

Part III Statement of Program Service AccomplishmentsCheck 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 \$ | 4,935,330 | including grants of \$ | 4,932,486) | (Revenue \$) |
| See Additional Data | | | | | | |

| | | | | | | |
|---------------------|---------|--------------|-----------|------------------------|-------------|---------------|
| 4b | (Code) | (Expenses \$ | 6,662,968 | including grants of \$ | 6,662,216) | (Revenue \$) |
| See Additional Data | | | | | | |

| | | | | | | |
|---------------------|---------|--------------|---------|------------------------|--|---------------|
| 4c | (Code) | (Expenses \$ | 162,063 | including grants of \$ | | (Revenue \$) |
| See Additional Data | | | | | | |

| | | | | | |
|-----------|--|--|------------------------|--|---------------|
| 4d | Other program services (Describe in Schedule O) | | | | |
| | (Expenses \$ | | including grants of \$ | | (Revenue \$) |

| | | |
|-----------|---|------------|
| 4e | Total program service expenses ▶ | 11,760,361 |
|-----------|---|------------|

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 | No |
| 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | 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> | 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> | 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> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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> | Yes | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 | 1a | 20 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 16 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | 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? Note. See the instructions for additional information the organization must report on Schedule O | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructionsCheck 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 | 1a 13 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 13 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | 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 | 9 | | No |

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

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

Section C. Disclosure

| | |
|---|----|
| 17 List the States with which a copy of this Form 990 is required to be filed | IL |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 ContractorsCheck 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) PAUL KOCH PHD BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (3) JILL N MCLAUGHLIN FIRST VICE CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (4) RANDY A MOORE SECRETARY | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (5) JEAN MORAN SECOND VICE CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (6) LINDA K NEUMAN BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (7) DAVID NUERNBERGER BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (8) LUANN K RICKERT BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (9) DEANN R THOMS PAST BOARD CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (10) PETE M WESSELS BOARD CHAIR | 10 00 | X | | X | | | | 0 | 0 | 0 |
| (11) MARIE ZIEGLER BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (12) KENT PILCHER BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (13) JOHN STAVNES BOARD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| (14) SHERRY RISTAU PRESIDENT & CEO | 40 00 | | | X | | | | 168,035 | 0 | 18,736 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

[illegible]

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

Section B. Independent Contractors

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

Form 990 (2016)

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 | | | | |
| | d Related organizations | 1d | 74,217 | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,803,639 | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 1,967,406 | | | |
| | h Total. Add lines 1a-1f | | 7,877,856 | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | |
| | 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) | | 2,982,376 | | | 2,982,376 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real (ii) Personal | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | 25,652,843 | | | |
| | b Less cost or other basis and sales expenses | | 26,982,673 | | | |
| | c Gain or (loss) | | -1,329,830 | | | |
| | d Net gain or (loss) | | -1,329,830 | | | -1,329,830 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | 6,454 | | | |
| | b Less direct expenses | b | 2,717 | | | |
| | c Net income or (loss) from fundraising events | | 3,737 | | | 3,737 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a ADMINISTRATIVE & SUPPORT REVENUE | | 561000 | 103,710 | 33,710 | 70,000 | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 103,710 | | | |
| 12 Total revenue. See Instructions | | | 9,637,849 | 33,710 | 70,000 | 1,656,283 |

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. | 11,106,829 | 11,106,829 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 487,873 | 487,873 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 168,035 | | 151,035 | 17,000 |
| 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. | 571,787 | 101,416 | 446,134 | 24,237 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 20,755 | 3,159 | 16,359 | 1,237 |
| 9 Other employee benefits. | 43,808 | 6,237 | 35,365 | 2,206 |
| 10 Payroll taxes. | 53,681 | 7,801 | 42,725 | 3,155 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 99,241 | 2,131 | 97,110 | |
| b Legal. | 17,604 | | 17,604 | |
| c Accounting. | 28,125 | | 28,125 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 522,695 | | 522,695 | |
| 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. | 53,454 | 1,000 | 52,002 | 452 |
| 13 Office expenses. | 26,682 | 10 | 26,672 | |
| 14 Information technology. | 98,559 | 19,195 | 79,364 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 140,760 | 14,270 | 126,490 | |
| 17 Travel. | 6,054 | | 6,054 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 33,626 | 6,851 | 26,775 | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 61,463 | | 61,463 | |
| 23 Insurance. | 9,961 | | 9,961 | |
| 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 | 3,589 | 3,589 | | |
| b MISCELLANEOUS EXPENSES | 1,935 | | 1,935 | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 13,556,516 | 11,760,361 | 1,747,868 | 48,287 |
| 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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|-------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 2,805,230 | 1 | 2,149,756 |
| | 2 | Savings and temporary cash investments | | 6,044,272 | 2 | 10,403,530 |
| | 3 | Pledges and grants receivable, net | | 750 | 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 | | 98,695 | 7 | 95,863 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 46,731 | 9 | 23,938 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 549,222 | | |
| | b | Less: accumulated depreciation | 10b | 298,539 | | |
| | | | | 309,103 | 10c | 250,683 |
| | 11 | Investments—publicly traded securities | | 99,112,260 | 11 | 99,501,031 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 1,050,758 | 12 | 140,527 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 3,123,218 | 15 | 2,971,287 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 112,591,017 | 16 | 115,537,365 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 53,577 | 17 | 260,155 |
| | 18 | Grants payable | | 426,928 | 18 | 657,648 |
| | 19 | Deferred revenue | | 12,950 | 19 | |
| | 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 | | 2,614,422 | 25 | 2,455,163 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 3,107,877 | 26 | 3,372,966 |
| 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 | | 104,968,228 | 27 | 107,784,460 |
| | 28 | Temporarily restricted net assets | | 4,514,912 | 28 | 4,379,939 |
| | 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 | | 109,483,140 | 33 | 112,164,399 |
| 34 | Total liabilities and net assets/fund balances | | 112,591,017 | 34 | 115,537,365 | |

Part XI Reconciliation of Net AssetsCheck 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 | 9,637,849 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,556,516 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -3,918,667 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 109,483,140 |
| 5 | Net unrealized gains (losses) on investments | 5 | 6,636,393 |
| 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 | -39,940 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 112,164,399 |

Part XII Financial Statements and ReportingCheck 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 |
| b 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 | |
| c 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 |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Additional Data

Software ID:

Software Version:

EIN: 42-6122716

Name: COMMUNITY FOUNDATION OF THE GREAT RIVER BEND

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF THE GREAT RIVER
BEND

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

42-6122716

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10** ☐ 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.)
- 11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12** ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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, 8, or 9 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | 11,610,909 | 9,958,463 | 19,185,897 | 10,006,367 | 7,803,639 | 58,565,275 |
| 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 | 11,610,909 | 9,958,463 | 19,185,897 | 10,006,367 | 7,803,639 | 58,565,275 |
| 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) | | | | | | 10,725,319 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 47,839,956 |

| Section B. Total Support | | | | | | | |
|--|---|------------|-----------|------------|------------|-----------|--------------------------|
| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 7 | Amounts from line 4 | 11,610,909 | 9,958,463 | 19,185,897 | 10,006,367 | 7,803,639 | 58,565,275 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,215,261 | 2,661,314 | 3,726,923 | 3,864,324 | 2,982,376 | 15,450,198 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 4,253 | 17,446 | 21,699 |
| 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 | | | | | | 74,037,172 |
| 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 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 64.620 % |
| 15 | Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | 69.160 % |
| 16a | 33 1/3% support test—2016. 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 checked="" type="checkbox"/> | | |
| b | 33 1/3% support test—2015. 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—2016. 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—2015. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|------------|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | 1 | |
| 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a 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> | 3a | |
| 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 Part VI when and how the organization made the determination.</i> | 3b | |
| c 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 Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| 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> | 4b | |
| c 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> | 4c | |
| 5a 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> | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 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 I of Schedule L (Form 990 or 990-EZ).</i> | 8 | |
| 9a 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 Part VI.</i> | 9a | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| c Did a disqualified person (as defined in line 9a) 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 Part VI.</i> | 9c | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| 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> | 10b | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described in (a) above? | | |
| c 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> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 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 Part VI 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> | | |
| 1 | | |
| 2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 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 Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test Answer (a) and (b) below. | | |
| a 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 Part VI 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> | | |
| 2a | | |
| b 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 Part VI 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> | | |
| 2b | | |
| 3 Parent of Supported Organizations Answer (a) and (b) below. | | |
| a 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> | | |
| 3a | | |
| b 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> | | |
| 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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount 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 Minimum Asset Amount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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 2016 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-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

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 |
| |

| | | |
|--|--|---|
| SCHEDULE C (Form 990 or 990-EZ) | 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. | OMB No 1545-0047 2016 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | | |

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 |
|---|---|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> 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

| 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?

☐ **Yes** ☐ **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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (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? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 0 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 0 |
| 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 |
|------------------|-------------|
|------------------|-------------|

| | | | | | |
|---|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493318083517 | |
| <div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> | | <div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div> | | | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization COMMUNITY FOUNDATION OF THE GREAT RIVER BEND | | | | Employer identification number 42-6122716 | |
| 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 | 242 | | | |
| 2 | Aggregate value of contributions to (during year) | 2,955,095 | | | |
| 3 | Aggregate value of grants from (during year) | 4,874,885 | | | |
| 4 | Aggregate value at end of year | 32,830,945 | | | |
| 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) | | | | | |
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area | | | | | |
| <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure | | | | | |
| <input type="checkbox"/> 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? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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)? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 ► \$ | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | |
| | | Cat No 52283D | | Schedule D (Form 990) 2016 | |

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" on Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 96,809,548 | 98,215,540 | 85,298,466 | 73,475,980 | 60,284,354 |
| b Contributions | 6,695,801 | 8,597,311 | 17,201,159 | 8,581,880 | 9,872,318 |
| c Net investment earnings, gains, and losses | 7,163,962 | -4,252,397 | 1,615,797 | 7,192,827 | 6,810,648 |
| d Grants or scholarships | 8,919,525 | 4,712,310 | 4,791,573 | 2,999,047 | 2,619,035 |
| e Other expenditures for facilities and programs | 7,695 | 8,869 | 12,989 | 1,609 | 13,625 |
| f Administrative expenses | 1,086,392 | 1,029,727 | 1,095,320 | 951,565 | 858,680 |
| g End of year balance | 100,655,699 | 96,809,548 | 98,215,540 | 85,298,466 | 73,475,980 |

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

3a(i)

Yes

No

3a(ii)

Yes

No

3b

b

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

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' on 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 | 76,732 | 179,400 |
| d Equipment | | 293,090 | 221,807 | 71,283 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 250,683 |

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| DUE UNDER ANNUITY & TRUST AGREEMENTS | 2,328,392 |
| DEFERRED COMPENSATION | 126,771 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 2,455,163 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

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

Supplemental 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 |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| 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, 2016 AND 2015, 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, 2012 AND PRIOR. |

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As Filed Data -

DLN: 93493318083517

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
COMMUNITY FOUNDATION OF THE GREAT RIVER
BEND

Employer identification number
42-6122716

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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.

| (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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 260

3 Enter total number of other organizations listed in the line 1 table 4

Part III **Grants 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 | 77 | 487,873 | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 180ZONE INC 601 MARQUETTE ST DAVENPORT, IA 52802 | 32-0100540 | 501(C)(3) | 17,000 | | | | GENERAL SUPPORT, EQUIPMENT |
| 360 YOUTH SERVICES 1305 W OSWEGO ROAD NAPERVILLE, IL 60540 | 36-2936229 | 501(C)(3) | 7,000 | | | | 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 |
| A WELCOMING FAMILY OF FAITH INC 3100 W MADISON AVE FAIRFIELD, IA 52556 | 20-8071753 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| AFP - IL QC CHAPTER PO BOX 1663 MOLINE, IL 61266 | 36-3669288 | 501(C)(3) | 24,100 | | | | 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 |
| ALPINE LUTHERAN CHURCH 5001 FOREST VIEW AVE ROCKFORD, IL 61108 | 36-2280202 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |
| AMERICA'S FIRST GREAT DAM FOUNDATION INC 429 MAIN ST KEOKUK, IA 52632 | 46-4738291 | 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 |
| AMERICAN RED CROSS OF THE QCA 1100 RIVER DR MOLINE, IL 61265 | 53-0196605 | 501(C)(3) | 5,200 | | | | GENERAL SUPPORT |
| ARROWHEAD RANCH PO BOX 370 12200 104ST COAL VALLEY, IL 61240 | 36-2192833 | 501(C)(3) | 16,600 | | | | TUTION ASSISTANCE, 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 |
| ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804 | 42-0810207 | 501(C)(3) | 10,700 | | | | GENERAL SUPPORT, TUITION ASSISTANCE |
| ASSUMPTION HIGH SCHOOL FOUNDATION 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804 | 23-7311256 | 501(C)(3) | 5,000 | | | | EMBRACING OUR FUTURE ENDOWMENT FUND |

| 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 |
| AUCTION NAPA VALLEY PO BOX 141 ST HELENA, CA 94574 | 94-2702203 | 501(C)(3) | 29,905 | | | | GENERAL SUPPORT |
| AUGUSTANA COLLEGE 639 38TH ST ROCK ISLAND, IL 61201 | 36-2166962 | 501(C)(3) | 54,429 | | | | GENERAL SUPPORT, SCHOLARSHIPS, ENDOWMENT AND OTHER SPECIFIC FUNDS |

| 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 |
| BALLET QUAD CITIES 613 17TH ST ROCK ISLAND, IL 61201 | 42-1366753 | 501(C)(3) | 5,100 | | | | GENERAL SUPPORT |
| BETHANY FOR CHILDREN & FAMILIES PO BOX 697 MOLINE, IL 612660697 | 36-2166973 | 501(C)(3) | 22,208 | | | | 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 CHRISTIAN CHURCH 3487 TOWNE POINTE DR BETTENDORF, IA 52722 | 42-0924273 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT, SCHOOL SUPPLIES |
| BETTENDORF COMMUNITY SCHOOL DISTRICT PO BOX 1150 BETTENDORF, IA 52722 | 42-6000825 | CITY OF BETTENDORF | 19,841 | | | | GENERAL SUPPORT, 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 |
| BETTENDORF COMMUNITY SCHOOLS FOUNDATION PO BOX 1150 BETTENDORF, IA 52722 | 42-1251037 | 501(C)(3) | 12,100 | | | | AWARDS AND SCHOLARSHIPS |
| BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY 130 W 5TH ST DAVENPORT, IA 52801 | 42-1320908 | 501(C)(3) | 68,430 | | | | 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 |
| BIRDIES FOR CHARITY JOHN DEERE CLASSIC 15623 COALTOWN RD EAST MOLINE, IL 61244 | 93-1332421 | 501(C)(3) | 189,371 | | | | GENERAL SUPPORT |
| BIX BEIDERBECKE MUSEUM AND WORLD ARCHIVES LTD PO BOX 3052 DAVENPORT, IA 52808 | 26-3697618 | 501(C)(3) | 15,500 | | | | EDUCATION PROGRAM, MUSEUM 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 |
| BLACK HAWK COLLEGE ADULT EDUCATION PROGRAM 301 AVENUE OF THE CITIES EAST MOLINE, IL 61244 | 36-2482309 | 501(C)(3) | 15,000 | | | | EDUCATIONAL PROGRAM SUPPORT |
| BLACK HAWK COLLEGE FOUNDATION QUAD CITIES CAMPUS 6600 34TH AVENUE MOLINE, IL 61265 | 36-3240562 | 501(C)(3) | 23,376 | | | | SCHOLARSHIPS AND ENDOWMENT 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 |
| BONAPARTE COMMUNITY VOLUNTEER FIRE DEPARTMENT 29899 250TH ST BONAPARTE, IA 52620 | 27-4258132 | CITY OF BONAPARTE | 5,000 | | | | COMMUNICATION SYSTEM UPGRADES |
| BOSTON ARTS ACADEMY 174 IPSWICH STREET LECLAIRE, IA 52753 | 04-3454898 | 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 |
| BOYS & GIRLS CLUBS OF THE MISSISSIPPI VALLEY 338 6TH ST MOLINE, IL 61265 | 36-3838421 | 501(C)(3) | 16,700 | | | | GENERAL SUPPORT |
| BRAKING TRAFFIK CO FAMILY RESOURCES 2800 EASTERN AVE DAVENPORT, IA 52803 | 42-0698225 | 501(C)(3) | 6,543 | | | | GENERAL SUPPORT, PROGRAM EXPENSES |

| 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 COMMUNITY SCHOOL DISTRICT EDUCATION FOUNDATION 1429 WEST AVE BURLINGTON, IA 52601 | 42-1266807 | 501(C)(3) | 247,520 | | | | GENERAL SUPPORT, FUND CLOSING |
| CAFE ON VINE PO BOX 3375 DAVENPORT, IA 52808 | 43-2072739 | 501(C)(3) | 22,575 | | | | GENERAL SUPPORT, REPAIRS |

| 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 |
| CANINE COMPANIONS FOR INDEPENDENCE 4989 ST RT 37E DELAWARE, OH 43015 | 94-2494324 | 501(C)(3) | 10,600 | | | | GENERAL SUPPORT |
| CATHOLIC FOUNDATION FOR THE DIOCESE OF DAVENPORT 780 W CENTRAL PARK AVE MOLINE, IL 61265 | 26-4267643 | 501(C)(3) | 5,100 | | | | GENERAL SUPPORT & EDUCATION |

| 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 FAIR ASSOCIATION PO BOX 324 TIPTON, IA 52772 | 42-0681121 | 501(C)(5) | 10,000 | | | | BUILDING ADDITION |
| CEDAR COUNTY LAW ENFORCEMENT 711 E SOUTH ST DAVENPORT, IA 52802 | 42-6005281 | CEDAR COUNTY, IA | 5,000 | | | | 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 |
| CENTER FOR ACTIVE SENIORS INC 1035 W KIMBERLY RD DAVENPORT, IA 52806 | 42-1011267 | 501(C)(3) | 29,397 | | | | GENERAL SUPPORT |
| CENTRAL COMMUNITY EDUCATIONAL FOUNDATION PO BOX 225 DEWITT, IA 52742 | 45-2820783 | 501(C)(3) | 27,229 | | | | GENERAL SUPPORT, 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 |
| CENTRAL COMMUNITY SCHOOLS PO BOX 110 DEWITT, IA 52742 | 42-6040381 | CITY OF DEWITT | 11,141 | | | | GENERAL SUPPORT, SCHOLARSHIPS |
| CENTRAL LEE COMMUNITY SCHOOLS 2642 US HWY 218 DONNELLSON, IA 526259081 | 42-1256073 | 501(C)(3) | 5,250 | | | | GENERAL SUPPORT, 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 |
| CEOS FOR CITIES 1717 EUCLID AVENUE UR 130 LEVIN COLLEGE OF URBAN AFFAIRS CLEVELAND, OH 44115 | 13-4302280 | 501(C)(3) | 12,000 | | | | GENERAL SUPPORT |
| CHILD ABUSE COUNCIL 524 15TH ST MOLINE, IL 61265 | 36-2937848 | 501(C)(3) | 42,400 | | | | 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 |
| 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 - MOLINE 4450 48TH AVE CT ROCK ISLAND, IL 61201 | 36-2207922 | 501(C)(3) | 58,658 | | | | GENERAL SUPPORT, COMPUTER & SOFTWARE |

| 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 |
| CHRIST UNITED METHODIST CHURCH OF DAVENPORT 2330 W 41ST ST DAVENPORT, IA 52806 | 42-0945608 | 501(C)(3) | 12,900 | | | | GENERAL SUPPORT |
| CHRIST'S FAMILY CHURCH 4601 UTICA RIDGE RD DAVENPORT, IA 52807 | 42-1124738 | 501(C)(3) | 19,887 | | | | 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 |
| CHRISTIAN CARE PO BOX 4176 ROCK ISLAND, IL 61204 | 36-3146523 | 501(C)(3) | 33,300 | | | | GENERAL SUPPORT |
| CHRISTIAN FRIENDLINESS YOUTH HOPE 3928 12TH AVE MOLINE, IL 612652103 | 36-2193602 | 501(C)(3) | 5,450 | | | | 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 |
| CHURCHES UNITED OF THE QCA 2535 TECH DR STE 205 BETTENDORF, IA 52722 | 36-2480784 | 501(C)(3) | 23,650 | | | | GENERAL SUPPORT, EMERGENCY SHELTER |
| CITY OF BONAPARTE 616 FIRST STREET BOSTON, MA 52620 | 42-6004286 | CITY OF BONAPARTE | 5,000 | | | | EQUIPMENT UPGRADE |

| 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 |
| CITY OF FARMINGTON PO BOX 477 FARMINGTON, IA 52626 | 42-6004661 | CITY OF FARMINGTON | 5,000 | | | | EDUCATION EXPANSION |
| CITY OF FORT MADISON PO BOX 240 FORT MADISON, IA 52627 | 42-6004688 | CITY OF FORT MADISON | 14,500 | | | | PORT OF FORT MADISON |

| 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 |
| CITY OF FULTON 415 11TH AVE FULTON, IL 61252 | 36-6005887 | CITY OF FULTON | 13,200 | | | | MARTIN MUSEUM SUPPORT |
| CITY OF LOWDEN PO BOX 310 LOWDEN, IA 52255 | 42-6004898 | CITY OF LOWDEN | 10,000 | | | | BLEACHER REPLACEMENT |

| 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 |
| CITY OF TIPTON 407 LYNN ST TIPTON, IA 52772 | 42-6005280 | CITY OF TIPTON | 7,000 | | | | FIREFIGHTING AND RESCUE UNIT |
| CITY OF WAPELLO 206 N MAIN WAPELLO, IA 52653 | 42-6005312 | CITY OF WAPELLO | 7,000 | | | | 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 |
| CLARENCE AMBULANCE SERVICE PO BOX 232 CLINTON, IA 52732 | 20-0897024 | 501(C)(3) | 5,000 | | | | CHAIR PROJECT |
| CLINTON COUNTY VISITING NURSING FOUNDATION OF 611 N 2ND ST KEOKUK, IA 52632 | 42-0680311 | 501(C)(3) | 12,051 | | | | 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 |
| CLINTON PUBLIC LIBRARY 306 8TH AVE S CLINTON, IA 52732 | 42-6004399 | CITY OF CLINTON | 6,000 | | | | GENERAL SUPPORT |
| COLUMBUS JUNCTION COMMUNITY DEVELOPMENT CENTER 232 SECOND ST COLUMBUS JUNCTION, IA 52738 | 42-6004411 | CITY OF COLUMBUS JUN | 12,000 | | | | 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 |
| COMFORT ZONE CAMP MASSACHUSETTS 5 LOWELL AVENUE 1ST FLOOR WINCHESTER, MA 01890 | 54-1916517 | 501(C)(3) | 5,500 | | | | GENERAL SUPPORT |
| COMMUNITY ACTION OF EASTERN IOWA 500 E 59TH STREET DAVENPORT, IA 52807 | 42-0921929 | 501(C)(3) | 8,920 | | | | WEBSITE UPGRADES |

| 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 |
| COMMUNITY ACTION OF SOUTHEAST IOWA 2850 MT PLEASANT STREET STE 108 BURLINGTON, IA 52601 | 42-0923961 | 501(C)(3) | 6,000 | | | | SECURITY CAMERAS |
| COMMUNITY FOUNDATION OF DES MOINES COUNTY RIVER PARK PLACE 610 N 4TH ST STE 200 BURLINGTON, IA 52601 | 81-2577027 | 501(C)(3) | 20,914 | | | | 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 |
| COMMUNITY FOUNDATION OF GREATER DUBUQUE 700 LOCUST ST STE 195 TIPTON, IA 52772 | 42-1526614 | 501(C)(3) | 2,901,658 | | | | GENERAL SUPPORT |
| COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 W 2ND ST STE 213 MUSCATINE, IA 52761 | 42-1495980 | 501(C)(3) | 634,242 | | | | 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 |
| COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801 | 42-1060724 | 501(C)(3) | 9,725 | | | | GENERAL SUPPORT, EQUIPMENT |
| CONGREGATION OF THE HUMILITY OF MARY (CHM) 820 W CENTRAL PARK AVE DAVENPORT, IA 528041900 | 42-0681059 | 501(C)(3) | 31,360 | | | | 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 |
| COURT STREET UNITED METHODIST CHURCH 215 N COURT ST ROCKFORD, IL 61103 | 36-2167042 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| DAVENPORT COMMUNITY SCHOOL DISTRICT 1606 BRADY ST DAVENPORT, IA 52803 | 42-6001350 | CITY OF DAVENPORT | 8,602 | | | | 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 |
| DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 52801 | 42-6004463 | CITY OF DAVENPORT | 10,315 | | | | GENERAL SUPPORT |
| DAW BURLINGTON COMMUNITY POLICING FOUNDATION 424 N 3RD STREET BURLINGTON, IA 52601 | 42-6256627 | 501(C)(3) | 5,350 | | | | 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 |
| DOLLYWOOD FOUNDATION ATTN OPERATIONS DEPARTMENT 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE, TN 378634113 | 62-1348105 | 501(C)(3) | 13,251 | | | | GENERAL SUPPORT |
| DOUDS COMMUNITY CLUB 14063 WALNUT ST DOUDS, IA 52551 | 42-1457570 | CITY OF DOUDS | 5,000 | | | | FENCE AND BLEACHER |

| 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 |
| DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114505 | 42-0680460 | 501(C)(3) | 1,500 | | | | ALUMNI SUPPORT |
| DREAMWEAVER FOUNDATION 1562 S 187TH CIRCLE OMAHA, NE 68130 | 46-1021073 | 501(C)(3) | 40,000 | | | | 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 |
| EAST TEXAS COMMUNITIES FOUNDATION 315 N BROADWAY STE 210 TYLER, TX 75702 | 75-2309138 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| EAST TEXAS CRISIS CENTER PO BOX 7060 TYLER, TX 75701 | 75-1641173 | 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 |
| EAST TEXAS SYMPHONY ORCHESTRA PO BOX 6323 TYLER, TX 75711 | 75-6013387 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| EASTERN IOWA COMMUNITY COLLEGE DISTRICT DOWNTOWN CAMPUS FOUNDATION 306 W RIVER DRIVE BURLINGTON, IA 52601 | 47-3173513 | 501(C)(3) | 5,000 | | | | BUILDING CAMPAIGN |

| 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 |
| FAMILY RESOURCES INC 2800 EASTERN AVE DAVENPORT, IA 52803 | 42-0698225 | 501(C)(3) | 47,331 | | | | GENERAL SUPPORT, OPENING DOORS GALA |
| FIGGE ART MUSEUM 225 W 2ND ST DAVENPORT, IA 52801 | 42-6090398 | 501(C)(3) | 96,057 | | | | GENERAL SUPPORT, MAJOR EXHIBITIONS 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 |
| FIRST CONGREGATIONAL CHURCH 2201 7TH AVE MOLINE, IL 61265 | 36-2167069 | 501(C)(3) | 5,250 | | | | OPERATING SUPPORT, GENERAL SUPPORT |
| FIRST METHODIST CHURCH OF GENESEO 302 N STATE ST GENESEO, IL 61254 | 36-2902302 | 501(C)(3) | 6,815 | | | | 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 |
| FIRST PRESBYTERIAN CHURCH - DAVENPORT 1702 IOWA ST DAVENPORT, IA 52803 | 42-0707098 | 501(C)(3) | 44,470 | | | | GENERAL SUPPORT |
| FOOD BANK OF SOUTHERN IOWA P O BOX 1294 OTTUMWA, IA 52501 | 42-1207197 | 501(C)(3) | 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 |
| FORT MADISON COMMUNITY SCHOOL DISTRICT PO BOX 1423 FORT MADISON, IA 52627 | 42-1271874 | CITY OF FORT MADISON | 11,700 | | | | STEM LAB, GENERAL SUPPORT |
| FOTOKIDS INC 1333 JONES ST 1001 SAN FRANCISCO, CA 94109 | 45-1261970 | 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 |
| FREEDOM HOMES MINISTRIES OF THE QCA 720 E LOCUST ST MILAN, IL 61264 | 43-2083544 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| FRIENDLY HOUSE OF DAVENPORT IOWA 1221 MYRTLE ST DAVENPORT, IA 52804 | 42-0733466 | 501(C)(3) | 6,133 | | | | HOLIDAY PROGRAM, 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 |
| FRIENDS OF BETTENDORF PARKS FOUNDATION 1609 STATE ST BETTENDORF, IA 52722 | 23-7436443 | 501(C)(3) | 7,400 | | | | GENERAL SUPPORT |
| FRIENDS OF DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 528051490 | 42-1204594 | 501(C)(3) | 15,180 | | | | GENERAL SUPPORT, BOOKS AND OTHER MATERIALS |

| 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 |
| FRIENDS OF IOWA PUBLIC TELEVISION PO BOX 6400 JOHNSTON, IA 50131 | 42-1169207 | 501(C)(3) | 6,150 | | | | GENERAL SUPPORT |
| FRIENDS OF THE DONNELSON PUBLIC LIBRARY 500 PARK PO BOX 290 DONNELSON, IA 52625 | 90-0779158 | 501(C)(3) | 5,000 | | | | NEW LIBRARY FURNISHINGS |

| 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 |
| FRIENDS OF THE FULTON WINDMILL 909 8TH AVE BETTENDORF, IA 52722 | 36-4290403 | 501(C)(3) | 11,290 | | | | GENERAL SUPPORT |
| FRIENDS OF THE LECLAIRE COMMUNITY LIBRARY CO LECLAIRE COMMUNITY LIBRARY 323 WISCONSIN ST DAVENPORT, IA 52801 | 42-1519585 | 501(C)(3) | 6,300 | | | | GENERAL SUPPORT, NEW SHELVING |

| 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 |
| FRIENDSHIP MANOR INC 1209 21ST AVE ROCK ISLAND, IL 61201 | 36-2524984 | 501(C)(3) | 5,650 | | | | GENERAL SUPPORT |
| FULTON FIRE PROTECTION DISTRICT 1802 16TH AVE FULTON, IL 612521727 | 36-3791362 | CITY OF FULTON | 5,000 | | | | GENERAL SUPPORT, SAFETY PROGRAM |

| 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 |
| FULTON TOWNSHIP PO BOX 162 FULTON, IL 61252 | 36-6006285 | CITY OF FULTON | 7,110 | | | | CEMETERY PROJECT |
| GABE'S ALL-INCLUSIVE PLAY VILLAGE PO BOX 4172 DAVENPORT, IA 52803 | 81-3407766 | 501(C)(3) | 10,000 | | | | PLAYGROUND CONSTRUCTION |

| 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 |
| GENESEO PARK DISTRICT 541 E NORTH ST GENESEO, IL 61254 | 36-6008287 | CITY OF GENESEO | 10,000 | | | | POOL PROJECT |
| GENESEO PARK DISTRICT FOUNDATION 541 EAST NORTH ST GENESEO, IL 61254 | 36-4783526 | 501(C)(3) | 115,040 | | | | 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 |
| GENESEO PUBLIC LIBRARY DISTRICT 805 N CHICAGO ST FORT MADISON, IA 52627 | 36-2324945 | 501(C)(3) | 5,650 | | | | GENERAL SUPPORT |
| GENESIS FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803 | 42-1421670 | 501(C)(3) | 18,720 | | | | GENERAL SUPPORT, 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 |
| GENESIUS THEATRE FOUNDATION INC 1120 40TH ST ROCK ISLAND, IL 612013113 | 36-3852749 | 501(C)(3) | 10,950 | | | | GENERAL SUPPORT, LIGHTING, INTERNSHIPS |
| GERMAN AMERICAN HERITAGE CENTER 712 W 2ND ST DAVENPORT, IA 52803 | 42-1424418 | 501(C)(3) | 12,250 | | | | GENERAL SUPPORT, WINDOW REPLACEMENTS |

| 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 |
| GILDA'S CLUB QUAD CITIES 1234 E RIVER DR DAVENPORT, IA 52803 | 42-1446989 | 501(C)(3) | 51,071 | | | | GENERAL SUPPORT, TECHNOLOGY REPLACEMENTS, YOUTH EDUCATION |
| GOD'S WAY CHRISTIAN CENTER 1623 DES MOINES STREET KEOKUK, IA 52632 | 31-1600211 | 501(C)(3) | 5,500 | | | | GENERAL SUPPORT, FACILITY 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 |
| GRAND THEATRE CORPORATE FOUNDATION PO BOX 1024 KEOKUK, IA 52632 | 42-1355550 | 501(C)(3) | 5,000 | | | | BUILDING RESTORATION |
| GREAT RIVER AREA YOUTH MENTORING 629 BLONDEAU ST SUITE 201 ROCK ISLAND, IL 61201 | 81-1138135 | 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 |
| GREATER CEDAR RAPIDS COMMUNITY FOUNDATION 324 3RD STREET SE CEDAR RAPIDS, IA 52401 | 42-6053760 | 501(C)(3) | 26,448 | | | | GENERAL SUPPORT |
| GRINNELL COLLEGE FINANCIAL AID OFFICE 1115 8TH AVE GRINNELL, IA 50112 | 42-0680387 | 501(C)(3) | 300 | | | | 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 |
| GROW QUAD CITIES - IOWA 331 W 3RD ST DAVENPORT, IA 52801 | 42-1292789 | 501(C)(3) | 23,200 | | | | GENERAL SUPPORT |
| HABITAT FOR HUMANITY - COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113 | 59-1834379 | 501(C)(3) | 5,120 | | | | 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 |
| HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807 | 42-1404937 | 501(C)(3) | 84,164 | | | | GENERAL SUPPORT, TRUCK |
| HAND IN HAND 3860 MIDDLE RD BETTENDORF, IA 52722 | 42-1508508 | 501(C)(3) | 25,417 | | | | 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 |
| HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE RD DAVENPORT, IA 52806 | 42-0947868 | 501(C)(3) | 10,560 | | | | GENERAL SUPPORT |
| HEALTHY HAPPY FAMILIES FOUNDATION 4052 THUNDER RIDGE RD BETTENDORF, IA 52722 | 47-1678252 | 501(C)(3) | 8,822 | | | | 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 |
| HELP REGIONAL OFFICE OF IOWA LEGAL AID 736-FEDERAL ST STE 1401 DAVENPORT, IA 52804 | 42-1079227 | 501(C)(3) | 11,100 | | | | GENERAL SUPPORT |
| HENRY COUNTY HUMANE SOCIETY 14606 ROOS HILL RD GENESEO, IL 61254 | 36-3055921 | 501(C)(3) | 255,500 | | | | GENERAL SUPPORT, NEW SHELTER BUILDING PROJECT |

| 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 |
| HENRY COUNTY YOUTH SERVICES BUREAU 292 SOUTH EAST ROAD CAMBRIDGE, IL 61238 | 36-2897587 | 501(C)(3) | 10,500 | | | | GENERAL SUPPORT |
| HOLY FAMILY CATHOLIC CHURCH 4401 HIGHCREST RD ROCKFORD, IL 61107 | 36-2534529 | 501(C)(3) | 10,200 | | | | 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 |
| HOLY FAMILY PARISH 1111 AVE E FORT MADISON, IA 52627 | 90-0478240 | 501(C)(3) | 72,780 | | | | ANNUAL DISTRIBUTION, GENERAL SUPPORT |
| HOLY TRINITY CATHOLIC SCHOOLS EDUCATIONAL FOUNDATION 2600 AVE A FORT MADISON, IA 52627 | 42-1330855 | 501(C)(3) | 110,550 | | | | TUITION ASSISTANCE, 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 |
| HOLY TRINITY CATHOLIC SCHOOLS INC PO BOX 39 WEST POINT, IA 52656 | 20-3063265 | 501(C)(3) | 74,950 | | | | SCHOLARSHIPS, GENERAL SUPPORT, CAPITAL IMPROVEMENTS |
| HOPE AT THE BRICK HOUSE INC PO BOX 3003 DAVENPORT, IA 52808 | 35-2531721 | 501(C)(3) | 10,658 | | | | TECHNOLOGY IMPROVEMENTS |

| 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 |
| HOPE HAVEN AREA DEVELOPMENT CENTER CORPORATION 828 N 7TH ST ROCK ISLAND, IL 61201 | 42-1000580 | 501(C)(3) | 24,950 | | | | TUITION ASSISTANCE, SCHOLARSHIPS, GENERAL SUPPORT |
| HUMANE SOCIETY OF SCOTT COUNTY 2802 W CENTRAL PARK AVE DAVENPORT, IA 52804 | 42-0801836 | 501(C)(3) | 9,173 | | | | 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 |
| HUMILITY OF MARY HOUSING INC (HMHI) 3805 MISSISSIPPI AVE DAVENPORT, IA 528071816 | 42-1349437 | 501(C)(3) | 44,495 | | | | GENERAL SUPPORT |
| HUMILITY OF MARY SHELTER INC (HMSI) 1016 W 5TH ST DAVENPORT, IA 52802 | 01-0916973 | 501(C)(3) | 87,640 | | | | 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 |
| ILLINOIS EASTERN IA DIST OF KIWANIS INTL SPASTIC PARALYSIS RES 2416 E WASHINGTON ST SUITE B2 BLOOMINGTON, IL 61704 | 36-6070441 | 501(C)(3) | 5,500 | | | | RESEARCH PROGRAM, DISTRIC CONVENTION |
| ILLOWA FELLOWSHIP OF CHRISTIAN ATHLETES 218 S STATE ST GENESEO, IL 61254 | 44-0610626 | 501(C)(3) | 6,400 | | | | 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 |
| ILLOWA SHEET METAL WORKERS LOCAL 91 JOINT APP 8124 42ND STR W DES MOINES, IA 50309 | 36-2858961 | 501(C)(3) | 6,200 | | | | EQUIPMENT |
| IOWA CREDIT UNION FOUNDATION PO BOX 8467 DES MOINES, IA 50301 | 42-1438113 | 501(C)(3) | 5,000 | | | | DOCUMENTARY |

| 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 |
| IOWA JOBS FOR AMERICA'S GRADUATES - IJAG GRIMES BUILDING 3RD FLOOR 400 E 14 ST DES MOINES, IA 50319 | 42-1492988 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| IOWA LEGAL AID 1111 NINTH STREET SUITE 230 DES MOINES, IA 50314 | 42-1079227 | 501(C)(3) | 7,860 | | | | TECHNOLOGY UPGRADE |

| 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 |
| IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 500108644 | 42-1143702 | 501(C)(3) | 56,743 | | | | SCHOLARSHIPS |
| JEFFERSON PRAIRIE LUTHERAN CHURCH 23184 BERGEN ROAD POPLAR GROVE, IL 61065 | 36-3513668 | 501(C)(3) | 5,000 | | | | RESTORATION |

| 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 |
| JEWISH FEDERATION OF COLLIER COUNTY 2500 VANDERBILT BEACH RD STE 2201 NAPLES, FL 341090613 | 59-2151725 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| JUDICIAL WATCH 425 3RD STREET SW STE 800 WASHINGTON, DC 20024 | 52-1885088 | 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 |
| JUNIOR ACHIEVEMENT OF THE HEARTLAND 800 12TH AVE GENESEO, IL 61254 | 36-2684253 | 501(C)(3) | 17,950 | | | | TECHNOLOGY UPGRADE, GENERAL SUPPORT |
| JUVENILE DIABETES RESEARCH FOUNDATION - HEARTLAND CHAPTER 9202 W DODGE ROAD DAVENPORT, IA 52807 | 23-1907729 | 501(C)(3) | 37,000 | | | | 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 |
| KAABA SHRINERS PO BOX 3627 DAVENPORT, IA 52808 | 51-0171597 | 501(C)(3) | 57,440 | | | | LOCAL CONSISTORY OF SHRINERS |
| KAHL HOME 6701 JERSEY RIDGE RD DAVENPORT, IA 52808 | 42-0760833 | 501(C)(3) | 22,250 | | | | 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 |
| KEOKUK AREA COMMUNITY FOUNDATION 101 N 12TH ST KEOKUK, IA 52632 | 20-1838372 | 501(C)(3) | 235,430 | | | | GENERAL SUPPORT |
| KEOSAUQUA VOLUNTEER FIRE DEPARTMENT PO BOX 252 KEOSAUQUA, IA 52565 | 42-1184513 | 501(C)(3) | 5,000 | | | | 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 |
| KING'S HARVEST 5837 WISCONSIN AVE DAVENPORT, IA 52807 | 42-1519570 | 501(C)(3) | 14,962 | | | | GENERAL SUPPORT |
| KOMEN RACE FOR THE CURE -QC AFFILIATE 4500 UTICA RIDGE RD BETTENDORF, IA 52722 | 75-2462834 | 501(C)(3) | 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 |
| LOUISA COUNTY AMBULANCE 105 GAMBLE DAVENPORT, IA 52801 | 42-1339725 | 501(C)(3) | 5,234 | | | | EQUIPMENT |
| LOUISA DEVELOPMENT GROUP 117 S MAIN WAPELLO, IA 52653 | 75-3145831 | 501(C)(3) | 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 |
| LOVE GIRLS MAGAZINE 2520 27TH STREET ROCK ISLAND, IL 61201 | 46-1668735 | | 14,500 | | | | GENERAL SUPPORT |
| LUTHER COLLEGE DEVELOPMENT OFFICE 700 COLLEGE DR DUBUQUE, IA 52001 | 42-0680466 | 501(C)(3) | 2,900 | | | | 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 |
| LUTHER MANOR FOUNDATION 3131 HILLCREST RD DUBUQUE, IA 52001 | 42-1523327 | 501(C)(3) | 21,900 | | | | EXPANSION PROJECT |
| MAKE A WISH FOUNDATION OF AMERICA 4742 N 24TH ST STE 400 PHOENIX, AZ 85016 | 86-0481941 | 501(C)(3) | 10,648 | | | | 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 |
| MARTIN LUTHER KING JR COMMUNITY CENTER 630 MARTIN LUTHER KING DR DECORAH, IA 52101 | 36-3100490 | 501(C)(3) | 75,000 | | | | GENERAL SUPPORT, YOUTH PROGRAMS |
| METROPOLITAN FAMILY SERVICES - DUPAGE 222 E WILLOW AVE WHEATON, IL 60187 | 36-2167061 | 501(C)(3) | 17,500 | | | | 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 |
| MIDWEST WRITING CENTER 401 19TH ST ROCK ISLAND, IL 61201 | 42-1126078 | 501(C)(3) | 10,450 | | | | GENERAL SUPPORT, SERVER UPGRADE |
| MOLINE PARK DEPARTMENT 3635 4TH AVE MOLINE, IL 61265 | 36-6005999 | CITY OF MOLINE | 19,000 | | | | 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 |
| MONTESSORI HEARTLAND TEACHER EDUCATION CENTER 2100 48TH ST MOLINE, IL 61265 | 36-3200060 | 501(C)(3) | 14,410 | | | | AIM4EXCELLENCE |
| MONTROSE RIVERFRONT INC 41 BLUFF PARK MONTROSE, IA 52639 | 20-1872480 | 501(C)(3) | 5,000 | | | | GROWING LANDING |

| 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 |
| NAHANT MARSH EDUCATIONAL CENTER 4220 S WAPELLO AVE DAVENPORT, IA 52802 | 38-3667579 | 501(C)(3) | 11,500 | | | | GENERAL SUPPORT |
| NAPERVILLE EDUCATION FOUNDATION 203 W HILLSIDE ROAD NAPERVILLE, IL 60540 | 36-3844402 | 501(C)(3) | 7,500 | | | | PROGRAM SPEAKER |

| 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 |
| NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) 1035 W KIMBERLY RD DAVENPORT, IA 52806 | 42-1188963 | 501(C)(3) | 15,000 | | | | MENTAL HEALTH BOOTCAMP |
| NATIONAL CHRISTIAN FOUNDATION - NATIONAL OFFI 11625 RAINWATER DR SUITE 500 ALPHARETTA, GA 30009 | 58-1493949 | 501(C)(3) | 16,666 | | | | 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 |
| NEW KINGDOM TRAILRIDERS 18929 81ST ST SHERRARD, IL 61281 | 36-3344113 | 501(C)(3) | 14,750 | | | | GENERAL SUPPORT |
| NEWMAN CENTRAL CATHOLIC HIGH SCHOOL DEVELOPMENT OFFICE 1101 W 23RD ST STERLING, IL 61081 | 36-2385216 | 501(C)(3) | 21,000 | | | | MEMORIALS, ENDOWMENTS |

| 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 |
| NORTH CEDAR COMMUNITY SCHOOL DISTRICT 102 E NORTH ST STANWOOD, IA 52337 | 42-1430236 | CITY OF STANWOOD | 49,113 | | | | GRANTS PROGRAM, STEM |
| NORTH SCOTT EDUCATIONAL FOUNDATION PO BOX 16 ELDRIDGE, IA 52748 | 42-1255950 | 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 |
| NORTHERN ILLINOIS UNIVERSITY FOUNDATION ALTGELD HALL 135 CENTER 525 BELMONT RD BETTENDORF, IA 52722 | 36-6086819 | 501(C)(3) | 15,000 | | | | SCHOLARSHIPS, GENERAL SUPPORT |
| OAKDALE MEMORIAL GARDENS INC PERPETUAL CARE TRUST 2501 EASTERN AVENUE DAVENPORT, IA 52803 | 42-0445550 | 501(C)(13) | 462,735 | | | | 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 |
| ODELL PUBLIC LIBRARY 307 S MADISON ST MORRISON, IL 61270 | 75-3224835 | CITY OF MORRISON | 10,300 | | | | GENERAL SUPPORT |
| ORION HIGH SCHOOL 1100 13TH AVE ORION, IL 61273 | 36-3465188 | 501(C)(3) | 29,250 | | | | 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 |
| PARENT BOOSTER USA INC 1120 MAIN STREET DAVENPORT, IA 52803 | 26-0369919 | 501(C)(3) | 17,943 | | | | GRAND PIANO |
| PEACE CHURCH OF CHRIST UNITED 414 MAPLE ST BENNETT, IA 52721 | 42-0815852 | 501(C)(3) | 8,400 | | | | 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 |
| PLANNED PARENTHOOD OF THE HEARTLAND 818 5TH AVE STE 200 DURANT, IA 52747 | 42-0727488 | 501(C)(3) | 9,400 | | | | GENERAL SUPPORT |
| PLEASANT VALLEY SCHOOLS EDUCATIONAL FOUNDATION BELMONT ADMINISTRATION BERKELEY, CA 94708 | 42-1368149 | 501(C)(3) | 30,700 | | | | 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 |
| PRESBYTERIAN CHURCH OF FULTON 311 N 9 ST FULTON, IL 61252 | 36-3259704 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| UNION OF THE SISTERS OF PRESENTATION OF THE BLESSED VIRGIN MARY 1101 32ND AVENUE S FARGO, ND 58103 | 22-2985924 | 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 |
| PROJECT RENEWAL INC 906 W 5TH ST DAVENPORT, IA 52802 | 13-4292017 | 501(C)(3) | 31,500 | | | | GENERAL SUPPORT, SUMMER YOUTH PROGRAM |
| PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH ST DAVENPORT, IA 52804 | 42-0680474 | 501(C)(3) | 25,750 | | | | GENERAL SUPPORT, STRATEGIC PLAN |

| 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 |
| QC UNITED PO BOX 1388 BETTENDORF, IA 52722 | 90-0419639 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT, NEW OFFICE |
| QUAD CITIES CULTURAL & EDUCATIONAL SUPPORTING 1958 E 50TH CT CLARENCE, IA 52216 | 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 DAVENPORT, IA 52803 | 36-2952894 | 501(C)(3) | 6,728 | | | | GENERAL SUPPORT |
| QUAD CITY ARTS 1715 2ND AVE ROCK ISLAND, IL 61201 | 36-3122824 | 501(C)(3) | 12,800 | | | | GENERAL SUPPORT, APPRENTICESHIP PROGRAM |

| 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 BOTANICAL CENTER 2525 4TH AVE ROCK ISLAND, IL 612013413 | 36-3496537 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT, EDUCATION |
| QUAD CITY SYMPHONY ORCHESTRA 327 BRADY ST DAVENPORT, IA 52801 | 42-6017663 | 501(C)(3) | 35,317 | | | | GENERAL SUPPORT, 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 |
| REBUILDING TOGETHER QUAD CITIES 2435 KIMBERLY RD STE 80 N BETTENDORF, IA 52722 | 42-1351743 | 501(C)(3) | 20,300 | | | | GENERAL SUPPORT, HOME REPAIR GRANT |
| RIVER ACTION INC PO BOX 964 DAVENPORT, IA 52806 | 42-1267366 | 501(C)(3) | 23,800 | | | | 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 BEND COMMUNITY UNIT SCHOOL DISTRICT 1110 3RD ST FULTON, IL 61252 | 36-2661586 | CITY OF FULTON | 6,800 | | | | GENERAL SUPPORT, PRINTER |
| RIVER BEND EDUCATIONAL FOUNDATION 1110 3RD ST FULTON, IL 61252 | 36-3428777 | 501(C)(3) | 24,500 | | | | GENERAL SUPPORT, 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 |
| RIVER BEND FOODBANK 4010 KIMMEL DR DAVENPORT, IA 52803 | 36-3147342 | 501(C)(3) | 85,935 | | | | GENERAL SUPPORT |
| RIVER MUSIC EXPERIENCE 129 N MAIN ST DAVENPORT, IA 52801 | 43-2005678 | 501(C)(3) | 5,700 | | | | 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 |
| RIVERMONT COLLEGIATE 1821 SUNSET DR BETTENDORF, IA 52722 | 42-0703279 | 501(C)(3) | 6,860 | | | | GENERAL SUPPORT |
| ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 4600 3RD ST MOLINE, IL 61265 | 36-2739299 | 501(C)(3) | 57,700 | | | | QC EATING DISORDERS CONSORTIUM |

| 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 FOUNDATION PO BOX 527 MIAN, IL 61264 | 36-3268240 | 501(C)(3) | 5,600 | | | | GENERAL SUPPORT |
| ROCK ISLAND COUNTY REGIONAL OFFICE OF EDUCATION 3430 AVE OF THE CITIES MOLINE, IL 61265 | 36-3264395 | CITY OF MOLINE | 33,400 | | | | CIRRICULUM MATERIALS |

| 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-MILAN SCHOOL DISTRICT 2101 6TH AVE ROCK ISLAND, IL 61201 | 36-5005357 | CITY OF ROCK ISLAND | 11,033 | | | | NEW EQUIPMENT, GENERAL SUPPORT |
| ROCKFORD RESCUE MISSION 715 W STATE ROCKFORD, IL 61102 | 36-6132381 | 501(C)(3) | 6,523 | | | | GENERAL SUPPORT, PROJECT ELLF |

| 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 |
| ROCKFORD SYMPHONY ORCHESTRA 711 N MAIN ST SUITE 6 ROCKFORD, IL 61103 | 26-1180940 | 501(C)(3) | 5,685 | | | | GENERAL SUPPORT |
| ROTARY CLUB OF DAVENPORT IOWA PO BOX 2483 DAVENPORT, IA 52809 | 42-0499088 | 501(C)(4) | 6,900 | | | | 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 |
| RUTABAGA HEART OF REGIONAL ART 131 S STATE ST GENESEO, IL 61254 | 81-1228467 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| SACRED HEART CATHEDRAL 422 E 10TH ST DAVENPORT, IA 52803 | 42-6005490 | 501(C)(3) | 17,600 | | | | GENERAL SUPPORT, CAPITAL CAMPAIGN |

| 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 |
| SACRED HEART CATHEDRAL FOUNDATION 422 E 10TH ST DAVENPORT, IA 52803 | 45-1584666 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| SACRED HEART CHURCH 2224 AVE J STERLING, IL 61081 | 36-2655051 | 501(C)(3) | 6,500 | | | | 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 |
| SAFER FOUNDATION - QUAD CITIES 1702 N MAIN ST DAVENPORT, IA 52803 | 36-2762168 | 501(C)(3) | 13,050 | | | | GENERAL SUPPORT |
| SAL FAMILY AND COMMUNITY SERVICES 4800 60TH ST MOLINE, IL 61265 | 36-2728411 | 501(C)(3) | 5,500 | | | | 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 |
| SALVATION ARMY - HEARTLAND DIVISION 5550 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192 | 36-2167910 | 501(C)(3) | 5,050 | | | | GENERAL SUPPORT |
| SALVATION ARMY - TYLER 633 N BROADWAY AVE TYLER, TX 75702 | 58-0660607 | 501(C)(3) | 20,000 | | | | 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 |
| SAN CARLOS FOUNDATION 1065 CRESTON ROAD BETTENDORF, IA 52722 | 68-0040121 | 501(C)(3) | 5,000 | | | | SUPPORT FOR VOLUNTEERS |
| SCHMALING MEMORIAL PUBLIC LIBRARY DISTRICT PO BOX 125 FULTON, IL 61252 | 36-2806494 | CITY OF FULTON | 6,300 | | | | 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 |
| SCHOOL HEALTH LINK INC 2508 25TH ST STE A ROCK ISLAND, IL 61201 | 36-4109801 | 501(C)(3) | 22,500 | | | | GENERAL SUPPORT |
| SCHWAB CHARITABLE FUND 211 MAIN ST SAN FRANCISCO, CA 94105 | 31-1640316 | 501(C)(3) | 25,000 | | | | 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 COMMUNITY COLLEGE FOUNDATION 500 BELMONT RD BETTENDORF, IA 52722 | 42-1255106 | 501(C)(3) | 20,400 | | | | SCHOLARSHIPS, GENERAL SUPPORT |
| SCOTT COUNTY FAMILY YMCA 606 W 2ND ST DAVENPORT, IA 52801 | 42-0703278 | 501(C)(3) | 70,550 | | | | GENERAL SUPPORT, 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 |
| SOCIETY OF AMERICAN MILITARY ENGINEERS - ROCK CLOCK TOWER BUILDING COLUMBUS JUNCTION, IA 52738 | 36-6164995 | 501(C)(3) | 9,000 | | | | SCHOLARSHIPS |
| SOUTHEASTERN COMMUNITY COLLEGE FOUNDATION 1500 WEST AGENCY RD PO BOX 180 WEST BURLINGTON, IA 52655 | 42-1212111 | 501(C)(3) | 33,016 | | | | SCHOLARSHIPS, CAMPAIGN |

| 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 |
| SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND, IL 61201 | 45-0561173 | 501(C)(3) | 27,300 | | | | GENERAL SUPPORT |
| ST AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803 | 42-0703280 | 501(C)(3) | 71,385 | | | | GENERAL SUPPORT, SCHOLARSHIPS, STADIUM PROJECT |

| 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 ANNE CATHOLIC CHURCH 555 18TH AVE EAST MOLINE, IL 61244 | 36-2167862 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| ST ANTHONY CATHOLIC CHURCH 417 MAIN ST DAVENPORT, IA 52802 | 42-0698840 | 501(C)(3) | 78,767 | | | | GENERAL SUPPORT, MAINTENANCE |

| 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 FRANCIS DE SALES CATHOLIC CHURCH 148 W MAIN ST LAKE GENEVA, WI 53147 | 39-0852955 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| ST FRANCIS EPISCOPAL CHURCH 3232 JAN AVE TYLER, TX 75701 | 75-1381975 | 501(C)(3) | 20,000 | | | | IMPROVEMENTS |

| 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 JOHN VIANNEY CATHOLIC CHURCH 4097 18TH ST BETTENDORF, IA 52722 | 23-7287959 | 501(C)(3) | 8,220 | | | | GENERAL SUPPORT |
| ST JOHN'S LUTHERAN CHURCH EAST MOLINE 1450 30TH AVE EAST MOLINE, IL 61244 | 36-6094581 | 501(C)(3) | 9,100 | | | | 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 |
| ST JOHN'S UNITED METHODIST CHURCH 109 E 14TH ST DAVENPORT, IA 52804 | 42-0699788 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| ST JOSEPH THE WORKER HOUSE ASSOCIATION 901 20TH STREET FULTON, IL 61252 | 92-0192137 | 501(C)(3) | 11,500 | | | | GENERAL SUPPORT, OFFICE 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 |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PL MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 10,850 | | | | GENERAL SUPPORT |
| ST MALACHY'S CHURCH 595 E OGDEN AVE GENESEO, IL 61254 | 36-2200253 | 501(C)(3) | 12,500 | | | | 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 |
| ST MARY'S COLLEGE OF NOTRE DAME OFFICE OF DEVELOPMENT 110 LE MANS HALL NOTRE DAME, IN 46556 | 53-0196617 | 501(C)(3) | 16,500 | | | | GENERAL SUPPORT |
| ST PAUL LUTHERAN CHURCH 715 S 3RD ST ROCK ISLAND, IL 61201 | 42-0794370 | 501(C)(3) | 89,964 | | | | TERMINATION OF FUND |

| 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) | 9,500 | | | | GENERAL SUPPORT |
| ST PAUL THE APOSTLE CHURCH 916 E RUSHOLME DAVENPORT, IA 52804 | 42-0794371 | 501(C)(3) | 29,000 | | | | BUILDING PROJECT, 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 TIMOTHY LUTHERAN CHURCH 1313 N MILL STREET NAPERVILLE, IL 60563 | 36-3158908 | 501(C)(3) | 10,500 | | | | GENERAL SUPPORT, BUILDING FUND |
| STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY STERLING, IL 61081 | 36-2225496 | 501(C)(3) | 52,470 | | | | SCHOLARSHIP, CAPITAL PROJECTS, 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 |
| SUPPLEMENTAL EMERGENCY ASSISTANCE PROGRAM (SEAP) 985 LINCOLN RD STE 226 DEKALB, IL 60115 | 81-0572217 | 501(C)(3) | 59,100 | | | | GENERAL SUPPORT |
| TEST KITCHEN EDUCATION FOUNDATION 807 AVENUE G ROCK ISLAND, IL 61201 | 47-4584092 | 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 |
| THE CENTER FOR YOUTH AND FAMILY SOLUTIONS IN 2610 WEST RICHWOODS BLVD PEORIA, IL 61604 | 45-3251182 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| TRANSITIONS MENTAL HEALTH SERVICES PO BOX 4238 ROCK ISLAND, IL 612044238 | 36-3153563 | 501(C)(3) | 12,500 | | | | 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 |
| TRI-COUNTY HERITAGE & GENEALOGY MUSEUM 820 5TH ST BURLINGTON, IA 52601 | 46-0684321 | 501(C)(3) | 5,000 | | | | BUILDING MAINTENANCE |
| TRINITY HEALTH FOUNDATION 2121 1ST ST A MOLINE, IL 612657445 | 36-3321751 | 501(C)(3) | 40,500 | | | | GENERAL SUPPORT, SCHOLARSHIPS, BUILDING EXPANSION PROJECET |

| 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 - WHO GROUP 5631 W STONEY LAKE RD NEW ERA, MI 49446 | 38-1387155 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| TWO RIVERS UNITED METHODIST CHURCH 1820 5TH AVE ROCK ISLAND, IL 61201 | 36-2170858 | 501(C)(3) | 9,800 | | | | 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 ST MOLINE, IL 612653698 | 36-2169199 | 501(C)(3) | 38,255 | | | | GENERAL SUPPORT, CAPITAL CAMPAIGN |
| UNITED EDUCATION FOUNDATION CO UNITED TOWNSHIP HIGH SCHOOL 1275 AVENUE OF THE CITIES EAST MOLINE, IL 61244 | 36-3868297 | 501(C)(3) | 10,300 | | | | TRAINING, 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 |
| UNITED WAY OF STERLING 502 1ST AVE STERLING, IL 61081 | 36-6009102 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| UNITED WAY OF THE QCA 852 MIDDLE RD STE 401 BETTENDORF, IA 52722 | 36-2725960 | 501(C)(3) | 267,320 | | | | GENERAL SUPPORT, ANNUAL DISTRIBUTION, WOMEN'S LEADERSHIP |

| 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 |
| UNITY HOUSE OF DAVENPORT 2625 CRESTVIEW DR BONAPARTE, IA 52620 | 47-1718075 | 501(C)(3) | 6,177 | | | | TECHNOLOGY UPGRADE |
| UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550 | 42-0796760 | 501(C)(3) | 69,598 | | | | GENERAL SUPPORT, 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 |
| UNIVERSITY OF NORTHERN IOWA FOUNDATION 204 COMMONS CEDAR FALLS, IA 506140282 | 42-6058591 | 501(C)(3) | 48,728 | | | | SCHOLARSHIPS |
| UNIVERSITY OF NOTRE DAME SORIN SOCIETY 1100 GRACE HALL UNIVERSITY OF NOTRE DAME NOTRE DAME, IN 465565612 | 35-0868188 | 501(C)(3) | 25,000 | | | | PRESIDENT'S CIRCLE |

| 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 WISCONSIN FOUNDATION 1848 UNIVERSITY AVE MADISON, WI 53726 | 39-0743975 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT, SCHOLARSHIPS |
| VAN BUREN COUNTY CHILD ABUSE PREVENTION COUNCIL PO BOX 117 KEOSAUQUA, IA 52565 | 76-0761048 | 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 |
| VAN BUREN COUNTY HOSPITAL & CLINICS 304 FRANKLIN ST KEOSAUQUA, IA 52565 | 42-6037829 | 501(C)(3) | 23,400 | | | | GENERAL SUPPORT |
| VAN BUREN COUNTY HOSPITAL & CLINICS 304 FRANKLIN ST KEOSAUQUA, IA 52565 | 32-0063079 | 501(C)(3) | 12,900 | | | | RIVERFRONT TRAIL |

| 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 |
| VERA FRENCH FOUNDATION 1441 W CENTRAL PARK AVE DAVENPORT, IA 52805 | 42-1256448 | 501(C)(3) | 38,250 | | | | GENERAL SUPPORT |
| VESTERHEIM NORWEGIAN-AMERICAN MUSEUM PO BOX 379 502 W WATER STREET DECORAH, IA 52101 | 42-6081638 | 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 |
| VILLAGES FOLK SCHOOL PO BOX 532 KEOSAUQUA, IA 52565 | 26-4249445 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT, SCHOLARSHIPS |
| VOICES 4 PERU INC 3247 N 82ND STREET MILWAUKEE, WI 53222 | 46-3078285 | | 6,500 | | | | GENERAL SUPPORT, 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 |
| WAGNER FOUNDATION LTD PO BOX 307 LYONS, WI 53148 | 39-1311452 | 501(C)(3) | 5,000 | | | | BELIZE PRISON PROJECT |
| WASHINGTON COMMUNITY SCHOOL DISTRICT FOUNDATION PO BOX 311 WASHINGTON, IA 52353 | 42-1423094 | 501(C)(3) | 5,000 | | | | 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 |
| WASHINGTON IOWA BETTERMENT FOUNDATION WASHINGTON STATE BANK 121 S MARION AVE WASHINGTON, IA 52353 | 42-1444876 | 501(C)(3) | 13,264 | | | | GENERAL SUPPORT, AUDITORIUM PROJECT |
| WELLS 4 WELLNESS 1804 28TH AVE MOLINE, IL 61265 | 46-0651638 | 501(C)(3) | 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 |
| WESTERN ILLINOIS UNIVERSITY FOUNDATION 1 UNIVERSITY CIRCLE SHERMAN HALL RM 303 MACOMB, IL 61455 | 37-6046814 | 501(C)(3) | 69,070 | | | | SCHOLARSHIPS |
| WOODLAWN ARTS ACADEMY 3807 WOODLAWN RD STERLING, IL 61081 | 27-3915224 | 501(C)(3) | 6,693 | | | | 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 NPR 639 38TH ST ROCK ISLAND, IL 61201 | 36-2166962 | 501(C)(3) | 36,025 | | | | GENERAL SUPPORT |
| YOUNG HOUSE FAMILY SERVICES FOUNDATION CENTRAL OFFICE 400 S BROADWAY OMAHA, NE 68114 | 42-0959956 | 501(C)(3) | 11,400 | | | | GENERAL SUPPORT, BUILDING PROJECT |

| 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 |
| YOUTH SERVICE BUREAU OF RI COUNTY 4709 44TH ST STE 5 ROCK ISLAND, IL 61201 | 36-2866503 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| YWCA OF THE QC 229 16TH ST ROCK ISLAND, IL 61201 | 36-2171176 | 501(C)(3) | 49,564 | | | | GENERAL SUPPORT, TECHNOLOGY UPGRADES |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" 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.

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

Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| <div>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><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> | | |
| <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.</div> | 1b | |
| <div>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?</div> | 2 | |
| <div>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><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 type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></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:</div> | | |
| <div>a Receive a severance payment or change-of-control payment?</div> | 4a | No |
| <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> | 4b | No |
| <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> | 4c | No |
| <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div> | | |
| <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div> | | |
| <div>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:</div> | | |
| <div>a The organization?</div> | 5a | No |
| <div>b Any related organization?</div> | 5b | No |
| <div>If "Yes," on line 5a or 5b, describe in Part III.</div> | | |
| <div>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:</div> | | |
| <div>a The organization?</div> | 6a | No |
| <div>b Any related organization?</div> | 6b | No |
| <div>If "Yes," on line 6a or 6b, describe in Part III.</div> | | |
| <div>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.</div> | 7 | No |
| <div>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.</div> | 8 | No |
| <div>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div> | 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 |
|------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 SHERRY RISTAU PRESIDENT & CEO | (i) | 167,777 ----- 0 | 0 ----- 0 | 258 ----- 0 | 11,041 ----- 0 | 7,695 ----- 0 | 186,771 ----- 0 | 0 ----- 0 |
| | (ii) | | | | | | | |

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 |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

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 | 57 | 1,967,406 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock . | | | | |
| 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

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

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

Name of the organization
COMMUNITY FOUNDATION OF THE GREAT RIVER
BEND

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

42-6122716

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE AFTER THE COMMITTEE'S APPROVAL, THE FORM IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW IN BOTH PRESENTATIONS, KEY ELEMENTS ARE HIGHLIGHTED |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | BOARD AND COMMITTEE MEMBERS SIGN A CONFLICT OF INTEREST FORM EACH YEAR WHERE THEY ARE ASKED TO LIST THE ORGANIZATIONS WHERE THERE IS A CONFLICT A LIST IS THEN KEPT OF THE NECESSARY ABSTENSIONS FOR EACH VOTE THOSE ABSTENSIONS ARE LISTED IN THE APPROPRIATE MINUTES BECAUSE 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 CONFLICT FOR THE COMMUNITY FOUNDATION OF THE GREAT RIVER BEND |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -6,230 INTERCOMPANY ADMINISTRATIVE REVENUE ELIMINATED UPON BOOK CONSOLIDATION -33,710 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART XII, LINE 2C | THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|--|
| MISCELLANEOUS INFORMATION | THE COMMUNITY FOUNDATION OF THE GREAT RIVER BEND IS AN ACCREDITED COMMUNITY FOUNDATION BY THE NATIONAL STANDARDS FOR U S COMMUNITY FOUNDATIONS ACCREDITED COMMUNITY FOUNDATIONS HAVE MET THE HIGHEST STANDARDS OF OPERATIONAL EFFECTIVENESS TO FOSTER EXCELLENCE IN COMMUNITY PHILANTHROPY THEY DO SO BY DEMONSTRATING EXCELLENCE IN STEWARDING THE DOLLARS GIVEN TO THEM FOR CHARITABLE PURPOSES, LEGAL AND ETHICAL ACCOUNTABILITY, COMMUNITY IMPACT, AND DISTINCTION |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2016

Open to Public Inspection

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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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 12A, I | COMMUNITY FOUNDATION OF THE GREAT RIVER BEND | Yes | |
| | | | | | | | |
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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 | |
| | | | | | | | | | | | | |
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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 |
| | | | | | | | | | |
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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?

| | Yes | No |
|--|---------------|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n Yes | |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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 | 74,217 | FAIR MARKET VALUE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|------------------|-------------|
|------------------|-------------|