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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?

YesNo

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?

YesNo

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 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 \$ 6,996,873 including grants of \$) (Revenue \$ 594,719)

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 \$ 6,321,767 including grants of \$ 6,321,767) (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 13,318,640

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	19	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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, securities account, or other financial 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 as charitable contributions?		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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the 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	36		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	36		
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 this 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 ☐ Other (explain in Schedule O)	
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 during the tax year	
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 (309) 762-4653

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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				
1b	Sub-Total										
c	Total from continuation sheets to Part VII, Section A										
d	Total (add lines 1b and 1c)								351,545	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

				(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	14,007,238			
	g	Noncash contributions included in lines 1a-1f \$		1,000			
	h	Total. Add lines 1a-1f			14,007,238		
Program Service Revenue	2a	TICKET SALES	Business Code				
			713910	208,950	208,950		
	b	CONCESSIONS	722210	170,143	170,143		
	c	ADVERTISING	541800	80,890	80,890		
	d	UNIFORM SALES	448000	56,681	56,681		
	e	PARKING AND SHUTTLES	485000	49,892	49,892		
	f	All other program service revenue		12,678	12,678		
	g	Total. Add lines 2a-2f			579,234		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,169			5,169
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a	123,395				
	b	Less direct expenses	b	61,376			
	c	Net income or (loss) from fundraising events . .		62,019			62,019
	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	15,485	15,485			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			15,485			
12	Total revenue. See Instructions			14,669,145	594,719	0	67,188

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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.	6,321,767	6,321,767		
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.	286,411		286,411	
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.	358,490		358,490	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	17,217		17,217	
9	Other employee benefits.	33,758		33,758	
10	Payroll taxes.	25,571		25,571	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	11,200		11,200	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	252,739	203,931		48,808
13	Office expenses.	51,266		51,266	
14	Information technology.	2,716		2,716	
15	Royalties.				
16	Occupancy.	705,981	705,981		
17	Travel.	194,132	194,132		
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.	39,027	39,027		
23	Insurance.	75,135		75,135	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	TOURNAMENT WEEK OPERATI	5,414,892	5,414,892		
b	PRO-AM EVENTS	195,108	195,108		
c	PLAYER HOSPITALITY	138,494	138,494		
d	VOLUNTEERS	98,286	98,286		
e	All other expenses	50,320	7,022	43,298	
25	Total functional expenses. Add lines 1 through 24e.	14,272,510	13,318,640	905,062	48,808
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,564,109	2	7,241,451
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,035,106	4	32,836
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			40,822	9	39,956
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,187,598	103,241	10c	127,308
	b	Less accumulated depreciation	10b	1,060,290			
	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)			2,743,278	16	7,441,551
Liabilities	17	Accounts payable and accrued expenses			18,532	17	4,269,634
	18	Grants payable				18	
	19	Deferred revenue			1,018,756	19	1,071,592
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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			47,383	25	45,083
	26	Total liabilities. Add lines 17 through 25			1,084,671	26	5,386,309
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,658,607	27	2,055,242
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			1,658,607	33	2,055,242
	34	Total liabilities and net assets/fund balances			2,743,278	34	7,441,551

Part XI

Reconciliation 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	14,669,145
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,272,510
3	Revenue less expenses Subtract line 2 from line 1	3	396,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,658,607
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,055,242

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	

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 (list any hours for related organizations below dotted line)	(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			
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
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
MARA SOVEY 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 (list any hours for related organizations below dotted line)	(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			
TOM THOMS DIRECTOR	1 00	X						0	0	0
DAVE WERNING DIRECTOR	1 00	X						0	0	0
DANA WILKINSON DIRECTOR	1 00	X						0	0	0
LANCE BARROW DIRECTOR	1 00	X						0	0	0
ZACH JOHNSON 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-COU	1 00			X				0	0	0
PAT SHOUSE VICE CHAIR FINANCE AND INF	1 00			X				0	0	0
CLAIR PETERSON TOURNAMENT DIRECTOR	40 00			X				351,545	0	4,300

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

2012

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 described in **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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- 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?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIIPart III

Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,140,562	11,216,243	12,351,580	14,053,369	14,007,238	62,768,992
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	420,136	476,826	517,088	557,257	579,234	2,550,541
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	11,560,698	11,693,069	12,868,668	14,610,626	14,586,472	65,319,533
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.)						65,319,533

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	11,560,698	11,693,069	12,868,668	14,610,626	14,586,472	65,319,533
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,082	43,437	17,898	2,643	5,169	131,229
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	62,082	43,437	17,898	2,643	5,169	131,229
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.)	50,527	55,183	100,336	153,390	138,880	498,316
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,673,307	11,791,689	12,986,902	14,766,659	14,730,521	65,949,078
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 2012 (line 8, column (f) divided by line 13, column (f))	15	99 050 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 090 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 200 %	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 330 %	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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)	5,754,403
3	Aggregate grants from (during year)	7,619,251
4	Aggregate value at end of year	4,242,686

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII 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	1,040,120	932,230	107,890
d	Equipment	147,478	128,060	19,418
e	Other			
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				127,308

Schedule D (Form 990) 2012

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

1	Total revenue, gains, and other support per audited financial statements	1	14,669,145
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,669,145
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,669,145

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

1	Total expenses and losses per audited financial statements	1	14,272,510
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,272,510
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,272,510

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHARITY DINNER (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	123,395		123,395
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	123,395		123,395
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	50,306		50,306
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	11,070		11,070
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(61,376)
					62,019

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 _____

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

Name 

Address 

16 Gaming manager information

Name 

Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Open to Public Inspection

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

Employer identification number

93-1332421

Part I General Information on Grants and 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. Part II can be duplicated if additional space is needed.

[illegible]

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.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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
ABILITIES PLUS INC1100 NORTH EAST STREET KEWANEE,IL 61443	36-2841697	501(C)(3)	16,647				DEVELOPMENTAL DISABILITY SERVICES
ALLEMAN HIGH SCHOOL 1103 40TH STREET ROCK ISLAND,IL 61201	61-1445942	501(C)(3)	20,583				CHARITABLE DONATION FOR EDUCATIONAL 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
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
AMERICAN RED CROSS OF THE QUAD CITIES1100 RIVER DRIVE MOLINE,IL 61265	36-6000114	501(C)(3)	20,175				COMMUNITY AND EMERGENCY 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
ARC OF THE QUAD CITY AREA4016 - 9TH STREET ROCK ISLAND,IL 61201	36-2615996	501(C)(3)	22,293				DISABLED SERVICES/CENTERS
ARROWHEAD RANCH12200 104TH STREET COAL VALLEY,IL 61240	36-2192833	501(C)(3)	33,468				AT-RISK YOUTH MOTIVATION

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
ASSUMPTION FOUNDATION FOR K-12 CATHOLIC SCHOOLS1020 W CENTRAL PARK AVE DAVENPORT,IA 52804	23-7311256	501(C)(3)	15,591				EDUCATIONAL INSTITUTIONS
ASSUMPTION HIGH SCHOOL1020 W CENTRAL PARK AVE DAVENPORT,IA 52804	23-7311256	501(C)(3)	11,275				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)	22,000				COLLEGIATE LEVEL EDUCATION
BALLET QUAD CITIES613 17TH STREET ROCK ISLAND,IL 61201	42-1366753	501(C)(3)	29,874				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
BERNARD RESCUE UNIT INCPO BOX 14 BERNARD,IA 52032	42-1221575	501(C)(3)	44,000				AMBULANCE AND EMERGENCY TRANSPORTATION
BETHANY FOR CHILDREN AND FAMILYPO BOX 14 BERNARD,IA 52032	42-1221575	501(C)(3)	12,142				COMMUNITY SERVICE WORKER 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
BETTENDORF PUBLIC LIBRARY FOUNDATION 2950 LEARNING CAMPUS DRIVE BETTENDORF,IA 52722	20-3419691	501(C)(3)	37,930				COMMUNITY EDUCATION AND HISTORY
BOY SCOUTS OF AMERICA 4412 NORTH BRADY STREET DAVENPORT,IA 52806	22-1576300	501(C)(3)	6,002				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
Braveheart Children's Advocacy414 East Central Street Cambridge,IL 61238	36-4361499	501(C)(3)	16,536				Prevention of Sexual Abuse
Camp Albrecht Acres Foundation2364 Harvest View Drive Dubuque,IA 52002	42-1125110	501(C)(3)	170,048				Disabled Children 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
CENTER FOR ACTIVE SENIORS INC1035 WEST KIMBERLY ROAD DAVENPORT,IA 52801	42-1011267	501(C)(3)	28,392				ADULT DAY SERVICES AND SENIOR ADVOCACY
CHILDREN'S THERAPY CENTER1504 13TH AVENUE MOLINE,IL 61265	36-2207922	501(C)(3)	12,521				DEVELOPMENTAL DISABILITY SERVICES FOR CHILDREN

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 CARE2209 3RD AVENUE ROCK ISLAND,IL 61201	36-3146523	501(C)(3)	19,856				HOMELESS AND DOMESTIC VIOLENCE ASSISTANCE
CHRISTIAN FRIENDLINESS ASSOCIATION3928 12TH AVENUE MOLINE,IL 61265	36-2193602	501(C)(3)	47,214				YOUTH OUTREACH FOR LOW INCOME INDIVIDUALS

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
CHURCH OF PEACE15708 42ND ST W MILAN,IL 61264	99-9999999	501(C)(3)	5,526				RELIGIOUS PURPOSES
CHURCHES UNITED OF THE QUAD CITIES2535 TECH DRIVE STE 205 BETTENDORF,IA 52722	36-2480784	501(C)(3)	7,747				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 GREATER DUBUQUE700 LOCUST ST DAVENPORT,IA 52001	42-1526614	501(C)(3)	143,000				COMMUNITY DEVELOPMENT
COMMUNITY RESOURCES AND LEARNING CENTER 1201 13TH STREET MOLINE,IL 61265	38-3763928	501(C)(3)	6,488				ADULT 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
COMMUNIVERSITY639 38TH STREET ROCK ISLAND,IL 61201	39-1389071	501(C)(3)	5,500				EDUCATIONAL INSTITUTIONS
DAC INC1710 E MAPLE STREET MAQUOKETA,IA 52060	23-7224698	501(C)(3)	19,005				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)	54,548				PUBLIC SCHOOL - MUSIC PROGRAM
DAVENPORT COMMUNITY SCHOOLS1216 WEST LOMBARD DAVENPORT,IA 52804	99-9999999	501(C)(3)	13,325				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)	69,196				ELDERLY SERVICES AND HEALTH CARE
DEWITT COMMUNITY HOSPITAL AUXILIARY825 7TH STREET DEWITT,IA 52742	42-1056656	501(C)(3)	8,179				HEALTH 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
DISCOVERY DEPOT1849 N SEMINARY STREET GALESBURG,IL 61401	37-1356298	501(C)(3)	8,063				MUSEUM FACILITES/COMMUNITY EDUCATION AND HISTORY
DISCOVERY LIVING415 PARKLAND DRIVE SE CEDAR RAPIDS,IA 52403	42-1082773	501(C)(3)	6,425				GROUP HOME

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
EAGLES' WINGSPO BOX 4804 DAVENPORT,IA 52808	42-1397552	501(C)(3)	20,343				RELIGIOUS PURPOSES
FAITH UNITED METHODIST CHURCH108 EAST WASHINGTON STREET MONMOUTH,IA 52309	47-0583236	501(C)(3)	16,500				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
FAMILY RESOURCES INC 2800 EASTERN AVENUE DAVENPORT,IA 52803	42-0698225	501(C)(3)	90,757				EDUCATION/GROUP HOME
FAMILY & FRIENDS OF THE MENTALLY HANDICAPPED 1712 26TH ST MOLINE,IL 61265	36-3792872	501(C)(3)	5,496				MENTAL HEALTH 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
FELLOWSHIP OF CHRISTIAN ATHLETESPO BOX 131 ELDRIDGE,IA 52748	44-0610626	501(C)(3)	22,504				FAITH BASED PROGRAM FOR ATHLETES
FIGGE ART MUSEUM225 WEST 2ND STREET DAVENPORT,IA 52801	42-6090398	501(C)(3)	130,218				MUSEUM FACILITES/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
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
FRIENDLY HOUSE1221 MYRTLE STREET DAVENPORT,IA 52804	42-0733466	501(C)(3)	12,038				DAY CARE, FAMILY, SENIOR AND YOUTH 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
FRIENDS OF STRAYS INC PO BOX 315 PRINCETON,IL 61356	36-3973645	501(C)(3)	12,024				ANIMAL CARE AND PROTECTION
FRIENDS OF VANDER VEER 214 WCENTRAL PARK AVE DAVENPORT,IA 52803	42-1394989	501(C)(3)	5,462				PARK RENOVATION AND EDUCATIONAL PROJECTS

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
FRIENDSHIP MANOR1209 21ST AVENUE ROCK ISLAND,IL 61201	36-2524984	501(C)(3)	68,684				CONTINUING CARE RETIREMENT COMMUNITY
GENESIS HEALTH SERVICES1227 RUSHOLME STREET DAVENPORT,IA 52803	42-1421670	501(C)(3)	77,487				HEALTH CARE OPERATIONS

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
GERMAN AMERICAN HERITAGE CENTER712 W 2ND STREET DAVENPORT,IA 52806	42-1424418	501(C)(3)	28,863				MUSEUM FACILITES/COMMUNITY EDUCATION AND HISTORY
GILDA'S CLUB OF THE QUAD CITIES1234 EAST RIVER DRIVE DAVENPORT,IA 52803	42-1446989	501(C)(3)	20,887				SUPPORT FOR INDIVIDUALS WITH CANCER

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

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GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS2011 2ND AVENUE ROCK ISLAND,IL 61201	42-1008848	501(C)(3)	14,489				TROOP/GROUP SERVICES
GOSPEL MISSION TEMPLE OF DAVENPORT2011 WEST 1ST STREET DAVENPORT,IA 52802	42-1321796	501(C)(3)	55,000				RELIGIOUS PURPOSES

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

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GREYHOUND ADOPTION CENTER75 WINDSWEPT WAY MISSION VIEJO, CA 92692	95-4132021	501(C)(3)	17,064				ANIMAL CARE AND PROTECTION
GUARDIAN ANGELS HUMANE SOCIETY1805 N BROAD STREET GALESBURG,IL 61401	61-1488324	501(C)(3)	15,703				ANIMAL CARE AND PROTECTION

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

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HELP LEGAL ASSISTANCE 736 FEDERAL STREET STE 1401 DAVENPORT,IA 52803	42-0957957	501(C)(3)	35,597				PUBLIC INTEREST LAW/LITIGATION
HABITAT FOR HUMANITY QUAD CITIES2235 GRANT STREET BETTENDORF,IA 52722	58-1235159	501(C)(3)	18,790				HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT

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

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HAND IN HAND3860 MIDDLE ROAD BETTENDORF,IA 52722	42-1508508	501(C)(3)	11,770				DEVELOPMENTALLY DISABLED SERVICES/CENTERS
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD DAVENPORT,IA 52809	42-0947868	501(C)(3)	8,144				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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HUMANE SOCIETY OF SCOTT COUNTY2802 W CENTRAL PARK DAVENPORT,IA 52804	42-0801836	501(C)(3)	6,838				ANIMAL CARE AND PROTECTION
HUMILITY OF MARY HOUSING INC1228 EAST 12TH STREET DAVENPORT,IA 52803	42-1349437	501(C)(3)	26,028				TRANSITIONAL AND PERMANENT HOUSING

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 SHELTER INC3805 MISSISSIPPI AVENUE DAVENPORT,IA 52807	42-1349437	501(C)(3)	8,980				TEMPORARY HOUSING FOR THE HOMELESS
INTERNATIONAL DEVELOPMENT ENTERPRISES10403 W COLFAX AVENUE LAKEWOOD,CO 80215	23-2220051	501(C)(3)	7,700				BUSINESS, YOUTH DEVELOPMENT

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

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IOWA GYMNASTICS DEVELOPMENT CORPORATION3780 LOIS LN NE NORTH LIBERTY,IA 52317	42-1329657	501(C)(3)	6,761				RECREATION, SPORTS/CHILD DEVELOPMENT
IOWA PGA DRIVE CHIP & PUTT PROGRAM3184 HWY 22 RIVERSIDE,IA 52327	27-2489565	501(C)(3)	5,000				RECREATION, SPORTS/CHILD DEVELOPMENT

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

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JACKSON COUNTY HISTORICAL SOCIETY 1212 QUARRY STREET MAQUOKETA,IA 52060	42-0984105	501(C)(3)	63,225				HISTORICAL SOCIETIES AND RELATED ACTIVITIES
JACKSON COUNTY HUMANE SOCIETY 1007 WASHINGTON STREET BELLVUE,IA 52031	42-1013529	501(C)(3)	18,300				ANIMAL CARE AND PROTECTION

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

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JUNIOR ACHIEVEMENT800 12TH AVENUE MOLINE,IL 61265	36-2684253	501(C)(3)	55,891				YOUTH EDUCATIONAL PROGRAMS
KING'S HARVEST MINISTRIES824 W 3RD ST DAVENPORT,IA 52802	42-1519570	501(C)(3)	5,896				CHURCH/RELIGIOUS PURPOSES

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

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KNIGHTS OF COLUMBUS HANDICAPPED9 NORTHWEST CROSSING DAVENPORT,IA 52806	42-0349980	501(C)(3)	8,072				CHURCH/RELIGIOUS PURPOSES
LAKE DARLING YOUTH CENTER INC34 OAK LANE WASHINGTON,IA 52353	42-6074539	501(C)(3)	5,645				YOUTH CENTERS, CLUBS

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

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LIF ENDOWMENT - LIONS CLUB131 WEST 14TH STREET COAL VALLEY,IL 61240	23-7379629	501(C)(3)	424,465				COMMUNITY SERVICE PURPOSES
LIFE AND FAMILYWOMEN'S CHOICEPO BOX 549 BETTENDORF,IA 52722	37-3658005	501(C)(3)	49,517				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 & WATERS 17624 ROUTH 84 NORTH EAST MOLINE,IL 61244	36-4244353	501(C)(3)	43,403				LAND AND WATER PROTECTIONS AND CLEAN UP
MAQUOKETA AREA CHAMBER OF COMMERCE 117 SOUTH MAIN MAQUOKETA,IA 52060	42-1270680	501(C)(3)	27,830				COMMUNITY DEVELOPMENT

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

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MAQUOKETA UNITED CHURCH OF CHRISTPO BOX 1177 MAQUOKETA,IA 52060	42-0954210	501(C)(3)	72,820				CHURCH/RELIGIOUS PURPOSES
MAQUOKETA'S FIREMAN'S ASSOCIATION120 1/2 SOUTH MAIN STREET MAQUOKETA,IA 52060	42-1197911	501(C)(3)	36,960				COMMUNITY DEVELOPMENT

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

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MARRIAGE & FAMILY COUNSELING SERVICE 1800 3RD AVE STE 512 ROCK ISLAND,IL 61201	36-2606683	501(C)(3)	6,751				COUNSELING AND EDUCATION RESOURCE
MIDWEST WRITING CENTER225 E 2ND ST STE 303 DAVENPORT,IA 52801	42-1126078	501(C)(3)	6,643				ARTS AND HUMANITIES PROGRAMS AND SERVICES

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

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MOLINE GIRLS BASKETBALLPO BOX 246 MOLINE,IL 61266	42-1284374	501(C)(3)	5,000				EDUCATIONAL INSTITUTIONS
MUSCATINE CENTER FOR SOCIAL ACTION312 IOWA AVENUE MUSCATINE,IA 52761	42-1367973	501(C)(3)	10,574				SOCIAL SERVICES AND COMMUNITY AWARENESS

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

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MUSCATINE CHARITIES INCPO BOX 973 MUSCATINE,IA 52761	42-1492791	501(C)(3)	45,796				PROGRAM TO BENEFIT REGIONAL NON-PROFITS
NATURE CONSERVANCY IN IOWA505 5TH AVENUE STE 930 DES MOINES,IA 50309	53-0242652	501(C)(3)	5,500				LAND CONSERVATION AND PROTECTION

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

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NEW KINGDOM TRAILRIDERS1001 2ND STREET COURT MOLINE,IL 61265	36-3344113	501(C)(3)	11,682				DISABLED INDIVIDUAL SERVICES
NEW LIFE CRISIS PREGNANCY CENTER240 NORTH BLUFF BLVD SUITE 105 CLINTON,IA 52732	42-1260047	501(C)(3)	10,010				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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NIABI ZOOLOGICAL SOCIETY12424 69TH AVENUE COAL VALLEY,IL 61240	36-3293641	501(C)(3)	7,449				NIABI ZOO RENOVATIONS AND IMPROVEMENTS
NORTH SCOTT EDUCATION FOUNDATION 1561 JACKSON STREET DUBUQUE,IA 52001	42-1490364	501(C)(3)	24,658				PROVIDE HOMELESS SHELTER TO WOMEN

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

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OPTIMIST CLUB FOUNDATION OF DAVENPORT850 43RD AVENUE MOLINE,IL 61265	42-1408289	501(C)(3)	5,308				HUMAN SERVICE ORGANIZATIONS
OUR LADY OF LOURDES CATHOLIC CHURCH1506 BROWN STREET BETTENDORF,IA 52722	99-9999999	501(C)(3)	33,000				CHURCH YOUTH PROGRAM

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

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OUR SAVIOR LUTHERAN CHURCH3775 MIDDLE ROAD BETTENDORF,IA 52722	42-0941905	501(C)(3)	17,248				CHURCH/RELIGIOUS PURPOSES
PALMER COLLEGE OF CHIROPRACTIC1000 BRADY STREET DAVENPORT,IA 52803	42-6081293	501(C)(3)	8,428				EDUCATIONAL INSTITUTIONS

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

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PERRY MEMORIAL HOSPITAL FOUNDATION 530 PARK AVENUE EAST PRINCETON,IL 61356	36-3745256	501(C)(3)	8,019				HOSPITAL
PRAIRIELAND ANIMAL WELFARE CENTER 1855 WINDISH DRIVE GALESBURG,IL 61401	37-1283246	501(C)(3)	48,306				ANIMAL CARE AND PROTECTION

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

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PREGNANCY RESOURCES 829 15TH STREET MOLINE,IL 61265	36-3699951	501(C)(3)	19,977				REPRODUCTIVE HEALTH CARE FACILITIES AND ALLIED SERVICES
PUTNAM MUSEUM1717 WEST 12TH STREET DAVENPORT,IA 52804	42-0680474	501(C)(3)	41,522				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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QC CHAMBER GROW QUAD CITIES IAIL622 19TH STREET Moline,IL 61265	42-1292789	501(C)(3)	88,916				ECONOMIC DEVELOPMENT AND GROWTH
QUAD CITY ARTS1715 SECOND AVENUE ROCK ISLAND,IA 61201	36-3122824	501(C)(3)	74,209				ARTS AND HUMANITIES PROGRAMS AND SERVICES

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

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QUAD CITY BOTANICAL CENTER FOUNDATION 2525 4TH AVENUE ROCK ISLAND,IL 61201	36-3496537	501(C)(3)	22,135				COMMUNITY EDUCATION AND ENJOYMENT
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY STREET DAVENPORT,IA 52801	42-6017663	501(C)(3)	112,525				MUSICAL ARTS PERFORMANCES AND EDUCATION

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RIGHT TO LIFE OF THE QUAD CITIES4768 BELLE AVENUE DAVENPORT,IA 52807	42-1494770	501(C)(3)	9,313				SERVICES AND FACILITES FOR PREGNANT WOMEN
RIVER BEND FOODBANK 309 12TH STREET MOLINE,IL 61265	36-3147342	501(C)(3)	8,040				PROVIDE FOOD TO CHARITABLE FEEDING PROGRAMS

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ROCK ISLAND - MILAN EDUCATION FOUNDATION 2101 6TH AVENUE ROCK ISLAND,IL 61201	36-3504459	501(C)(3)	5,607				SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS
ROCKFORD RESCUE MISSION10662 IL ROUTE 64 WEST POLO,IL 61064	36-6132381	501(C)(3)	8,305				SOCIAL SERVICES FOR THE HOMELESS AND HUNGRY

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

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SALVATION ARMY2200 5TH AVENUE MOLINE,IL 61265	36-2167910	501(C)(3)	21,600				FAMILY SERVICE CENTER (SHELTER), AND EMERGENCY FAMILY ASSISTANCE
SCOTT COUNTY FAMILY YMCA600 WEST 2ND STREET DAVENPORT,IA 52801	42-0703278	501(C)(3)	54,120				COMMUNITY PHYSICAL FITNESS FACILITIES

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SETON DAD'S CLUBPO BOX 792 MOLINE,IL 61265	36-3305036	501(C)(3)	15,000				EDUCATIONAL INSTITUTIONS
SHRINERS511 VETERANS MEMORIAL PKWY DAVENPORT,IA 52807	42-0114790	501(C)(3)	13,136				VETERAN FRATERNITY

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SISTERS OF CHARITY BVM 1100 CARMEL DRIVE DUBUQUE,IA 52003	52-1235775	501(C)(3)	66,459				CHURCH/RELIGIOUS PURPOSES
SISTERS OF ST FRANCIS OF DUBUQUE3390 WINDSOR AVENUE DUBUQUE,IA 52001	42-0757421	501(C)(3)	26,562				HOUSING AND HEALTHCARE FOR RETIRED NUNS

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SKIP-A-LONG DAY CARE CENTER4800 60TH STREET MOLINE,IL 61265	36-2728411	501(C)(3)	30,048				CHILD DAY CARE
SOUTHPARK PRESBYTERIAN CHURCH 1501 30TH STREET ROCK ISLAND,IL 61201	99-9999999	501(C)(3)	6,654				CHURCH/RELIGIOUS PURPOSES

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ST ALPHONSUS CHURCH - SCHOOL9856 130TH STREET DAVENPORT,IA 52804	42-0703281	501(C)(3)	37,764				CHURCH/RELIGIOUS PURPOSES
ST AMBROSE UNIVERSITY ATHLETICS518 WEST LOCUST STREET DAVENPORT,IA 52803	42-0703280	501(C)(3)	42,303				COLLEGIATE LEVEL ATHLETICS

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

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ST JOHN VIANNEY CHURCH YOUTH GROUP 4097 18TH STREET BETTENDORF,IA 52722	23-7287959	501(C)(3)	13,050				RELIGIOUS PURPOSES
ST MALACHY'S CATHOLIC SCHOOL 595 EAST OGDEN AVENUE GENESEO,IL 61254	36-3548877	501(C)(3)	92,432				EDUCATIONAL INSTITUTIONS

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STUDENT HUNGER DRIVE 4457 E 56TH STREET DAVENPORT,IA 52807	42-1399854	501(C)(3)	11,949				FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAMS
SHALOM RETREAT CENTER 1001 DAVIS STREET DUBUQUE,IA 52001	42-0757421	501(C)(3)	7,573				CHURCH/RELIGIOUS PURPOSES

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

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TEMPLE EMANUEL2328 40TH STREET COURT ROCK ISLAND,IL 61201	42-0776413	501(C)(3)	26,129				CHURCH/RELIGIOUS PURPOSES
TRANSPORTATION FUND OF MOHAMMED & KAABA 2615 14TH AVENUE MOLINE,IL 61265	36-2193608	501(C)(3)	12,202				COMMUNITY SERVICE PURPOSES

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TRINITY HEALTH FOUNDATION2701 17TH STREET ROCK ISLAND,IL 61201	36-3321751	501(C)(3)	50,666				FUND RAISING/FUND DISTRIBUTION
TRINITY LUTHERAN CHURCH1330 13TH STREET MOLINE,IL 61265	36-2406268	501(C)(3)	42,348				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
TWO RIVERS YMCA2040 53RD STREET MOLINE,IL 61265	36-2169199	501(C)(3)	36,960				COMMUNITY PHYSICAL FITNESS FACILITIES
UNITED WAY OF THE QUAD CITIES3247 EAST 35TH STREET COURT DAVENPORT,IA 52807	36-2725960	501(C)(3)	1,322,095				PROGRAM TO BENEFIT REGIONAL NON-PROFITS

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
UNITY CHRISTIAN SCHOOL - FULTON908 8TH AVENUE FULTON,IL 61252	99-9999999	501(C)(3)	10,788				CHURCH BASED SCHOOL PROGRAM
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	27,500				SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS

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)	11,655				MENTAL HEALTH SERVICES
WATERLOO CHRISTIAN SCHOOL1875 155TH STREET ATALISSA,IL 52720	42-1446054	501(C)(3)	22,110				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)	5,198				RELIGION RELATED, SPIRITUAL DEVELOPMENT
WEST LIBERTY CHILD CARE CENTER1204 N CALHOUN ST WEST LIBERTY,IA 52776	42-1446054	501(C)(3)	9,246				EARLY CHILDHOOD 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
WESTERN ILLINOIS UNIVERSITY1 UNIVERSITY CIRCLE WIU MACOMB,IL 61455	37-6046814	501(C)(3)	11,000				EDUCATIONAL INSTITUTIONS
WQPT QUAD CITIES - PBS 3561 60TH STREET MOLINE,IL 61265	36-3194684	501(C)(3)	56,886				TELEPHONE,TELEGRAPH AND TELECOMMUNICATION 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
WVIK 903FM AUGUSTANA PUBLIC RADIO639 38TH STREET ROCK ISLAND,IL 61201	36-3838210	501(C)(3)	5,350				EDUCATIONAL INSTITUTIONS
YOUNG LIFE QUAD CITIES PO BOX 582 BETTENDORF,IA 52722	84-6041371	501(C)(3)	15,647				FAITH BASED YOUTH PROGRAMS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

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 appropriate 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 or provision of all of the expenses described above? If "No," complete Part III to explain.	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?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
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.		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CLAIR PETERSON TOURNAMENT DIRECTOR	(i)	256,602	0	94,943	0	4,300	355,845	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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

2012**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