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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
COMMUNITY FOUNDATION OF THE GREAT RIVER BEND

Doing business as

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

852 MIDDLE ROAD NO 100

City or town, state or province, country, and ZIP or foreign postal code  
BETTENDORF, IA 52722

**F** Name and address of principal officer  
SHERRY RISTAU  
852 MIDDLE ROAD NO 100  
BETTENDORF,IA 52722

**H(a)** Is this a group return for subordinates?

☐ Yes ☒ No

**H(b)** Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**D** Employer identification number  
  
42-6122716

**E** Telephone number  
  
(563) 326-2840

**G** Gross receipts \$ 16,728,970

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

**J** Website: ▶ WWW.CFGRB.ORG

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1964

**M** State of legal domicile IA

Part I

Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities  
COMMUNITY FOUNDATION OF THE GREAT RIVER BEND IS A COLLECTION OF ENDOWMENTS AND OTHER CHARITABLE FUNDS 4 5% OF THE ROLLING 20 QUARTER AVERAGE BALANCE IS DISTRIBUTED TO NONPROFIT ORGANIZATIONS IN OUR REGION WITH A GOAL OF "TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS "

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	22
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	275
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	69,840
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

Revenue

<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	19,185,897	10,006,367
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7 d )	0	0
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,499,194	4,611,813
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,667	408,359
		24,788,758	15,026,539

Expenses

<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	6,610,852	6,204,120
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	882,326	862,914
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶54,524		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,294,921	1,257,762
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,788,099	8,324,796
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	16,000,659	6,701,743

Net Assets or Fund Balances

		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	115,036,571	112,591,017
<b>21</b>	Total liabilities (Part X, line 26)	3,427,131	3,107,877
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	111,609,440	109,483,140

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

SHERRY RISTAU PRESIDENT & CEO

Type or print name and title

2016-08-12

Date

Paid Preparer Use Only

Print/Type preparer's name  
JOHN J ROMANO

Preparer's signature  
JOHN J ROMANO

Date

Firm's name ▶ RSM US LLP

Firm's address ▶ 201 N HARRISON STREET SUITE 300  
DAVENPORT, IA 528011999

Check ☐ if self-employed

PTIN  
P00227323

Firm's EIN ▶ 42-0714325

Phone no (563) 888-4000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 2,870,072 including grants of \$ 2,864,834 ) (Revenue \$ )

DONOR ADVISED GRANTS - THE COMMUNITY FOUNDATION OF THE GREAT RIVER BEND (CFGRB) OPERATES DONOR ADVISED FUNDS TO FULFILL ITS MISSION OF "TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS " DONORS ADVISE STAFF OF REQUESTED GRANTS, AND STAFF PERFORM DUE DILIGENCE ON SUCH REQUESTS IF THE GRANT IS DEEMED APPROPRIATE BY STAFF IT IS AWARDED THE BOARD OF DIRECTORS IS GIVEN A LIST AT EACH BOARD MEETING FOR APPROVAL EXPENSES IN EXCESS OF GRANTS INCLUDE DISTRIBUTIONS TO NON-CHARITABLE ENTITIES FOR A CHARITABLE PURPOSE FOR EXAMPLE, PAYING A RETAILER DIRECTLY FOR THE LUMBER TO BUILD PLAYGROUND EQUIPMENT RATHER THAN PAYING A NON-PROFIT ORGANIZATION TO GO PURCHASE THE LUMBER OR TO PROVIDE FUNDS TO A MEMBERSHIP SERVICE ORGANIZATION FOR A CHARITABLE PROJECT CFGRB ADHERES TO EXPENDITURE RESPONSIBILITY RULES WHEN NECESSARY

4b

(Code ) (Expenses \$ 3,339,286 including grants of \$ 3,339,286 ) (Revenue \$ )

UNRESTRICTED AND DESIGNATED GRANTS - GRANTS ARE ALLOCATED THROUGH BOTH RESPONSIVE AND PROACTIVE METHODS A COMMITTEE MADE UP OF BOTH BOARD AND COMMUNITY MEMBERS MEETS TWICE EACH YEAR TO REVIEW GRANT APPLICATIONS AND AWARD RESPONSIVE GRANTS A BOARD COMMITTEE FOR STRATEGIC GRANTMAKING REVIEWS CURRENT COMMUNITY ISSUES TO IDENTIFY LARGER SCALE PROJECTS AND PARTNERSHIPS STAFF PROVIDES COMMUNITY LEADERSHIP AND FACILITATES CONVENING OF NATURAL STAKEHOLDERS TO ADDRESS BOARD IDENTIFIED PRIORITIES LARGER MULTI-YEAR GRANTS ARE CONSIDERED AND AWARDED BY THE BOARD APPOINTED COMMITTEE AND MONITORED FOR IMPACT THE MAJOR ISSUES CURRENTLY BEING ADDRESSED ARE BASED ON OUR COMMUNITIES' REGIONAL VISION THAT THE QUAD CITIES IS COOL, CREATIVE, CONNECTED, AND PROSPEROUS

4c

(Code ) (Expenses \$ 202,203 including grants of \$ ) (Revenue \$ )

ADMINISTRATIVE SUPPORT FOR GRANT AND SCHOLARSHIP PROGRAM - THIS SUPPORT CONSISTS OF PROCESSING ALL GRANT AND SCHOLARSHIP APPLICATIONS INCLUDING PERFORMING DUE DILIGENCE, SUPPORTING THE GRANTS COMMITTEE, PREPARING THE CHECKS AND ANY REQUIRED FOLLOW UP THIS ALSO INCLUDES STAFF TIME FOR CONVENING KEY COMMUNITY STAKEHOLDERS FOR DISCUSSION ON LARGER, MORE STRATEGIC COMMUNITY ISSUES

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses ▶ 6,411,561

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 Yes	
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 Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
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 25a</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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	38	
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.	22	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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? <b>Note.</b> 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 or note to any line 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		
	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		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a		No
b		
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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records	SHERRY RISTAU 852 MIDDLE ROAD SUITE 100 BETTENDORF, IA 52722 (563) 326-2840

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

(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			
(1) RAY C ALLEN TREASURER	5.00	X		X				0	0	0
(2) DANIEL P ELLARD BOARD MEMBER	5.00	X						0	0	0
(3) PAUL KOCH PHD BOARD MEMBER	5.00	X						0	0	0
(4) JILL N MCCLAUGHLIN SECRETARY	5.00	X		X				0	0	0
(5) RANDY A MOORE BOARD MEMBER	5.00	X						0	0	0
(6) JEAN MORAN SECOND VICE CHAIR	5.00	X		X				0	0	0
(7) LINDA K NEUMAN BOARD MEMBER	5.00	X						0	0	0
(8) DAVID NUERNBERGER BOARD MEMBER	5.00	X						0	0	0
(9) LUANN K RICKERT FIRST VICE CHAIR	5.00	X		X				0	0	0
(10) SHERRY RISTAU PRESIDENT & CEO	40.00	X		X				168,482	0	11,146
(11) WILLIAM STORM BOARD MEMBER	5.00	X						0	0	0
(12) DEANN R THOMS PAST BOARD CHAIR	5.00	X		X				0	0	0
(13) PETE M WESSELS BOARD CHAIR	10.00	X		X				0	0	0
(14) TERRY D WILSON BOARD MEMBER	5.00	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	168,482	0	11,146

**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
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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 or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	16,301				
	d	Related organizations . . . . .	1d	75,100				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,914,966				
	g	Noncash contributions included in lines 1a-1f \$		2,885,720				
	h	Total. Add lines 1a-1f . . . . .			10,006,367			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,864,324			3,864,324	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a			(i) Real	(ii) Personal			
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory		2,445,012				
		b	Less cost or other basis and sales expenses	1,697,523				
		c	Gain or (loss)	747,489				
	d	Net gain or (loss) . . . . .		747,489			747,489	
	8a	Gross income from fundraising events (not including \$ 16,301 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a			11,394				
	b	Less direct expenses . . . . .		4,908				
	c	Net income or (loss) from fundraising events . .		6,486			6,486	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a							
	b	Less direct expenses . . . . .						
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .						
a								
b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	ADMINISTRATIVE & SUPPORT REVENUE		561000	401,873	332,033	69,840		
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			401,873				
12	Total revenue. See Instructions . . . . .			15,026,539	332,033	69,840	4,618,299	

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	5,645,946	5,645,946		
2	Grants and other assistance to domestic individuals See Part IV, line 22	558,174	558,174		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	168,481		151,633	16,848
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	575,081	140,122	404,744	30,215
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,176	4,267	12,497	1,412
9	Other employee benefits	47,234	10,809	33,435	2,990
10	Payroll taxes	53,942	9,958	41,673	2,311
11	Fees for services (non-employees)				
a	Management	130,842	3,561	127,281	
b	Legal	2,022		2,022	
c	Accounting	27,400		27,400	
d	Lobbying	3,454		3,454	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	593,227		593,227	
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	62,984		62,474	510
13	Office expenses	38,025	40	37,985	
14	Information technology	115,929	7,397	108,294	238
15	Royalties				
16	Occupancy	143,109	14,311	128,798	
17	Travel	16,041	1,164	14,877	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,041	5,288	40,753	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,047		60,047	
23	Insurance	7,640		7,640	
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	CHARITABLE EXPENSE	10,524	10,524		
b	MISCELLANEOUS EXPENSES	477		477	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,324,796	6,411,561	1,858,711	54,524
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,126,980	1	2,805,230
	2	Savings and temporary cash investments			5,866,169	2	6,044,272
	3	Pledges and grants receivable, net			0	3	750
	4	Accounts receivable, net				4	
	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			90,430	7	98,695
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			43,126	9	46,731
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	552,506			
	b	Less: accumulated depreciation	10b	243,403	349,153	10c	309,103
	11	Investments—publicly traded securities			100,447,790	11	99,112,260
	12	Investments—other securities. See Part IV, line 11.			2,916,513	12	1,050,758
	13	Investments—program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			3,196,410	15	3,123,218
	16	Total assets. Add lines 1 through 15 (must equal line 34).			115,036,571	16	112,591,017
Liabilities	17	Accounts payable and accrued expenses			41,806	17	53,577
	18	Grants payable			534,751	18	426,928
	19	Deferred revenue			0	19	12,950
	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.			2,850,574	25	2,614,422
	26	Total liabilities. Add lines 17 through 25.			3,427,131	26	3,107,877
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			106,762,165	27	104,968,228
	28	Temporarily restricted net assets			4,847,275	28	4,514,912
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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			111,609,440	33	109,483,140
	34	Total liabilities and net assets/fund balances			115,036,571	34	112,591,017

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,026,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,324,796
3	Revenue less expenses Subtract line 2 from line 1	3	6,701,743
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,609,440
5	Net unrealized gains (losses) on investments	5	-8,657,530
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	-170,513
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,483,140

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	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?		No
3b 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		

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE GREAT RIVER BEND	Employer identification number  42-6122716
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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 (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	12,126,683	11,610,909	9,958,463	19,185,897	10,006,367	62,888,319
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	12,126,683	11,610,909	9,958,463	19,185,897	10,006,367	62,888,319
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)						9,555,174
6 Public support. Subtract line 5 from line 4						53,333,145

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	12,126,683	11,610,909	9,958,463	19,185,897	10,006,367	62,888,319
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,773,519	2,215,261	2,661,314	3,726,923	3,864,324	14,241,341
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-6,449	-1,188	-7,619	-3,140	4,253	-14,143
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10						77,115,517
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 section 501(c)(3) organization, check this box and stop here . . . . . ▶						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	69 160 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	71 030 %
16a 33 1/3% support test—2015.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	<input type="checkbox"/>	
b 33 1/3% support test—2014.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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part IIISupport 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.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—2014.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

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>			
<div>2</div> <div>Activities Test <b>Answer (a) and (b) below.</b></div>		Yes	No
<div>a</div> <div>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>	2a		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>	2b		
<div>3</div> <div>Parent of Supported Organizations <b>Answer (a) and (b) below.</b></div>			
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>	3a		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>	3b		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**Part VI**   **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization COMMUNITY FOUNDATION OF THE GREAT RIVER BEND	Employer identification number  42-6122716
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Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1
- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2
- Political expenditures ▶ \$
- 3
- Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1
- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a
- Was a correction made? ☐ Yes ☐ No
- b
- If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1
- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4
- Did the filing organization fileForm 1120-POL for this year? ☐ Yes ☐ No
- 5
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)	(b)
		Yes	No Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?		No
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?	Yes	3,454
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?		No
j	Total. Add lines 1c through 1i.		3,454
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b	If "Yes," enter the amount of any tax incurred under section 4912.		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a	Current year	2a
b	Carryover from last year	2b
c	Total	2c
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5	Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	FUNDS WERE SENT TO THE COMMUNITY FOUNDATION OF GREATER DES MOINES TO HELP PAY FOR A LOBBYIST IN THE STATE OF IOWA. THIS LOBBYIST'S WORK IS DIRECTLY RELATED TO THE ENDOW IOWA BILL AND PROMOTING AND EDUCATING THE IMPORTANCE OF ENDOWMENTS FOR THE STATE'S NON-PROFIT SECTOR. THE AMOUNT ABOVE REPRESENTS PAYMENT FOR SERVICES IN 2015 AND 2016.



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization COMMUNITY FOUNDATION OF THE GREAT RIVER BEND	Employer identification number  42-6122716
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	237	
2 Aggregate value of contributions to (during year)	3,196,028	
3 Aggregate value of grants from (during year)	2,864,834	
4 Aggregate value at end of year	30,247,070	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability?

☐ 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 . . . . .	98,215,540	85,298,466	73,475,980	60,284,354	57,115,944
b Contributions . . . . .	8,597,311	17,201,159	8,581,880	9,872,318	7,332,075
c Net investment earnings, gains, and losses	-4,252,397	1,615,797	7,192,827	6,810,648	-1,053,257
d Grants or scholarships . . . . .	4,712,310	4,791,573	2,999,047	2,619,035	2,330,962
e Other expenditures for facilities and programs . . . . .	8,869	12,989	1,609	13,625	18,365
f Administrative expenses . . . . .	1,029,727	1,095,320	951,565	858,680	761,081
g End of year balance . . . . .	96,809,548	98,215,540	85,298,466	73,475,980	60,284,354

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

99 000 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

1 000 %

The percentages on 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 . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		No
3a(ii)		No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.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 . . . . .		256,132	25,613	230,519
d Equipment . . . . .		296,374	217,790	78,584
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				309,103

Schedule D (Form 990) 2015



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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	
3	Subtract line 2e from line 1 . . . . .		3	
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	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		1	
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	
3	Subtract line 2e from line 1 . . . . .		3	
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	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO GRANT FUNDS TO NONPROFIT ORGANIZATIONS ACCORDING TO THE FOUNDATION'S SPENDING POLICY AND THE DONOR'S WISHES SOME ENDOWMENT FUNDS ARE DESIGNATED TO SPECIFIC ORGANIZATIONS AND OTHERS ARE DONOR ADVISED
PART X, LINE 2	THE COMMUNITY FOUNDATION OF THE GREAT RIVER BEND (FOUNDATION) AND CFGRB REALTY HOLDINGS, INC (SUBSIDIARY) ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION AND SUBSIDIARY MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES THE FOUNDATION AND SUBSIDIARY FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS TAXABLE INCOME (UBIT) IS REPORTED ON THE 990-T, AS APPROPRIATE MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBIT AS OF DECEMBER 31, 2015 AND 2014, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY FORMS 990 AND 990-T FILED BY THE FOUNDATION AND SUBSIDIARY ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS ENDED DECEMBER 31, 2011 AND PRIOR

[illegible]

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY FOUNDATION OF THE GREAT RIVER  
BEND

Employer identification number  
42-6122716

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1 <u>GOLF OUTING</u> (event type)	(b)Event #2 <u>CHEF COOKOFF</u> (event type)	(c)Other events <u></u> (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts . . . . .	13,935	9,595	23,530
	2	Less Contributions . . . . .	7,775	6,826	14,601
	3	Gross income (line 1 minus line 2) . . . . .	6,160	2,769	8,929
Direct Expenses	4	Cash prizes . . . . .	580		580
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	850	1,190	2,040
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			2,620
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			6,309

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))	
	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
8	Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶					

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2015

11

Does the organization conduct 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 conducted in

a	The organization's facility		%
b	An outside facility		%

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. 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).

Return Reference	Explanation
------------------	-------------



OMB No 1545-0047

**▶ Attach to Form 990.**

**Open to Public Inspection**

42-6122716

☒ Yes    ☐ No

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

**3** Enter total number of other organizations listed in the line 1 table . . . . . **8**

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
(1) SCHOLARSHIPS	76	558,174			

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOR COMMITTEE AWARDED GRANTS, GRANTEEES ARE REQUIRED TO SUBMIT A FINAL REPORT DETAILING HOW THE FUNDS WERE SPENT IN THE COMMUNITY DONOR ADVISED GRANTS ARE MONITORED INDIRECTLY BY STAFF INVOLVEMENT IN THE COMMUNITY

Additional Data

Software ID:  
Software Version:  
EIN: 42-6122716  
Name: COMMUNITY FOUNDATION OF THE GREAT RIVER  
BEND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ALBANY PUBLIC LIBRARY 302 SOUTH MAIN STREET ALBANY,IL 61230		CITY OF ALBANY	9,300				ANNUAL DISTRIBUTION
ALPINE LUTHERAN CHURCH 5001 FORREST VIEW AVENUE ROCKFORD,IL 61108	36-2280202	501(C)(3)	7,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 4885 UTICA RIDGE ROAD DAVENPORT,IA 52807	13-5613797	501(C)(3)	20,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LEGION POST 348 207 EAST BROADWAY ST STANWOOD, IA 52337	42-6081082	501(C)(19)	6,000				GENERAL SUPPORT
AMERICAN LEGION POST 466 PO BOX 72 CALAMUS, IA 52729	42-1086905	501(C)(4)	5,380				GENERAL SUPPORT
ASSUMPTION HIGH SCHOOL 1020 WEST CENTRAL PARK AVE DAVENPORT, IA 52804	42-0810207	501(C)(3)	6,900				GENERAL SUPPORT, TUITION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HIGH SCHOOL FOUNDATION 1020 WEST CENTRAL PARK AVE DAVENPORT, IA 52804	23-7311256	501(C)(3)	5,000				EMBRACING OUR FUTURE FUND
AUGUSTANA COLLEGE 639 38TH STREET ROCK ISLAND, IL 61201	36-2166962	501(C)(3)	90,100				GENERAL SUPPORT, SCHOLARSHIPS
BALLET QUAD CITIES 613 17TH STREET ROCK ISLAND, IL 61201	42-1366753	501(C)(3)	16,951				GENERAL SUPPORT, EQUIPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY FOR CHILDREN & FAMILIES PO BOX 697 MOLINE,IL 61266	36-2166973	501(C)(3)	39,000				GENERAL SUPPORT
BETTENDORF CHRISTIAN CHURCH 3847 TOWNE POINTE DRIVE BETTENDORF,IA 52722	42-0924273	501(C)(3)	10,000				GENERAL SUPPORT
BETTENDORF COMMUNITY SCHOOL DISTRICT PO BOX 1150 BETTENDORF,IA 52722	42-6000825	CITY OF BETTENDORF	40,626				FIRST DAY FUND, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 COMMUNITY SCHOOLS FOUNDATION PO BOX 1150 BETTENDORF,IA 52722	42-1251037	501(C)(3)	12,500				AWARDS AND SCHOLARSHIPS
BIG BROTHERS BIG SISTERS OF THE GREAT RIVER AREA 629 BLONDEAU ST SUITE 201 KEOKUK,IA 52632	42-1474963	501(C)(3)	5,412				GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY 130 WEST FIFTH ST DAVENPORT,IA 52801	42-1320908	501(C)(3)	17,510				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIRDIES FOR CHARITY- JOHN DEERE CLASSIC 15623 COALTOWN ROAD EAST MOLINE,IL 61244	93-1332421	501(C)(3)	241,166				GENERAL SUPPORT
BOSTON ARTS ACADEMY FOUNDATION INC 174 IPSWICH STREET BOSTON,MA 02215	04-3454898	501(C)(3)	7,000				GENERAL OPERATIONS
BOYS & GIRLS CLUB OF THE MISSISSIPPI VALLEY 338 6TH STREET MOLINE,IL 61265	36-3838421	501(C)(3)	34,400				ANNUAL DISTRIBUTION



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BRACING TRAFFIK 2800 EASTERN AVE DAVENPORT,IA 52803	46-0971506	501(C)(3)	26,083				SUPPORT OF OPERATIONS
BURLINGTON AREA HOMELESS SHELTER 123 N MARSHALL ST BURLINGTON,IA 52601	42-1498646	501(C)(3)	5,000				GENERAL SUPPORT
BURLINGTON COMMUNITY SCHOOL DISTRICT EDUCATIONAL FOUNDATION 1429 WEST AVE BURLINGTON,IA 52601	42-1266807	501(C)(3)	13,600				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BURLINGTON IOWA FRIENDS OF THE DEPOT PO BOX 26 BURLINGTON,IA 52601	45-5506965	501(C)(3)	5,000				GENERAL SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE 4989 ST RT 37E DELAWARE,OH 43015	94-2494324	501(C)(3)	10,100				GENERAL SUPPORT
CASA GUANAJUATO QUAD CITIES 525 16TH STREET SUITE 1 MOLINE,IL 61265	36-4272727	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CEDAR COUNTY LAW ENFORCEMENT 711 EAST SOUTH ST TIPTON,IA 52772	42-6005281	CEDAR COUNTY, IA	5,000				GENERAL SUPPORT
CENTER FOR ACTIVE SENIORS INC 1035 W KIMBERLY RD DAVENPORT,IA 52806	42-1011267	501(C)(3)	17,760				GENERAL SUPPORT, ANNUAL DISTRIBUTION
CENTRAL COMMUNITY EDUCATIONAL FOUNDATION PO BOX 225 DEWITT,IA 52742	45-2820783	501(C)(3)	24,550				ELA AND IOWA CORE INF BOOKS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRAL COMMUNITY SCHOOLS PO BOX 110 DEWITT,IA 52742	42-6040381	CITY OF DEWITT	151,049				GENERAL SUPPORT
CFGRB REALTY HOLDINGS INC 852 MIDDLE ROAD SUITE 100 BETTENDORF,IA 52722	42-1513946	501(C)(3)	5,000				GENERAL SUPPORT
CHILD ABUSE COUNCIL 524 15TH STREET MOLINE,IL 61265	36-2937848	501(C)(3)	16,650				GENERAL SUPPORT, ANNUAL DISTRIBUTION

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CHILDREN FIRST 307 BANK STREET KEOKUK, IA 52632	42-6004689	CITY OF KEOKUK	7,619				GENERAL SUPPORT
CHILDREN INTERNATIONAL 2000 EAST RED RIDGE ROAD KANSAS CITY, MO 64131	44-6005794	501(C)(3)	5,000				GENERAL SUPPORT
CHILDREN'S THERAPY CENTER OF THE QCA 1504 13TH AVE MOLINE, IL 61265	36-2207922	501(C)(3)	12,890				GENERAL SUPPORT, ANNUAL DISTRIBUTION

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CHRISTIAN CARE PO BOX 4176 ROCK ISLAND,IL 61204	36-3146523	501(C)(3)	16,800				GENERAL SUPPORT
CHRISTIAN FRIENDLINESS YOUTH HOPE 3928 12TH AVE MOLINE,IL 61265	36-2193602	501(C)(3)	12,800				GENERAL SUPPORT, ANNUAL DISTRIBUTION
CHURCHES UNITED OF THE QCA 2535 TECH DRIVE SUITE 205 BETTENDORF,IA 52722	36-2480784	501(C)(3)	25,150				GENERAL SUPPORT

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CITY OF DURANT PO BOX 818 DURANT,IA 52747	42-6004611	CITY OF DURANT	5,000				GENERAL SUPPORT
CITY OF FULTON 415 11TH AVE FULTON,IL 61252	36-6005887	CITY OF FULTON	13,250				ANNUAL DISTRIBUTION
CITY OF KEOSAUQUA 804 FIRST STREET KEOSAUQUA,IA 52565	42-6004835	CITY OF KEOSAUQUA	154,623				SWIMMING POOL PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF TIPTON 407 LYNN ST TIPTON,IA 52722	42-6005280	CITY OF TIPTON	11,750				GENERAL SUPPORT
CLINTON PUBLIC LIBRARY 306 8TH AVE S CLINTON,IA 52732	42-6004399	CITY OF CLINTON	6,800				ANNUAL DISTRIBUTION
COMFORT ZONE CAMP MASSACHUSETTS 5 LOWELL AVE 1ST FLOOR WINCHESTER,MA 01890	54-1916517	501(C)(3)	5,500				GENERAL SUPPORT



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COMMUNITY HEALTH CARE INC 500 W RIVER DRIVE DAVENPORT, IA 52801	42-1060724	501(C)(3)	58,809				MEDICAL EQUIPMENT
CONGREGATION OF THE HUMILITY OF MARY 820 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0681059	501(C)(3)	31,360				GENERAL SUPPORT
COUNCIL ON FOUNDATIONS- WASHINGTON DC 1828 L ST MW WASHINGTON, DC 20036	13-6068327	501(C)(3)	20,880				MEMBERSHIP DUES

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COURT STREET UNITED METHODIST CHURCH 215 N COURT ST ROCKFORD, IL 61103	36-2167042	501(C)(3)	5,000				GENERAL FUND SUPPORT
DAVENPORT BABE RUTH BASEBALL 102 E KIMBERLY ROAD SUITE 128 DAVENPORT, IA 52806	47-2539257	501(C)(3)	5,000				GENERAL SUPPORT
DAVENPORT PUBLIC LIBRARY 321 MAIN STREET DAVENPORT, IA 52801	42-6004463	CITY OF DAVENPORT	10,225				GENERAL SUPPORT

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DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN,MD 21741	13-3433452	501(C)(3)	5,500				GENERAL SUPPORT
DOLLYWOOD FOUNDATION 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE,TN 37863	62-1348105	501(C)(3)	24,359				GENERAL SUPPORT
EAST TEXAS SYMPHONY ORCHESTRA PO BOX 6323 TYLER,TX 75711	75-6013387	501(C)(3)	20,000				GENERAL SUPPORT

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EDNA ZYBELL MEMORIAL LIBRARY PO BOX 450 CLARENCE, IA 52216	20-5305853	501(C)(3)	5,938				GENERAL SUPPORT
EMMAUS ROAD CHURCH 1811 ELMWOOD ROAD DEWITT, IA 52724	30-0400060	501(C)(3)	100,000				GENERAL SUPPORT
FAMILY MUSEUM OF ARTS & SCIENCE FOUNDATION 2900 LEARNING CAMPUS DRIVE BETTENDORF, IA 52722	61-1508009	501(C)(3)	6,000				GENERAL SUPPORT

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FAMILY RESOURCES INC 2800 EASTERN AVE DAVENPORT,IA 52803	42-0698225	501(C)(3)	38,191				GENERAL SUPPORT
FIGGE ART MUSEUM 225 WEST 2ND STREET DAVENPORT,IA 52801	42-6090398	501(C)(3)	62,042				GENERAL SUPPORT
FIRST CONGEGATIONAL CHURCH 2201 7TH AVE MOLINE,IL 61265	36-2167069	501(C)(3)	6,250				GENERAL SUPPORT

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FIRST METHODIST CHURCH OF GENESEO 302 N STATE STREET GENESEO,IL 61254	36-2902302	501(C)(3)	17,567				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1702 IOWA STREET DAVENPORT,IA 52803	42-0707098	501(C)(3)	52,400				GENERAL SUPPORT, ANNUAL DISTRIBUTION
FORT MADISON AREA UNITED WAY 3421 AVE L FORT MADISON,IA 52627	42-6067437	501(C)(3)	9,488				GENERAL SUPPORT

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FORT MADISON FAMILY YMCA 220 26 STREET FORT MADISON,IA 52627	42-6080176	501(C)(3)	6,925				GENERAL SUPPORT
FREEDOM HOMES MINISTRIES OF THE QCA 720 E LOCUST STREET DAVENPORT,IA 52803	43-2083544	501(C)(3)	15,000				GENERAL SUPPORT
FREEDOM HOUSE INC 440 ELM PLACE PRINCETON,IL 61356	36-3596722	501(C)(3)	9,500				GENERAL SUPPORT

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FRIENDS OF DAVENPORT PUBLIC LIBRARY 321 MAIN STREET DAVENPORT,IA 52805	42-1204594	501(C)(3)	15,260				ANNUAL DISTRIBUTION
FRIENDS OF DONNELLSON PUBLIC LIBRARY 500 PARK PO BOX 290 DONNELLSON,IA 52625	90-0779158	501(C)(3)	11,300				GENERAL SUPPORT
FRIENDS OF IOWA PUBLIC TELEVISION 6535 CORPORATE DRIVE PO BOX 6400 JOHNSTON,IA 50131	42-1169207	501(C)(3)	5,800				GENERAL SUPPORT



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FRIENDS OF THE MOLINE PUBLIC LIBRARY PO BOX 1201 MOLINE,IL 61266	36-3652637	501(C)(3)	11,944				GENERAL SUPPORT
GENESEO PARK DISTRICT FOUNDATION 541 EAST NORTH ST GENESEO,IL 61254	36-4783526	501(C)(3)	117,240				ANNUAL DISTRIBUTION
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME STREET DAVENPORT,IA 52803	42-1421670	501(C)(3)	18,280				GENERAL SUPPORT

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GILDA'S CLUB QUAD CITIES 1234 EAST RIVER DRIVE DAVENPORT,IA 52803	42-1446989	501(C)(3)	38,360				GENERAL SUPPORT
GIRL SCOUTS OF EASTERN IOWAWESTERN ILLINOIS 940 GOLDEN VALLEY DRIVE BETTENDORF,IA 52722	42-1008848	501(C)(3)	30,250				ANNUAL DISTRIBUTION, GENERAL SUPPORT
GROW QUAD CITIES - IOWA 331 W 3RD STREET DAVENPORT,IA 52801	42-1292789	501(C)(3)	13,225				GENERAL SUPPORT

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HABITAT FOR HUMANITY - QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT,IA 52807	42-1404937	501(C)(3)	106,676				GENERAL SUPPORT
HAND IN HAND 3680 MIDDLE RD BETTENDORF,IA 52722	42-1508508	501(C)(3)	12,083				GENERAL SUPPORT, ANNUAL DISTRIBUTION
HENRY COUNTY HUMANE SOCIETY PO BOX 145 GENESEO,IL 61254	36-3055921	501(C)(3)	12,750				GENERAL SUPPORT

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HENRY COUNTY YOUTH SERVICES BUREAU 292 SOUTH EAST ROAD CAMBRIDGE,IL 61238	36-2897587	501(C)(3)	13,500				GENERAL SUPPORT
HOERNER YMCA 2126 PLANK RD KEOKUK,IA 52632	42-0680393	501(C)(3)	5,000				GENERAL SUPPORT
HOLY FAMILY CATHOLIC CHURCH 4401 HIGHCREST ROAD ROCKFORD,IL 61107	36-2534529	501(C)(3)	9,350				GENERAL SUPPORT

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HOLY FAMILY PARISH 1111 AVENUE E FORT MADISON,IA 52627	90-0478240	501(C)(3)	71,850				ANNUAL DISTRIBUTION
HOLY TRINITY CATHOLIC SCHOOLS EDUCATIONAL FOUNDATION 2600 AVE A FORT MADISON,IA 52627	42-1330855	501(C)(3)	78,300				GENERAL SUPPORT, ANNUAL DISTRIBUTION, SCHOLARSHIPS
HOLY TRINITY CATHOLIC SCHOOLS INC 413 AVE C PO BOX 39 WEST POINT,IA 52656	20-3063265	501(C)(3)	83,672				CAPITAL IMPROVEMENTS

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HOPE HAVEN AREA DEVELOPMENT CENTER CORPORATION 828 NORTH 7TH STREET BURLINGTON,IA 52601	42-1000580	501(C)(3)	24,200				ANNUAL DISTRIBUTION, GENERAL SUPPORT
HUMANE SOCIETY OF SCOTT COUNTY 2802 WCENTRAL PARK AVE DAVENPORT,IA 52804	42-0801836	501(C)(3)	9,559				GENERAL SUPPORT, ANNUAL DISTRIBUTION
HUMILITY OF MARY HOUSING INC 3805 MISSISSIPPI AVE DAVENPORT,IA 52807	42-1349437	501(C)(3)	8,713				GENERAL SUPPORT

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HUMILITY OF MARY SHELTER INC 1016 WEST 5TH STREET DAVENPORT,IA 52802	01-0916973	501(C)(3)	53,215				GENERAL SUPPORT
IFTA RESEARCH FOUNDATION 16020 SINGLEY RIDGE ROAD SUITE 300 CHESTERFIELD,MO 63017	38-6154178	501(C)(3)	10,000				GENERAL SUPPORT
IOWA JOBS FOR AMERICA'S GRADUATES 400 E 14 STREET DES MOINES,IA 50319	42-1492988	501(C)(3)	16,000				GENERAL SUPPORT

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IOWA STATE UNIVERSITY EXTENSION 875 TANGLEFOOT LANE BETTENDORF, IA 52722	42-6021472	501(C)(3)	8,500				GENERAL SUPPORT
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	42-1143702	501(C)(3)	52,076				SCHOLARSHIPS
JEWISH FEDERATION OF COLLIER COUNTY 2500 VANDERBILT BEACH ROAD SUITE 2201 NAPLES, FL 34109	59-2151725	501(C)(3)	9,000				GENERAL SUPPORT



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JUNIOR ACHIEVEMENT OF THE HEARTLAND 800 12TH AVE MOLINE,IL 61265	36-2684253	501(C)(3)	56,550				GENERAL SUPPORT, ANNUAL DISTRIBUTION
JUST KIDS EARLY CARE & EDUCATION CENTER PO BOX 410 MILAN,IL 61264	36-3662153	501(C)(3)	10,845				GENERAL SUPPORT
KAABA SHRINERS PO BOX 3627 DAVENPORT,IA 52808	42-0114790	501(C)(10)	27,640				LOCAL CONSISTORY OF SHRINERS

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KAHL HOME 6701 JERSEY RIDGE RD DAVENPORT,IA 52807	42-0760833	501(C)(3)	6,000				GENERAL SUPPORT
KEOKUK UNION DEPOT FOUNDATION PO BOX 463 KEOKUK,IA 52632	45-5333769	501(C)(3)	5,000				GENERAL SUPPORT
KING'S HARVEST 5837 WISCONSIN AVE DAVENPORT,IA 52806	42-1519570	501(C)(3)	8,773				GENERAL SUPPORT

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KIWANIS INTERNATIONAL FOUNDATION 3636 WOODVIEWTRACE INDIANAPOLIS,IN 46268	36-6072039	501(C)(3)	6,988				GENERAL SUPPORT
KOMEN RACE FOR THE CURE - QC 4500 UTICA RIDGE ROAD BETTENDORF,IA 52722	75-2462834	501(C)(3)	5,000				GENERAL SUPPORT
LEE COUNTY HEALTH DEPARTMENT 2218 AVENUE H FORT MADISON,IA 52627	42-6004689	CITY OF FORT MADISON	7,922				GENERAL SUPPORT

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LIGHTS CAMERA ACTION 714 AVE C FORT MADISON,IA 52627	45-3569134	501(C)(3)	7,800				GENERAL SUPPORT
LOVE GIRLS MAGAZINE 2520 27TH STREET ROCK ISLAND,IL 61201	46-1668735		19,000				GENERAL SUPPORT
MARTIN LUTHER KING JR COMMUNITY CENTER 630 MARTIN LUTHER KING DRIVE ROCK ISLAND,IL 61201	36-3100490	501(C)(3)	15,000				GENERAL SUPPORT

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MISS IOWA SCHOLARSHIP PROGRAM 42 KENSINGTON IOWA CITY,IA 52240	42-1171038	501(C)(4)	13,275				2015 SCHOLARSHIPS
MONTESSORI HEARTLAND TEACHER EDUCATION CENTER 2100 48TH STREET MOLINE,IL 61265	36-3200060	501(C)(3)	24,895				EXPLORING CAREERS IN CHILDHOOD-IOWA/ILLINOIS
MORRISON COMMUNITY HOSPITAL FOUNDATION 303 NORTH JACKSON STREET MORRISON,IL 61270	27-0791511	501(C)(3)	6,000				GENERAL SUPPORT

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NAHANT MARSH EDUCATIONAL CENTER 4220 SOUTH WAPELLO AVE DAVENPORT,IA 52802	38-3667579	501(C)(3)	88,156				GENERAL SUPPORT
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD,IL 61281	36-3344113	501(C)(3)	17,160				GENERAL SUPPORT
NORTH CEDAR COMMUNITY SCHOOL DISTRICT 102 E NORTH STREET STANWOOD,IA 52337	42-1430236	CITY OF STANWOOD	16,197				GENERAL SUPPORT

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NORTH SCOTT EDUCATIONAL FOUNDATION PO BOX 16 ELDRIDGE,IA 52748	42-1255950	501(C)(3)	6,800				SCHOLARSHIPS
NOTHERN ILLINOIS UNIVERSITY FOUNDATION ALTGELD HALL 135 DEKALB,IL 60115	36-6086819	501(C)(3)	12,000				GENERAL SUPPORT
NOVA SINGERS PO BOX 1302 GALESBURG,IL 61401	37-1204036	501(C)(3)	6,460				GENERAL SUPPORT

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OAKDALE MEMORIAL GARDENS INC 2501 EASTERN AVE DAVENPORT,IA 52803	42-0445550	501(C)(13)	20,500				ANNUAL DISTRIBUTION, GENERAL SUPPORT
ODELL PUBLIC LIBRARY 307 S MADISON STREET MORRISON,IL 61270	75-3224835	CITY OF MORRISON	11,300				ANNUAL DISTRIBUTION
ORION HIGH SCHOOL 1100 13TH AVE ORION,IL 61273	36-3465188	CITY OF ORION	18,000				WENDELL "BUZZ" MOORE SCHOLARSHIP



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PEACE CHURCH OF CHRIST UNITED 414 MAPLE ST PO BOX 279 BENNETT, IA 52721	42-0815852	501(C)(3)	8,300				ANNUAL DISTRIBUTION
PLANNED PARENTHOOD OF THE HEARTLAND PO BOX 4557 DES MOINES, IA 50305	42-0727488	501(C)(3)	9,300				ANNUAL DISTRIBUTION
PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT 525 BELMONT ROAD BETTENDORF, IA 52722	42-6025013	CITY OF BETTENDORF	11,422				ANNUAL DISTRIBUTION, CELEBRATION OF COMMUNITY PROJECT

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PLEASANT VALLEY SCHOOLS EDUCATIONAL FOUNDATION 525 BELMONT ROAD BETTENDORF,IA 52722	42-1368149	501(C)(3)	22,300				ANNUAL DISTRIBUTION, SCHOLARSHIPS
PRESBYTERIAN CHURCH OF FULTON 311 N 9 ST FULTON,IL 61252	36-3259704	501(C)(3)	8,000				GENERAL SUPPORT
PROJECT RENEWAL INC 906 W 5TH STREET DAVENPORT,IA 52802	13-4292017	501(C)(3)	15,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH STREET DAVENPORT, IA 52804	42-0680474	501(C)(3)	11,750				ANNUAL DISTRIBUTION, GENERAL SUPPORT
QUAD CITIES ALLIANCE FOR IMMIGRANTS AND REFUGEES 1800 3RD AVE 501 ROCK ISLAND, IL 61201	46-0538091	501(C)(3)	6,000				TRANSLATION SERVICES GRANT
QUAD CITIES CULTURAL & EDUCATIONAL SUPPORTING CHARITABLE TRUST 201 W 2ND ST SUITE 1000 DAVENPORT, IA 52801	26-1114466	501(C)(3)	49,100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
QUAD CITY ANIMAL WELFARE CENTER 724 W 2ND AVE MILAN,IL 61264	36-2952894	501(C)(3)	7,085				ANNUAL DISTRIBUTION, GENERAL SUPPORT
QUAD CITY ARTS 1715 2ND AVENUE ROCK ISLAND,IL 61201	36-3122824	501(C)(3)	7,750				GENERAL SUPPORT
QUAD CITY BOTANICAL CENTER 2525 4TH AVENUE ROCK ISLAND,IL 61201	36-3496537	501(C)(3)	5,300				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY STREET DAVENPORT,IA 52801	42-6017663	501(C)(3)	30,350				GENERAL SUPPORT, ANNUAL DISTRIBUTION, HOLIDAY POPS
REBUILDING TOGETHER QUAD CITIES 2435 KIMBERLY ROAD SUITE 80 N BETTENDORF,IA 52722	42-1351743	501(C)(3)	20,300				GENERAL SUPPORT
RICK'S HOUSE OF HOPE 5022 NORTHWEST BOULEVARD DAVENPORT,IA 52806	27-1914034	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RIVER ACTION INC PO BOX 964 DAVENPORT,IA 52805	42-1267366	501(C)(3)	22,745				ANNUAL DISTRIBUTION, CONSERVATION PROJECT
RIVER BEND EDUCATIONAL FOUNDATION 1100 THIRD ST FULTON,IL 61252	36-3428777	501(C)(3)	25,250				2015 SCHOLARSHIPS
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT,IA 52802	36-3147342	501(C)(3)	53,275				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ROCK ISLAND COUNTY EXTENSION & 4-H EDUCATION 321 WEST 2ND AVENUE PO BOX 527 MILAN,IL 61264	36-3268240	501(C)(3)	6,000				GENERAL SUPPORT
ROCK ISLAND COUNTY REGIONAL OFFICE OF EDUCATION 3430 AVENUE OF THE CITIES MOLINE,IL 61265	36-3264395	CITY OF MOLINE	26,900				GENERAL SUPPORT
ROCK ISLAND-MILAN SCHOOL DISTRICT 2101 6TH AVENUE ROCK ISLAND,IL 61201	36-5005357	CITY OF ROCK ISLAND	11,189				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ROTARY CLUB OF FORT MADISON PO BOX 100 FORT MADISON, IA 52627	42-6076401	501(C)(4)	18,535				GENERAL SUPPORT
RUGBY OREGON 4506 SE BELMONT STREET SUITE 204 PORTLAND, OR 97215	93-1268887	501(C)(3)	5,000				GENERAL SUPPORT
SACRED HEART CATHEDRAL 422 E 10TH STREET DAVENPORT, IA 52803	42-6005490	501(C)(3)	18,150				ANNUAL DISTRIBUTION



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAL FAMILY AND COMMUNITY SERVICES 4800 60TH STREET MOLINE,IL 61265	36-2728411	501(C)(3)	32,350				GENERAL SUPPORT
SALVATION ARMY - TYLER 633 N BROADWAY AVENUE TYLER,TX 75702	58-0660607	501(C)(3)	20,000				GENERAL SUPPORT
SALVATION ARMY OF THE QUAD CITIES 301 W 6TH STREET DAVENPORT,IA 52803	36-2167910	501(C)(3)	5,200				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAN CARLOS FOUNDATION 1065 CRESTON ROAD BERKELEY,CA 94708	68-0040121	501(C)(3)	5,000				GENERAL SUPPORT
SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO,CA 94105	31-1640316	501(C)(3)	25,000				GENERAL SUPPORT
SCOTT COMMUNITY COLLEGE FOUNDATION 500 BELMONT ROAD BETTENDORF,IA 52722	42-1255106	501(C)(3)	11,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SCOTT COUNTY FAMILY YMCA 606 W SECOND ST DAVENPORT, IA 52801	42-0703278	501(C)(3)	85,875				ANNUAL DISTRIBUTION, GENERAL SUPPORT, SCHOLARSHIPS
SCOTT COUNTY HOUSING COUNCIL 1212 WEST THIRD ST SUITE A DAVENPORT, IA 52802	42-1496268	501(C)(3)	100,000				GENERAL SUPPORT
SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	13-3661416	501(C)(3)	5,250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOCIETY OF AMERICAN MILITARY ENGINEERS CLOCK TOWER BUILDING ROCK ISLAND,IL 61201	36-6164995	501(C)(3)	25,033				GENERAL SUPPORT
SOUTHEASTERN COMMUNITY COLLEGE FOUNDATION 1500 WEST AGENCY RD PO BOX 180 WEST BURLINGTON,IA 52655	42-1212111	501(C)(3)	21,090				2015 SCHOLARSHIPS
SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND,IL 61201	45-0561173	501(C)(3)	32,147				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AMBROSE UNIVERSITY 518 WLOCUST STREET DAVENPORT,IA 52803	42-0703280	501(C)(3)	52,050				GENERAL SUPPORT, SCHOLARSHIPS
ST ANNE CATHOLIC CHURCH 555 18TH AVENUE EAST MOLINE,IL 61244	36-2167862	501(C)(3)	7,500				GENERAL SUPPORT
ST ANTHONY CATHOLIC CHURCH 417 MAIN STREET DAVENPORT,IA 52801	42-0698840	501(C)(3)	42,380				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST GEORGE GREEK ORTHODOX CHURCH 2930 31ST AVE ROCK ISLAND, IL 61201	13-1632516	501(C)(3)	6,600				GENERAL SUPPORT, GREEN ROOM RENOVATION
ST JOHN'S LUTHERAN CHURCH - EAST MOLINE 1450 30TH AVE EAST MOLINE, IL 61244	36-6094581	501(C)(3)	9,200				ANNUAL DISTRIBUTION
ST JOHN'S UNITED METHODIST CHURCH 109 E 14TH STREET DAVENPORT, IA 52804	42-0699788	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH THE WORKER HOUSE ASSOCIATION 901 20TH STREET ROCK ISLAND,IL 61201	92-0192137	501(C)(3)	10,000				GENERAL SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	10,300				GENERAL SUPPORT
ST MALACHY'S CHURCH 595 EAST OGDEN AVE GENESEO,IL 61254	36-2200253	501(C)(3)	12,500				CAPITAL IMPROVEMENTS, GENERAL SUPPORT, ENDOWMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL LUTHERAN CHURCH 2136 N BRADY ST DAVENPORT,IA 52803	42-0752625	501(C)(3)	18,500				GENERAL SUPPORT
STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY STERLING,IL 61081	36-2225496	501(C)(3)	19,200				GENERAL SUPPORT, ANNUAL DISTRIBUTION
SUPPLEMENTAL EMERGENCY ASSISTANCE PROGRAM 985 LINCOLN RD SUITE 226 BETTENDORF,IA 52722	81-0572217	501(C)(3)	40,000				GENERAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CENTER FOR YOUTH AND FAMILY SOLUTIONS INC 2610 WEST RICHWOODS BLVD PEORIA,IL 61604	45-3251182	501(C)(3)	7,000				CRISIS INTERVENTION ENHANCEMENT PROJECT
THOMAS MERTON HOUSE PO BOX 3375 DAVENPORT,IA 52808	43-2072739	501(C)(3)	10,500				GENERAL SUPPORT
TIPTON SENIOR PARK 50 PLUM ST E-5 TIPTON,IA 52772	42-6240234	501(C)(4)	6,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TOYS FOR TOTS NOSC BUILDING 218 ROCK ISLAND ARSENAL ROCK ISLAND,IL 61201	20-3021444	501(C)(3)	5,500				GENERAL SUPPORT
TRANSITIONS MENTAL HEALTH SERVICES PO BOX 4238 ROCK ISLAND,IL 61204	36-3153563	501(C)(3)	16,583				GENERAL SUPPORT
TRINITY HEALTH FOUNDATION 211 1ST STREET A MOLINE,IL 61265	36-3321751	501(C)(3)	17,900				GENERAL SUPPORT, SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 5631 W STONEY LAKE RD NEW ERA, MI 49446	38-1387155	501(C)(3)	5,000				SCHOLARSHIPS
TRINITY LUTHERAN CHURCH ELCA 18137 CRISWELL ST PLEASANT VALLEY, IA 52767	42-0997353	501(C)(3)	10,000				GENERAL SUPPORT
TWO RIVERS UNITED METHODIST CHURCH 1820 5TH AVE ROCK ISLAND, IL 61201	36-2170858	501(C)(3)	16,600				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 YMCA 2040 53RD STREET MOLINE,IL 61265	36-2169199	501(C)(3)	77,196				ANNUAL DISTRIBUTION, GENERAL SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF THE QUAD CITIES 3707 EASTERN AVENUE DAVENPORT,IA 52807	42-6062306	501(C)(3)	10,000				GENERAL SUPPORT
UNITED EDUCATION FOUNDATION 1275 AVENUE OF THE CITIES MOLINE,IL 61244	36-3868297	501(C)(3)	15,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF STERLING 501 1ST AVE STERLING,IL 61081	36-6009102	501(C)(3)	10,000				GENERAL SUPPORT
UNITED WAY OF THE QCA 3247 E 35TH ST CT DAVENPORT,IA 52807	36-2725960	501(C)(3)	97,401				GENERAL SUPPORT, ANNUAL DISTRIBUTION
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	63,156				SCHOLARSHIPS, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF NORTHERN IOWA FOUNDATION 105 GILCHRIST HALL CEDAR FALLS,IA 50614	42-6058591	501(C)(3)	48,562				SCHOLARSHIPS
VERA FRENCH FOUNDATION 1441 WEST CENTRAL PARK AVE DAVENPORT,IA 52804	42-1256448	501(C)(3)	78,960				ANNUAL DISTRIBUTION, GENERAL SUPPORT
WASHINGTON COUNTY HUMANE SOCIETY 1004 1/2 WEST MADISON STREET WASHINGTON,IA 52353	42-1096734	501(C)(3)	5,137				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WASHINGTON IOWA BETTERMENT FOUNDATION 121 S MARION AVE WASHINGTON,IA 52353	42-1444876	501(C)(3)	18,600				ANNUAL DISTRIBUTION
WOODLAWN ARTS ACADEMY 3807 WOODLAWN RD STERLING,IL 61081	27-3915224	501(C)(3)	7,700				ANNUAL DISTRIBUTION
WQPT - WIU FOUNDATION 3300 RIVER DRIVE MOLINE,IL 61265	37-6046814	501(C)(3)	11,250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 QUAD CITIES 639 38TH STREET ROCK ISLAND,IL 61201	36-2166962	501(C)(3)	8,800				GENERAL SUPPORT
YOUTH SERVICE BUREAU OF RI COUNTY 4709 44TH STREET SUITE 5 ROCK ISLAND,IL 61201	36-2866503	501(C)(3)	20,000				COMPUTER AND SOFTWARE
YOUTHBUILD QUAD CITIES PO BOX 3285 ROCK ISLAND,IL 61204	20-4460906	501(C)(3)	10,000				GENERAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YWCA OF CLINTON 317 7TH AVE S CLINTON,IA 52732	42-0716335	501(C)(3)	12,530				GENERAL SUPPORT
YWCA OF THE QC 229 16TH STREET ROCK ISLAND,IL 61201	36-2171176	501(C)(3)	24,000				GENERAL SUPPORT

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF THE GREAT RIVER

BEND

Employer identification number

42-6122716

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported on 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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHERRY RISTAU PRESIDENT & CEO	(i)	168,343	0	139	5,100	6,046	179,628	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

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.

Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov /form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF THE GREAT RIVER  
BEND

Employer identification number  
42-6122716

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	54	2,817,184	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .	X	2	68,536	APPRAISAL
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS
PART I, LINE 32B	THE COMMUNITY FOUNDATION OF THE GREAT RIVER BEND USES VARIOUS BANKS AND BROKERS TO LIQUIDATE MARKETABLE SECURITIES

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE GREAT RIVER BEND	Employer identification number  42-6122716
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM STORM AND JILL N MCLAUGHLIN HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE AFTER THE COM MITTEE'S APPROVAL, THE FORM IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW IN BOTH PRE SENTATIONS, KEY ELEMENTS ARE HIGHLIGHTED
FORM 990, PART VI, SECTION B, LINE 12C	BOARD AND COMMITTEE MEMBERS SIGN A CONFLICT OF INTEREST FORM EACH YEAR WHERE THEY ARE ASKE D TO LIST THE ORGANIZATIONS WHERE THERE IS A CONFLICT A LIST IS THEN KEPT OF THE NECESSAR Y ABSTENSIONS FOR EACH VOTE THOSE ABSTENSIONS ARE LISTED IN THE APPROPRIATE MINUTES BECA USE WE LIVE IN A SMALLER COMMUNITY, STAFF IS ALWAYS MINDFUL OF THE BUSINESS RELATIONSHIPS  OUR BOARD AND COMMITTEE MEMBERS HAVE AND HOW THOSE RELATIONSHIPS COULD BE PERCEIVED AS A C ONFLICT FOR THE COMMUNITY FOUNDATION OF THE GREAT RIVER BEND
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE IS PROVIDED WITH COMPARATIVE SALARY INFORMATION FROM THE COUNCIL O N FOUNDATIONS SALARY SURVEY THE SURVEY IS LOOKED AT AS A WHOLE AS WELL AS REGIONALLY LOC AL NONPROFITS OF LIKE SIZE AND SCOPE ARE ALSO REVIEWED THIS IS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE MEETING WHERE THE CEO'S SALARY IS VOTED ON
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST THE OR GANIZATION'S CURRENT AUDIT AND 990 AS WELL AS THE TWO PRIOR YEARS OF EACH ARE AVAILABLE ON ITS WEBSITE THEY ARE ALSO AVAILABLE IN HARD COPY UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -186,064 CHANGE IN VALUE OF ANNUITY 81 CHANGE IN VALUE OF LIFE INSURANCE 15,470
FORM 990, PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF THE GREAT RIVER  
BEND

Employer identification number  
42-6122716

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CFGRB REALTY HOLDINGS INC 852 MIDDLE ROAD SUITE 100  BETTENDORF, IA 52722 42-1513946	FACILITATE REAL ESTATE GIFTS	IA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF THE GREAT RIVER BEND	Yes	



Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

YesNo

1aNo

1bYes

1cYes

1dNo

1eNo

1fNo

1gNo

1hNo

1iNo

1jNo

1kNo

1lYes

1mNo

1nYes

1oYes

1pNo

1qNo

1rNo

1sNo

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CFGRB REALTY HOLDINGS INC	C	75,100	FAIR MARKET VALUE

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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