

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 \$	3,119,291	including grants of \$	3,117,588)	(Revenue \$)
See Additional Data						

4b	(Code)	(Expenses \$	4,422,237	including grants of \$	4,394,071)	(Revenue \$)
See Additional Data						

4c	(Code)	(Expenses \$	173,458	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 ▶	7,714,986
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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)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	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	11
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	23
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 instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, 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) JILL N MCLAUGHLIN BOARD CHAIR	10 00	X		X				0	0	0
(2) JEAN MORAN FIRST VICE CHAIR	5 00	X		X				0	0	0
(3) KENT PILCHER SECOND VICE CHAIR	5 00	X		X				0	0	0
(4) RANDY A MOORE SECRETARY	5 00	X		X				0	0	0
(5) MARIE ZIEGLER TREASURER	5 00	X		X				0	0	0
(6) RAY C ALLEN BOARD MEMBER	5 00	X						0	0	0
(7) PETE M WESSELS PAST BOARD CHAIR	5 00	X						0	0	0
(8) PAUL KOCH PHD BOARD MEMBER	5 00	X						0	0	0
(9) LUANN K RICKERT BOARD MEMBER	5 00	X						0	0	0
(10) JOHN STAVNES BOARD MEMBER	5 00	X						0	0	0
(11) CRISTY TACKET-HUNT BOARD MEMBER	5 00	X						0	0	0
(12) AARON TENNANT BOARD MEMBER	5 00	X						0	0	0
(13) JEFFREY TRAHAN BOARD MEMBER	5 00	X						0	0	0
(14) SHERRY RISTAU PRESIDENT & CEO	40 00			X				173,070	0	11,545

[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 (2017)

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d	75,400		
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	15,670,685		
g Noncash contributions included in lines 1a-1f \$	6,772,247			
h Total. Add lines 1a-1f	15,746,085			

Program Service Revenue

	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		3,647,617			3,647,617
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)			1,707,053		1,707,053
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	27			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events			27		27
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	105,276	34,466	70,810	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		105,276			
12 Total revenue. See Instructions		21,206,058	34,466	70,810	5,354,697

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,962,853	6,962,853		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	548,806	548,806		
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.	173,070		155,560	17,510
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.	557,198	128,857	402,901	25,440
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	18,972	3,355	14,501	1,116
9 Other employee benefits.	36,668	6,189	28,322	2,157
10 Payroll taxes.	56,266	9,494	43,463	3,309
11 Fees for services (non-employees):				
a Management.	120,728	2,500	118,228	
b Legal.	2,110		2,110	
c Accounting.	28,850		28,850	
d Lobbying.	1,500		1,500	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	563,846		563,846	
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.	64,335	9,017	53,550	1,768
13 Office expenses.	31,026	3,103	27,923	
14 Information technology.	67,532	12,915	54,617	
15 Royalties.				
16 Occupancy.	116,340	11,634	104,706	
17 Travel.	10,007	1,185	8,822	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	47,297	13,255	34,042	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	59,588		59,588	
23 Insurance.	10,241		10,241	
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	1,823	1,823		
b INCOME TAX EXPENSE	1,473		1,473	
c MISCELLANEOUS EXPENSES	1,383		1,383	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	9,481,912	7,714,986	1,715,626	51,300
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		2,149,756	1	4,435,231
	2	Savings and temporary cash investments		10,403,530	2	6,572,917
	3	Pledges and grants receivable, net		750	3	
	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		95,863	7	72,734
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		23,938	9	43,366
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	551,677		
	b	Less: accumulated depreciation	10b	358,127		
				250,683	10c	193,550
	11	Investments—publicly traded securities		99,501,031	11	120,367,419
	12	Investments—other securities. See Part IV, line 11		140,527	12	144,450
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,971,287	15	5,884,700	
16	Total assets. Add lines 1 through 15 (must equal line 34)		115,537,365	16	137,714,367	
Liabilities	17	Accounts payable and accrued expenses		260,155	17	113,766
	18	Grants payable		657,648	18	695,705
	19	Deferred revenue			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		2,455,163	25	2,198,862
	26	Total liabilities. Add lines 17 through 25		3,372,966	26	3,008,333
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		107,784,460	27	129,542,435
	28	Temporarily restricted net assets		4,379,939	28	5,163,599
	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		112,164,399	33	134,706,034	
34	Total liabilities and net assets/fund balances		115,537,365	34	137,714,367	

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	21,206,058
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,481,912
3	Revenue less expenses Subtract line 2 from line 1	3	11,724,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,164,399
5	Net unrealized gains (losses) on investments	5	10,497,443
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	320,046
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,706,034

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 (2017)

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 PLAN THAT INCLUDES ICONIC NATURAL ASSETS SUCH AS THE MISSISSIPPI RIVER, CULTURAL AMENITIES, WORKFORCE DEVELOPMENT, CRADLE - CAREER DEVELOPMENT, DIVERSITY, EQUITY AND INCLUSION, COMMUNITY COLLABORATION AND ECONOMIC DEVELOPMENT

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

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

2017

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE GREAT RIVER
BEND

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,958,463	19,185,897	10,006,367	7,803,639	15,746,085	62,700,451
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	9,958,463	19,185,897	10,006,367	7,803,639	15,746,085	62,700,451
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)						12,623,652
6	Public support. Subtract line 5 from line 4						50,076,799

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	9,958,463	19,185,897	10,006,367	7,803,639	15,746,085	62,700,451
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,661,314	3,726,923	3,864,324	2,982,376	3,647,617	16,882,554
9	Net income from unrelated business activities, whether or not the business is regularly carried on			4,253	17,446	19,165	40,864
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						79,623,869
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 2017 (line 6, column (f) divided by line 11, column (f))	14 62.890 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 64.620 %
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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>	Yes	No
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 42-6122716

Name: COMMUNITY FOUNDATION OF THE GREAT RIVER
BEND

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization COMMUNITY FOUNDATION OF THE GREAT RIVER BEND	Employer identification number 42-6122716
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		1,500
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			1,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	FUNDS WERE SENT TO THE COMMUNITY FOUNDATION OF GREATER DES MOINES TO HELP PAY FOR A LOBBYIST IN THE STATE OF IOWA. THIS LOBBYIST'S WORK IS DIRECTLY RELATED TO THE ENDOW IOWA BILL AND PROMOTING AND EDUCATING THE IMPORTANCE OF ENDOWMENTS FOR THE STATE'S NON PROFIT SECTOR. THE AMOUNT ABOVE REPRESENTS PAYMENT FOR SERVICES IN 2017.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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	237	656
2 Aggregate value of contributions to (during year)	7,166,978	8,500,007
3 Aggregate value of grants from (during year)	3,117,588	4,439,070
4 Aggregate value at end of year	44,406,685	85,457,113

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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	100,655,699	96,809,548	98,215,540	85,298,466	73,475,980
b Contributions	11,526,676	6,695,801	8,597,311	17,201,159	8,581,880
c Net investment earnings, gains, and losses	14,281,300	7,163,962	-4,252,397	1,615,797	7,192,827
d Grants or scholarships	6,223,538	8,919,525	4,712,310	4,791,573	2,999,047
e Other expenditures for facilities and programs	6,574	7,695	8,869	12,989	1,609
f Administrative expenses	1,157,134	1,086,392	1,029,727	1,095,320	951,565
g End of year balance	119,076,429	100,655,699	96,809,548	98,215,540	85,298,466

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	102,345	153,787
d Equipment		295,545	255,782	39,763
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				193,550

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE UNDER ANNUITY & TRUST AGREEMENTS	2,084,660
DEFERRED COMPENSATION	114,202
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,198,862

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

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 FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION 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, 2017 AND 2016, 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, 2013 AND PRIOR

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2017

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 220

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	92	548,806			
(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, GRANTEES 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)	5,955				GENERAL SUPPORT
360 YOUTH SERVICES 1305 W OSWEGO RD NAPERVILLE, IL 60540	36-2936229	501(C)(3)	16,500				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
ACHOT PO BOX 611 BETTENDORF, IA 52722	81-3567333	501(C)(3)	5,000				GENERAL FUND
ALBANY PUBLIC LIBRARY 302 S MAIN ST ALBANY, IL 61230	36-3283168	CITY OF ALBANY	9,000				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
ALDRIDGE EARLY LEARNING CENTER 489 27TH ST EAST MOLINE, IL 61244	36-3053253	501(C)(3)	8,700				GENERAL SUPPORT
ALPINE LUTHERAN CHURCH 5001 FOREST VIEW AVE ROCKFORD, IL 61108	36-2280202	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
ALTERNATIVES FOR THE OLDER ADULT 1803 7TH ST MOLINE, IL 61265	42-1231219	501(C)(3)	41,685				GENERAL SUPPORT
AMERICAN RED CROSS OF THE QCA 1100 RIVER DR MOLINE, IL 61265	53-0196605	501(C)(3)	20,655				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
ARC OF THE QUAD CITIES AREA 4016 9TH ST ROCK ISLAND, IL 61201	36-2615996	501(C)(3)	15,500				GENERAL SUPPORT
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	7,793				RECOVERY SUPPORT SERVICES

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
ASBURY UNITED METHODIST CHURCH 1809 MISSISSIPPI BLVD BETTENDORF, IA 52722	42-6039644	501(C)(3)	11,000				GENERAL SUPPORT
ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0810207	501(C)(3)	6,750				GENERAL SUPPORT, TUITION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUCTION NAPA VALLEY PO BOX 141 ST HELENA, CA 94574	94-2702203	501(C)(3)	43,000				GENERAL SUPPORT
AUGUSTANA COLLEGE 639 38TH ST ROCK ISLAND, IL 61201	36-2166962	501(C)(3)	67,610				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)	6,300				GENERAL SUPPORT
BETHANY FOR CHILDREN & FAMILIES PO BOX 697 MOLINE, IL 61266	36-2166973	501(C)(3)	54,535				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
BETTENDORF COMMUNITY SCHOOL DISTRICT PO BOX 1150 BETTENDORF, IA 52722	42-6000825	501(C)(3)	11,907				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTENDORF COMMUNITY SCHOOLS FOUNDATION PO BOX 1150 BETTENDORF, IA 52722	42-1251037	501(C)(3)	15,300				AWARDS AND SCHOLARSHIPS
BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY 130 W 5TH ST DAVENPORT, IA 52801	42-1320908	501(C)(3)	53,130				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
BLACK HAWK COLLEGE ADULT EDUCATION PROGRAM 301 AVENUE OF THE CITIES EAST MOLINE, IL 61244	36-2482309	501(C)(3)	15,000				EDUCATIONAL SUPPORT
BONAPARTE COMMUNITY VOLUNTEER FIRE DEPARTMENT 29899 250TH ST BONAPARTE, IA 52620	27-4258132	CITY OF BONAPARTE	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
BOONE COUNTY ARTS COUNCIL 920 W LINCOLN AVE BELVIDERE, IL 61008	36-3569978	501(C)(3)	10,000				GENERAL SUPPORT
BOONE COUNTY COMMUNITY FOUNDATION 600 S STATE ST BELVIDERE, IL 61008	20-4973846	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
BOYS AND GIRLS CLUBS OF THE MISSISSIPPI VALLEY 338 6TH ST MOLINE, IL 61265	36-3838421	501(C)(3)	36,650				GENERAL SUPPORT
BROADWAY PRESBYTERIAN CHURCH 710 23RD ST ROCK ISLAND, IL 61201	36-2192803	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
BUFFALO BILL MUSEUM PO BOX 284 LECLAIRE, IA 52753	23-7039289	501(C)(3)	5,600				GENERAL SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE 4989 ST RT 37E DELAWARE, OH 43015	94-2494324	501(C)(3)	10,850				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
CATHOLIC FOUNDATION FOR THE DIOCESE OF DAVENPORT 780 W CENTRAL PARK AVE DAVENPORT, IA 52804	26-4267643	501(C)(3)	5,700				GENERAL SUPPORT
CEDAR COUNTY HISTORICAL SOCIETY PO BOX 254 TIPTON, IA 52772	42-6264725	501(C)(3)	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
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	6,000				GENERAL SUPPORT
CENTER FOR ACTIVE SENIORS INC 1035 W KIMBERLY RD DAVENPORT, IA 52806	42-1011267	501(C)(3)	34,451				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
CENTER FOR ALCOHOL & DRUG SERVICES INC PO BOX 909 BETTENDORF, IA 52722	42-1134273	501(C)(3)	25,793				GENERAL SUPPORT
CENTRAL COMMUNITY EDUCATIONAL FOUNDATION PO BOX 225 DEWITT, IA 52742	45-2820783	501(C)(3)	7,000				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	501(C)(3)	9,437				GENERAL SUPPORT, SCHOLARSHIPS
CEOS FOR CITIES 1717 EUCLID AVENUE UR 130 LEVIN COLLEGE OF URBAN CLEVELAND, OH 44115	13-4302280	501(C)(3)	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
CHILD ABUSE COUNCIL 524 15TH ST MOLINE, IL 61265	36-2937848	501(C)(3)	113,143				GENERAL SUPPORT
CHILDREN INTERNATIONAL 2000 EAST RED RIDGE ROAD KANSAS CITY, MO 64131	44-6005794	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
CHILDREN'S THERAPY CENTER OF THE QUAD CITIES 4450 48TH AVE CT ROCK ISLAND, IL 61201	36-2207922	501(C)(3)	68,394				GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH OF DAVENPORT 2330 W 41ST ST DAVENPORT, IA 52806	42-0945608	501(C)(3)	21,700				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
CHRISTIAN CARE PO BOX 4176 ROCK ISLAND, IL 61204	36-3146523	501(C)(3)	8,157				GENERAL SUPPORT
CHRISTIAN FRIENDLINESS YOUTH HOPE 3928 12TH AVE MOILNE, IL 61265	36-2193602	501(C)(3)	9,450				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)	27,150				GENERAL SUPPORT
CITY OF CLARENCE 411 LOMBARD ST CLARENCE, IA 52216	42-6004376	CITY OF CLARENCE	11,294				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
CITY OF DAVENPORT 226 WEST FOURTH STREET DAVENPORT, IA 52801	42-6004463	CITY OF DAVENPORT	10,000				MIRACLE FIELD
CITY OF DURANT PO BOX 818 DURANT, IA 52747	42-6004611	CITY OF DURANT	5,070				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
CITY OF FORT MADISON PO BOX 240 FORT MADISON, IA 52627	42-6004688	CITY OF FORT MADISON	7,250				GENERAL SUPPORT
CITY OF FULTON 415 11TH AVE FULTON, IL 61252	36-6005887	CITY OF FULTON	13,450				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
CITY OF KEOSAUQUA 804 FIRST ST KEOSAUQUA, IA 52565	42-6004835	CITY OF KEOSAUQUA	54,950				SPORTS COMPLEX
CITY OF MECHANICSVILLE PO BOX 339 MECHANICSVILLE, IA 52306	42-6004958	CITY OF MECHANICSVIL	8,000				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
CITY OF STANWOOD 209 E BROADWAY ST STANWOOD, IA 52337	42-6005248	CITY OF STANWOOD	10,000				GENERAL SUPPORT
CLARENCE AMBULANCE SERVICE PO BOX 232 CLARENCE, IA 52216	20-0897024	501(C)(3)	7,995				NEW AMBULANCE

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 AREA ECONOMIC DEVELOPMENT GROUP PO BOX 7 CLARENCE, IA 52216	42-1359051	501(C)(3)	65,000				GENERAL SUPPORT
CLARENCE VOLUNTEER FIRE DEPARTMENT 411 LOMBARD ST CLARENCE, IA 52216	20-0897108	CITY OF CLARENCE	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
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52042	42-0686467	501(C)(3)	25,000				CAPITAL CAMPAIGN
COMFORT ZONE CAMP 6606 WEST BROAD STE 401 RICHMOND, VA 23230	54-1916517	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
COMMUNITY CARING CONFERENCE 1114 12TH ST ROCK ISLAND, IL 61201	36-2969980	501(C)(3)	5,000				GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREATER DUBUQUE 700 LOCUST ST STE 195 DUBUQUE, IA 52001	42-1526614	501(C)(3)	133,638				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 MUSCATINE 208 W 2ND ST STE 213 MUSCATINE, IA 52761	42-1495980	501(C)(3)	56,233				GENERAL SUPPORT
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	6,350				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
CONGREGATION OF THE HUMILITY OF MARY (CHM) 820 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0681059	501(C)(3)	31,040				GENERAL SUPPORT
CONGREGATIONAL UCC CHURCH DANVILLE PO BOX 82 DANVILL, IA 52623	42-1115101	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
COUNCIL ON FOUNDATIONS - 1828 L ST NW WASHINGTON, DC 20036	13-6068327	501(C)(3)	12,850				GENERAL SUPPORT
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 MAIN ST DAVENPORT, IA 52803	42-6001350	CITY OF DAVENPORT	7,738				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 52801	42-6004463	CITY OF DAVENPORT	9,990				GENERAL SUPPORT
DAVENPORT SCHOOLS FOUNDATION 1702 MAIN ST DAVENPORT, IA 52803	42-1304688	501(C)(3)	5,600				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DIOCESE OF DAVENPORT 780 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0680472	501(C)(3)	15,640				GENERAL SUPPORT
DRESS FOR SUCCESS QUAD CITIES PO BOX 3574 DAVENPORT, IA 52808	45-1825338	501(C)(3)	27,285				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EAST TEXAS SYMPHONY ORCHESTRA PO BOX 6323 TYLER, TX 75711	75-6013387	501(C)(3)	20,000				GENERAL SUPPORT
FAMILY RESOURCES INC 2800 EASTERN AVE DAVENPORT, IA 52803	42-0698225	501(C)(3)	140,382				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
FARMINGTON EMERGENCY RESPONDERS ASSOCIATION PO BOX 533 FARMINGTON, IA 52626	02-0736683	501(C)(3)	5,000				GENERAL SUPPORT
FEARLESSLY GIRL USA 224 18TH ST STE 300 ROCK ISLAND, IL 61201	82-1370182	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
FIGGE ART MUSEUM 225 W 2ND ST DAVENPORT, IA 52801	42-6090398	501(C)(3)	86,975				GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH 2201 7TH AVE MOLINE, IL 61265	36-2167069	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
FIRST CONGREGATIONAL CHURCH 311 2ND AVE STERLING, IL 61081	36-6009046	501(C)(3)	20,000				CAPITAL DONATION
FIRST PRESBYTERIAN CHURCH DAVENPORT 1702 IOWA ST DAVENPORT, IA 52803	42-0707098	501(C)(3)	23,320				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 DAVENPORT, IA 52803	43-2083544	501(C)(3)	11,800				GENERAL SUPPORT
FRIENDLY HOUSE 1221 MYRTLE ST DAVENPORT, IA 52804	42-0733466	501(C)(3)	12,873				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 IOWA PUBLIC TELEVISION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501(C)(3)	7,215				GENERAL SUPPORT
FRIENDS OF LACEY-KEOSAUQUA STATE PARK PO BOX 130 KEOSAUQUA, IA 52565	42-1446581	501(C)(3)	5,000				CAMPGROUND IMPROVEMENT

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 DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 52805	42-1204594	501(C)(3)	29,980				GENERAL SUPPORT
FRIENDS OF THE FULTON 909 8TH AVE FULTON, IL 61252	36-4290403	501(C)(3)	12,346				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
FULTON FIRE PROTECTION DISTRICT PO BOX 343 FULTON, IL 61252	36-3791362	CITY OF FULTON	5,104				GENERAL SUPPORT
FULTON TOWNSHIP PO BOX 162 FULTON, IL 61252	36-6006285	CITY OF FULTON	5,800				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENESEO PUBLIC LIBRARY DISTRICT 805 N CHICAGO ST GENESEO, IL 61254	36-2324945	501(C)(3)	6,000				GENERAL SUPPORT
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501(C)(3)	26,070				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
GENESIUS THEATRE FOUNDATION INC 1120 40TH ST ROCK ISLAND, IL 61201	36-3852749	501(C)(3)	5,450				GENERAL SUPPORT
GERMAN AMERICAN HERITAGE CENTER 712 W 2ND ST DAVENPORT, IA 52802	42-1424418	501(C)(3)	11,850				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
GILDA'S CLUB QUAD CITIES 1234 E RIVER DR DAVENPORT, IA 52803	42-1446989	501(C)(3)	35,290				GENERAL SUPPORT
GIRL SCOUTS OF EASTERN IOWA WESTERN ILLINOIS 940 GOLDEN VALLEY DR BETTENDORF, IA 52722	42-1008848	501(C)(3)	7,750				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)	624,859				GENERAL SUPPORT
GROW QUAD CITIES - IOWA 331 W 3RD ST DAVENPORT, IA 52801	42-1292789	501(C)(3)	138,175				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HABITAT FOR HUMANITY - COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	7,220				GENERAL SUPPORT
HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1404937	501(C)(3)	67,402				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
HAND IN HAND 3860 MIDDLE RD BETTENDORF, IA 52722	42-1508508	501(C)(3)	22,583				GENERAL SUPPORT
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE RD DAVENPORT, IA 52806	42-0947868	501(C)(3)	12,260				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HAPPY JOE'S KIDS FOUNDATION 2705 HAPPY JOE DR BETTENDORF, IA 52722	45-5558441	501(C)(3)	262,296				GENERAL SUPPORT
HEALTHY HAPPY FAMILIES FOUNDATION PO BOX 194 BETTENDORF, IA 52722	47-1678252	501(C)(3)	20,000				DOCUMENTARY EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEART OF HOPE MINISTRIES 1740 9TH AVE ROCK ISLAND, IL 61201	27-0650299	501(C)(3)	10,000				GENERAL SUPPORT
HENRY COUNTY HUMANE SOCIETY 14606 ROOS HILL RD GENESEO, IL 61254	20-8215320	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HENRY COUNTY YOUTH SERVICES BUREAU 292 SOUTH EAST ROAD CAMBRIDGE, IL 61238	36-2897587	501(C)(3)	10,600				GENERAL SUPPORT
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOLY FAMILY CATHOLIC CHURCH 4401 HIGHCREST RD ROCKFORD, IL 61107	36-2534529	501(C)(3)	9,350				GENERAL SUPPORT
HOLY FAMILY PARISH 1111 AVE E FORT MADISON, IA 52627	90-0478240	501(C)(3)	70,613				ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOLY TRINITY CATHOLIC SCHOOLS EDUCATIONAL FOUNDATION 413 AVE C WEST POINT, IA 52656	42-1330855	501(C)(3)	112,850				TUITION ASSISTANCE, SCHOLARSHIPS, GENERAL SUPPORT
HOLY TRINITY CATHOLIC SCHOOLS INC 2600 AVE A FORT MADISON, IA 52627	20-3063265	501(C)(3)	105,000				TUITION ASSISTANCE, SCHOLARSHIPS, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOPE AT THE BRICK HOUSE INC 35-2531721 DAVENPORT, IA 52803	35-2531721	501(C)(3)	11,750				GENERAL SUPPORT
HOPE HAVEN AREA DEVELOPMENT CENTER COPORATION 828 N 7TH ST BURLINGTON, IA 52601	42-1000580	501(C)(3)	102,600				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUMANE SOCIETY OF SCOTT COUNTY 2802 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0801836	501(C)(3)	8,436				GENERAL SUPPORT
HUMILITY OF MARY HOUSING INC (HMHI) 3805 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1349437	501(C)(3)	15,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUMILITY OF MARY SHELTER INC (HMSI) 3805 MISSISSIPPI AVE DAVENPORT, IA 52807	01-0916973	501(C)(3)	66,999				GENERAL SUPPORT
IFTA RESEARCH FOUNDATION 201 E MAIN ST STE 1405 LEXINGTON, KY 40507	45-4035232	501(C)(3)	20,000				FUND TREE-FRUIT RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IOWA JOBS FOR AMERICA'S GRADUATES - IJAG 400 E 14 ST DES MOINES, IA 50319	42-1492988	501(C)(3)	15,000				GENERAL SUPPORT
IOWA LEGAL AID 1111 NINTH ST STE 230 DES MOINES, IA 50314	42-1079227	501(C)(3)	13,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	42-1143702	501(C)(3)	54,231				GENERAL SUPPORT
JACKSON RECOVERY CENTERS INC 800 5TH ST STE 200 SIOUX CITY, IA 51101	39-1900255	501(C)(3)	7,793				RECOVERY SUPPORT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JEWISH FEDERATION OF COLLIER COUNTY 2500 VANDERBILT BEACH RD STE 2201 NAPLES, FL 34109	59-2151725	501(C)(3)	10,500				GENERAL SUPPORT
JOHN DEERE CLASSIC 15623 COALTOWN RD EAST MOLINE, IL 61244	93-1332421	501(C)(3)	275,765				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JUDICIAL WATCH 425 3RD STREET SW STE 80 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000				GENERAL SUPPORT
KAABA SHRINERS PO BOX 3627 DAVENPORT, IA 52808	51-0171597	501(C)(10)	62,960				LOCAL CONSISTORY OF DAVENPORT SHRINERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KEOKUK AREA COMMUNITY FOUNDATION 101 N 12TH ST KEOKUK, IA 52632	20-1838372	501(C)(3)	58,797				GENERAL SUPPORT
KEOSAUQUA PUBLIC LIBRARY 608 1ST ST KEOSAUQUA, IA 52565	42-6004835	CITY OF KEOSAUQUA	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KEOSAUQUA VOLUNTEER FIRE DEPARTMENT PO BOX 252 KEOSAUQUA, IA 52565	42-1184513	CITY OF KEOSAUQUA	5,000				GENERAL SUPPORT
KING'S HARVEST 5837 WISCONSIN AVE DAVENPORT, IA 52806	42-1519570	501(C)(3)	5,257				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KIWANIS INTERNATIONAL FOUNDATION 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	36-6072039	501(C)(3)	5,000				THE ELIMINATE PROJECT
LEAD(H)ER PO BOX 4182 DAVENPORT, IA 52806	81-1436934	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIVING PROOF EXHIBIT 2814 47TH ST MOLINE, IL 61265	27-3500764	501(C)(3)	6,546				GENERAL SUPPORT
LOUD THUNDER FOREST PRESERVE 19406 LOUD THUNDER RD ILLINOIS CITY, IL 61259	46-3206576	CITY OF ILLINOIS CIT	70,400				CAPITAL IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LUTHERAN SERVICES IN IOWA (LSI) DAVENPORT 111 WEST 15TH STREET DAVENPORT, IA 52803	42-0698267	501(C)(3)	5,000				GENERAL SUPPORT
MARRIAGE AND FAMILY COUNSELING SERVICE 1800 3RD AVE STE 512 ROCK ISLAND, IL 61201	36-2606683	501(C)(3)	8,600				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MECHANICSVILLE FIRE AND AMBULANCE VOLUNTEERS 104 E 1ST ST MECHANICSVILLE, IA 52306	42-1396855	501(C)(3)	5,000				GENERAL SUPPORT
MERCY VINEYARD CHURCH PO BOX 1654 MOLINE, IL 61266	27-4544181	501(C)(3)	10,000				THE MENTORING CLUB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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METROPOLITAN FAMILY SERICES - DUPAGE 222 E WILLOW AVE WHEATON, IL 60187	36-2167061	501(C)(3)	5,000				M POWER CAMPAIGN
MIDWEST WRITING CENTER 401 19TH ST ROCK ISLAND, IL 61201	42-1126078	501(C)(3)	9,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MY CATHOLIC LIFE INC 3503 DEEP WOOD DR CRYSTAL LAKE, IL 60012	81-1906777	501(C)(3)	13,000				GENERAL SUPPORT
NAHANT MARSH EDUCATIONAL 4220 S WAPELLO AVE DAVENPORT, IA 52802	38-3667579	501(C)(3)	12,810				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) 1035 W KIMBERLY RD STE 4 DAVENPORT, IA 52806	42-1188963	501(C)(3)	20,000				CORE OPERATING SUPPORT
NORMALEAH OVARIAN CANCER INITIATIVE 1612 2ND AVE ROCK ISLAND, IL 61201	26-2976159	501(C)(3)	16,980				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
NORTH CEDAR COMMUNITY SCHOOL DISTRICT PO BOX 247 STANWOOD, IA 52337	42-1430236	CITY OF STANWOOD	29,307				GENERAL SUPPORT
NORTH SCOTT EDUCATIONAL FOUNDATION PO BOX 16 ELDRIDGE, IA 52748	42-1255950	501(C)(3)	7,800				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
NORTHERN ILLINOIS UNIVERSITY FOUNDATION ALTGELD HALL 135 DEKALB, IL 60115	36-6086819	501(C)(3)	12,500				GENERAL SUPPORT
ODELL PUBLIC LIBRARY 307 S MADISON ST MORRISON, IL 61270	75-3224835	CITY OF MORRISON	9,200				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
ORION HIGH SCHOOL 1100 13TH AVE ORION, IL 61273	36-3465188	501(C)(3)	35,700				SCHOLARSHIP SUPPORT
PARTNERS 4 HOPE TANZANIA 402 N MAIN ST STILLWATER, MN 55082	47-3058560	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
PEACE CHURCH OF CHRIST UNITED 414 MAPLE ST BENNETT, IA 52721	42-0815852	501(C)(3)	8,400				GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND 818 5TH AVE STE 200 DES MOINES, IA 50309	42-0727488	501(C)(3)	9,300				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
PLEASANT VALLEY SCHOOLS EDUCATIONAL FOUNDATION 525 BELMONT RD BETTENDORF, IA 52722	42-1368149	501(C)(3)	34,369				GENERAL SUPPORT
PRESBYTERIAN CHURCH OF FULTON 311 N 9 ST FULTON, IL 61252	36-3259704	501(C)(3)	9,000				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)	17,400				GENERAL SUPPORT
PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH ST DAVENPORT, IA 52804	42-0680474	501(C)(3)	14,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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QC CLOSET2CLOSET PO BOX 6838 ROCK ISLAND, IL 61204	47-3814442	501(C)(3)	30,500				GENERAL SUPPORT
QC UNITED PO BOX 1388 BETTENDORF, IA 52722	90-0419639	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
QUAD CITIES CULTURAL & EDUCATIONAL SUPPORTING CHARITABLE TRUST 2550 MIDDLE RD STE 300 BETTENDORF, IA 52722	26-1114466	501(C)(3)	48,500				GENERAL SUPPORT
QUAD CITY ANIMAL WELFARE CENTER 724 W 2ND AVE MILAN, IL 61264	36-2952894	501(C)(3)	6,516				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 ARTS 1715 2ND AVE ROCK ISLAND, IL 61201	36-3122824	501(C)(3)	21,250				GENERAL SUPPORT
QUAD CITY BOTANICAL CENTER 2525 4TH AVE ROCK ISLAND, IL 61201	36-3496537	501(C)(3)	27,250				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
QUAD CITY SYMPHONY 327 BRADY ST DAVENPORT, IA 52801	42-6017663	501(C)(3)	12,249				GENERAL SUPPORT
REBUILDING TOGETHER QUAD CITIES 2435 KIMBERLY RD STE 80 N BETTENDORF, IA 52722	42-1351743	501(C)(3)	40,300				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
RIVER ACTION INC PO BOX 964 DAVENPORT, IA 52805	42-1267366	501(C)(3)	31,000				GENERAL SUPPORT
RIVER BEND COMMUNITY UNITED SCHOOL DISTRICT 1110 3RD ST FULTON, IL 61252	36-2661586	501(C)(3)	7,250				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
RIVER BEND EDUCATIONAL FOUNDATION 1110 3RD ST FULTON, IL 61252	36-3428777	501(C)(3)	24,700				GENERAL SUPPORT
RIVER BEND FOODBANK 4010 KIMMEL DR DAVENPORT, IA 52802	36-3147342	501(C)(3)	60,150				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 MUSIC EXPERIENCE 129 N MAIN ST DAVENPORT, IA 52801	43-2005678	501(C)(3)	17,525				GENERAL SUPPORT
ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEATH 4600 3RD ST MOLINE, IL 61265	36-2739299	501(C)(3)	62,100				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
ROCK ISLAND COUNTY EXTENSION & 4-H EDUCATION PO BOX 527 MILAN, IL 61264	36-3268240	501(C)(3)	10,180				ANNUAL DONATION
ROCK ISLAND COUNTY FOREST PERSERVE DISTRICT - NIABI 13010 NIABI ZOO RD COAL VALLEY, IL 61240	46-3206576	CITY OF COAL VALLEY	40,000				GIRAFFE SHADE

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 REGIONAL OFFICE OF EDUCATION 3430 AVE OF THE CITIES MOLINE, IL 61265	36-3264395	CITY OF MOLINE	35,900				GENERAL SUPPORT
ROTARY CLUB OF DAVENPORT IOWA PO BOX 2483 DAVENPORT, IA 52809	42-0499088	501(C)(4)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROTARY CLUB OF NORTH SCOTT EDUCATION FOUNDATION PO BOX 52 ELDRIDGE, IA 52748	42-1395093	501(C)(3)	10,000				INSPIRATION PLAYGROUND PROJECT
SACRED HEART CATHEDRAL 422 E 10TH ST DAVENPORT, IA 52803	42-6005490	501(C)(3)	17,300				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
SACRED HEART CHURCH 2224 AVE J STERLING, IL 61081	36-2655051	501(C)(3)	8,000				GENERAL SUPPORT
SAL FAMILY AND COMMUNITY SERVICES 4800 60TH ST MOLINE, IL 61265	36-2728411	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALVATION ARMY - TYLER 633 N BROADWAY AVE TYLER, TX 75702	58-0660607	501(C)(3)	5,000				GENERAL SUPPORT
SALVATION ARMY OF THE QUAD CITIES 301 W 6TH ST DAVENPORT, IA 52803	36-2167910	501(C)(3)	6,050				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SCHMALING MEMORIAL PUBLIC LIVBRARY DISTRICT PO BOX 125 FULTON, IL 61252	36-2806494	CITY OF FULTON	6,400				GENERAL SUPPORT
SCHOOL HEALTH LINK INC 2508 25TH ST STE A ROCK ISLAND, IL 61201	36-4109801	501(C)(3)	20,000				BEHAVIORAL HEALTH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	25,000				GENERAL SUPPORT
SCOTT COMMUNITY COLLEGE FOUNDATION 500 BELMONT RD BETTENDORF, IA 52722	42-1255106	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SCOTT COUNTY FAMILY YMCA 606 W 2ND ST DAVENPORT, IA 52801	42-0703278	501(C)(3)	57,565				GENERAL SUPPORT
SOCIETY OF AMERICAN MILITARY ENGINEERS - ROCK ISLAND POST 1450 ROCK ISLAND DR ROCK ISLAND, IL 61201	36-6164995	501(C)(3)	9,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTHEASTERN COMMUNITY COLLEGE FOUNDATION 1500 WEST AGENCY RD PO BOX 180 WEST BURLINGTON, IA 52655	42-1212111	501(C)(3)	37,550				GENERAL SUPPORT
SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND, IL 61201	45-0561173	501(C)(3)	12,745				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	501(C)(3)	49,581				GENERAL SUPPORT
ST ANNE CATHOLIC CHURCH 555 18TH AVE EAST MOLINE, IL 61244	36-2167862	501(C)(3)	8,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST ANTHONY CATHOLIC CHURCH 42-0698840 DAVENPORT, IA 52801	42-0698840	501(C)(3)	52,107				GENERAL SUPPORT
ST FRANCIS DE SALES CATHOLIC CHURCH 148 W MAIN ST LAKE GENEVA, WI 53147	39-0852955	501(C)(3)	7,750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST FRANCIS EPISCOPAL CHURCH 3232 JAN AVE TYLER, TX 75701	75-1381975	501(C)(3)	7,000				GENERAL SUPPORT
ST JOHN VIANNEY CATHOLIC CHURCH 4097 18TH ST BETTENDORF, IA 52722	23-7287959	501(C)(3)	11,820				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JOHN'S LUTHERAN CHURCH EAST MOLINE 1450 30TH AVE EAST MOLINE, IL 61244	36-6094581	501(C)(3)	9,000				GENERAL SUPPORT
ST JOSEPH THE WORKER HOUSE ASSOCIATION 901 20TH ST ROCK ISLAND, IL 61201	92-0192137	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JUDE CHILDREN'S RESEARCH HOSPITAL MEMPHIS TN 38105 MEMPHIS, TN 38105	62-0646012	501(C)(3)	11,100				GENERAL SUPPORT
ST MALACHY'S CHURCH 595 E OGDEN AVE GENESEO, IL 61254	36-2200253	501(C)(3)	12,500				PARACLETE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST MARY'S COLLEGE OF NOTRE DAME 110 LE MANS HALL NOTRE DAME, IN 46556	53-0196617	501(C)(3)	5,500				GENERAL SUPPORT
ST PAUL LUTHERAN CHURCH 2136 N BRADY ST DAVENPORT, IA 52803	42-0752625	501(C)(3)	16,400				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STERLING-ROCK FALLS COMMUNITY TRUST 302 FIRST AVE STERLING, IL 61081	36-6217952	501(C)(3)	10,000				GENERAL SUPPORT
STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY STERLING, IL 61081	36-2225496	501(C)(3)	114,800				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUPPLEMENTAL EMERGENCY ASSISTANCE PROGRAM (SEAP) 985 LINCOLN RD STE 226 BETTENDORF, IA 52722	81-0572217	501(C)(3)	39,360				GENERAL SUPPORT
SUSAN G KOMEN GREATER IOWA PO BOX 8468 DES MOINES, IA 50301	42-1438018	501(C)(3)	6,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TEST KITCHEN EDUCATION FOUNDATION 807 AVENUE G FORT MADISON, IA 52627	47-4584092	501(C)(3)	5,533				GENERAL SUPPORT
THE CENTER 1411 BRADY ST DAVENPORT, IA 52803	26-4197213	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TRANSITIONS NFP PO BOX 4238 ROCK ISLAND, IL 61204	36-3153563	501(C)(3)	5,211				GENERAL SUPPORT
TRINITY LUTHERAN CHURCH - WHO GROUP 5631 W STONEY LAKE RD NEW ERA, MI 49446	38-1387155	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TRINITY LUTHERAN CHURCH PLEASANT VALLEY 18137 CRISWELL ST PLEASANT VALLEY, IA 52767	42-0997353	501(C)(3)	5,000				ROOF FUND
TWO RIVERS YMCA 2040 53RD ST MOLINE, IA 61265	36-2169199	501(C)(3)	37,043				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNITED WAY OF THE QCA 852 MIDDLE RD STE 401 BETTENDORF, IA 52722	36-2725960	501(C)(3)	104,900				GENERAL SUPPORT
UNITYPOINT HEALTH PO BOX 5048 ROCK ISLAND, IL 61201	36-3351952	501(C)(3)	10,000				GENERAL SUPPORT

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(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
UNITYPOINT HEALTH - TRINITY HEALTH FOUNDATION 2560 24TH ST STE 206 ROCK ISLAND, IL 61201	36-3321751	501(C)(3)	15,419				GENERAL SUPPORT
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	162,827				GENERAL SUPPORT

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UNIVERSITY OF NORTHERN IOWA FOUNDATION 204 COMMONS CEDAR FALLS, IA 50614	42-6058591	501(C)(3)	48,062				GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME SORIN SOCIETY 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	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
VAN BUREN COUNTY CHILD ABUSE PREVENTION COUNCIL PO BOX 117 KEOSAUQUA, IA 52565	76-0761048	501(C)(3)	5,000				GENERAL SUPPORT
VAN BUREN COUNTY CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA, IA 52565	42-6004834	CITY OF KEOSAUQUA	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VERA FRENCH FOUNDATION 1441 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-1256448	501(C)(3)	69,550				GENERAL SUPPORT
VILLAGES OF VAN BUREN PO BOX 9 KEOSAUQUA, IA 52565	42-0988485	501(C)(4)	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
VOICES 4 PERU INC 3247 N 82ND STREET MILWAUKEE, WI 53222	46-3078285	501(C)(3)	10,000				GENERAL SUPPORT
WASHINGTON COMMUNITY SCHOOL DISTRICT FOUNDATION PO BOX 311 WASHINGTON, IA 52353	42-1423094	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
WEST BRANCH COMMUNITY EARLY LEARNING CENTER 400 W ORANGE ST WEST BRANCH, IA 52358	42-1229735	501(C)(3)	5,000				MOVING FOWARD IN 2017
WESTMINSTER PRESBYTERIAN CHURCH 2821 N BELL SCHOOL RD ROCKFORD, IL 61107	36-2264403	501(C)(3)	7,500				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
WOODLAWN ARTS ACADEMY 3807 WOODLAWN RD STERLING, IL 61081	27-3915224	501(C)(3)	5,274				GENERAL SUPPORT
WQPT - WIU FOUNDATION 3300 RIVER DR STE 108 MOLINE, IL 61265	37-6046814	501(C)(3)	23,150				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)	11,250				GENERAL SUPPORT
YOUTH SERVICE BUREAU OF RI COUNTY 4709 44TH ST STE 5 ROCK ISLAND, IL 61201	36-2866503	501(C)(3)	10,000				FAMILY THERAPY 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
YWCA OF THE QC 229 16TH ST ROCK ISLAND, IL 61201	36-2171176	501(C)(3)	16,000				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
COMMUNITY FOUNDATION OF THE GREAT RIVER
BEND

Employer identification number
42-6122716

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

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

2017

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	56	6,772,247	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

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2017)

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

2017

**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 286,336 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

2017

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

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	

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	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	75,400	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)