3)	31,420				CHURCH/RELIGIOUS PURPOSES
UNITED NEIGHBORS INC 2040 53RD STREET MOLINE,IL 61265	36-2169199	501(C)(3)	54,000				COMMUNITY PHYSICAL FITNESS FACILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE QUAD CITIES 3247 EAST 35TH STREET COURT DAVENPORT,IA 52807	36-2725960	501(C)(3)	1,806,906				PROGRAM TO BENEFIT REGIONAL NON-PROFITS
UNITY CHRISTIAN SCHOOL - FULTON 908 8TH AVENUE FULTON,IL 61252	99-9999999	501(C)(3)	10,324				CHURCH BASED SCHOOL PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VERA FRENCH FOUNDATION1441 WEST CENTRAL PARK DAVENPORT,IA 52804	42-1256448	501(C)(3)	18,709				MENTAL HEALTH SERVICES
WATERLOO CHRISTIAN SCHOOL1875 155TH STREET ATALISSA,IL 52720	42-1446054	501(C)(3)	13,446				CHILD CARE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WELLSPRINGS OF FREEDOM3900 18TH AVENUE ROCK ISLAND,IL 61201	27-0707164	501(C)(3)	9,028				RELIGION RELATED, SPIRITUAL DEVELOPMENT
WESTERN ILLINOIS UNIVERSITY1 UNIVERSITY CIRCLE WIU MACOMB,IL 61455	37-6046814	501(C)(3)	10,800				EDUCATIONAL INSTITUTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITE OAK THERAPEUTIC EQUESTRIAN501 6TH AVENUE WEST LYNDON,IL 61261	36-4026372	501(C)(3)	13,198				SERVICES FOR THE DISABLES
WORLD GOLF FOUNDATION1 WORLD GOLF PL ST AUGUSTINE,FL 32092	59-2998925	501(C)(3)	50,000				RECREATION, SPORTS/SINGLE ORGANIZATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WQPT QUAD CITIES - PBS 3561 60TH STREET MOLINE,IL 61265	36-3194684	501(C)(3)	55,486				TELEPHONE,TELEGRAPH AND TELECOMMUNICATION SERVICES
WVIK 903FM AUGUSTANA PUBLIC RADIO 639 38TH STREET ROCK ISLAND,IL 61201	36-3838210	501(C)(3)	6,448				EDUCATIONAL INSTITUTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG LIFE QUAD CITIESPO BOX 582 BETTENDORF,IA 52722	99-9999999	501(C)(3)	14,916				FAITH BASED YOUTH PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAIR PETERSON	(i)	246,167	0	91,081	0	4,300	341,548	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	ONLY THE EXECUTIVE COMMITTEE DOCUMENTED MINUTES FOR MEETINGS
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE BOARD REVIEWS THE 990 BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS BOARD MEMBERS DISCLOSE POSSIBLE CONFLICTS OF INTEREST THROUGH QUESTIONNAIRES
	FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR CLAIR PETERSON IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DEERE & CO PAYS ITS SPONSORSHIP AND THEN SUBTRACTS OUT THE SET COMPENSATION ALLOTTED TO CLAIR PETERSON AS EXECUTIVE DIRECTOR, CLAIR WORKS FOR THE ORGANIZATION AS THE TOURNAMENT DIRECTOR THE COMPENSATION INCLUDES SALARY AND BENEFITS PAID BY DEERE & CO FOR CLAIR
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THIS INFORMATION AVAILABLE UPON REQUEST
	FORM 990, PART XI, LINE 2C,	THE PROCESS OF AUDIT OVERSIGHT HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 93-1332421
Name: QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM BECKER DIRECTOR	1 00	X						0	0	0
JIM BELLIG DIRECTOR	1 00	X						0	0	0
RICK BOWERS DIRECTOR	1 00	X						0	0	0
JOHN OMAR BRADLEY DIRECTOR	1 00	X						0	0	0
TONY CARPITA DIRECTOR	1 00	X						0	0	0
KELLY COFFIELD DIRECTOR	1 00	X						0	0	0
TIM CONRAD DIRECTOR	1 00	X						0	0	0
STEVE DARLING DIRECTOR	1 00	X						0	0	0
PATRICK EIKENBERRY DIRECTOR	1 00	X						0	0	0
JIM FIELD DIRECTOR	1 00	X						0	0	0
LEE GARLACH DIRECTOR	1 00	X						0	0	0
CHUCK GIPSON DIRECTOR	1 00	X						0	0	0
JIM HILGENBERG DIRECTOR	1 00	X						0	0	0
MILISSA HOFMANN DIRECTOR	1 00	X						0	0	0
JOE JUDGE DIRECTOR	1 00	X						0	0	0
BRIAN KARDELL DIRECTOR	1 00	X						0	0	0
DAN KUETER DIRECTOR	1 00	X						0	0	0
BOB LARSEN DIRECTOR	1 00	X						0	0	0
RICK LAWSON DIRECTOR	1 00	X						0	0	0
SEAN MCGUIRE DIRECTOR	1 00	X						0	0	0
JW NELSON DIRECTOR	1 00	X						0	0	0
WILLIAM RECTOR DIRECTOR	1 00	X						0	0	0
JENNY ROWE DIRECTOR	1 00	X						0	0	0
RICK SEIDLER DIRECTOR	1 00	X						0	0	0
MARK SIFRIT DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARA SOVEY DIRECTOR	1 00	X						0	0	0
TOM THOMS DIRECTOR	1 00	X						0	0	0
DAVE WERNING DIRECTOR	1 00	X						0	0	0
DANA WILKENSON DIRECTOR	1 00	X						0	0	0
BART BAKER CHAIRMAN	1 00			X				0	0	0
LAURA EKIZIAN CHAIR ELECT	1 00			X				0	0	0
CHAD EVERITT VICE CHAIR OPERATIONS	1 00			X				0	0	0
TODD RAUFEISEN PAST CHAIRMAN	1 00			X				0	0	0
PAUL SCRANTON VICE CHAIR PLAYER & ON-COURSE SERVICES	1 00			X				0	0	0
PAT SHOUSE VICE CHAIR FINANCE AND INFORMATION	1 00			X				0	0	0
CLAIR PETERSON TOURNAMENT DIRECTOR	40 00			X				337,248	0	4,300