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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DUBUQUE RACING ASSOCIATION LTD

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1855 GREYHOUND PARK DRIVE

City or town, state or province, country, and ZIP or foreign postal code
DUBUQUE, IA 52001

D Employer identification number
42-1235183

E Telephone number
(563) 582-3647

G Gross receipts $ 63,385,268

F Name and address of principal officer
JESUS AVILES
1855 GREYHOUND PARK DRIVE
DUBUQUE, IA 52001

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DRADUBUQUE COM

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

L Year of formation 1985

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATION OF A CASINO GAMING FACILITY WITH PROFITS DISTRIBUTED TO THE CITY AND COUNTY OF DUBUQUE AND LOCAL NONPROFIT ORGANIZATIONS TO LESSEN THE BURDEN OF GOVERNMENT AND PROMOTE SOCIAL WELFARE

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	437
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	7,335,035	7,545,507
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,406	168,046
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,408,857	30,765,152
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,831,298	38,478,705

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,346,303	5,071,228
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,323,351	16,666,737
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,548,623	15,065,241
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,218,277	36,803,206
19	Revenue less expenses Subtract line 18 from line 12	613,021	1,675,499

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	56,959,390	57,889,927
21	Total liabilities (Part X, line 26)	29,179,173	28,434,211
22	Net assets or fund balances Subtract line 21 from line 20	27,780,217	29,455,716

Part II Signature Block

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

Sign Here

****** 2019-05-30
Signature of officer Date

JESUS AVILES CEO & PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-05-30		P00142017

Firm's name ▶ HONKAMP KRUEGER & CO PC — Firm's EIN ▶ 42-0946155

Firm's address ▶ P O BOX 699
DUBUQUE, IA 520040699 — Phone no (563) 556-0123

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OPERATION OF A CASINO GAMING FACILITY WITH PROFITS DISTRIBUTED TO THE CITY OF DUBUQUE AND LOCAL NONPROFIT ORGANIZATIONS TO LESSEN THE BURDEN OF GOVERNMENT AND PROMOTE SOCIAL WELFARE

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 $ 228 including grants of $) (Revenue $ 3,117,696)
See Additional Data

4b (Code) (Expenses $ 29,707,301 including grants of $ 5,071,228) (Revenue $ 30,462,403)
See Additional Data

4c (Code) (Expenses $ 4,780,570 including grants of $) (Revenue $ 4,730,560)
See Additional Data

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

4e **Total program service expenses ▶** 34,488,099

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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**	5,503		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	5,372		
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**	437		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
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**		Yes	
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**		No
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**		No
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**	Yes	
	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▶ IA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶WILLIAM J EICHHORN 1855 GREYHOUND PARK DRIVE DUBUQUE, IA 52001 (563) 582-3647

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								1,593,715	0	204,199

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 ▶ 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IMAGINE THIS 43 CORPORATE PARK SUITE 102 IRVINE, CA 92606	MARKETING SERVICES	714,385
THE PRINTER INC 1220 THOMAS BECK ROAD DES MOINES, IA 50315	PRINTING/MARKETING	606,058
HILTON WORLDWIDE 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	FRANCHISE/HOSPITALITY SERVICES	330,712
COMMERICAL FLOORING CO 10426 STONEWOOD DRIVE DUBUQUE, IA 52003	FLOORING AND INSTALLATION	326,940
AIMBRIDGE HOSPITALITY 2500 DALLAS PKWY 600 PLANO, TX 75093	HOSPITALITY SERVICES	294,295

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 12

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶				

Program Service Revenue		Business Code				
2a HOTEL REVENUE		713200	3,399,031	3,399,031		
b ADMISSION FEE		713200	3,117,696	3,117,696		
c TICKET SALES - ENTERTAINMENT		713200	938,971	938,971		
d CASH ADVANCE COMMISSION		713200	89,809	89,809		
e _____						
f All other program service revenue						
g Total. Add lines 2a–2f . . . . ▶	7,545,507					

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	168,046			168,046
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
6a Gross rents — (i) Real / (ii) Personal				
b Less rental expenses				
c Rental income or (loss)				
d Net rental income or (loss) . . . . . ▶				
7a Gross amount from sales of assets other than inventory — (i) Securities / (ii) Other				
b Less cost or other basis and sales expenses				
c Gain or (loss)				
d Net gain or (loss) . . . . . ▶				
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
b Less direct expenses . . . b				
c Net income or (loss) from fundraising events . . ▶				
9a Gross income from gaming activities See Part IV, line 19 . . . a 49,758,594				
b Less direct expenses . . . b 22,818,101				
c Net income or (loss) from gaming activities . . ▶	26,940,493	26,940,493		
10a Gross sales of inventory, less returns and allowances . . a 5,339,534				
b Less cost of goods sold . . b 2,088,462				
c Net income or (loss) from sales of inventory . . ▶	3,251,072	3,251,072		
Miscellaneous Revenue — Business Code				
11a ATM SURCHARGE — 713200	424,228	424,228		
b OTHER INCOME - IGA - SERVICES — 713200	124,240	124,240		
c MISC — 713200	25,119	25,119		
d All other revenue				
e Total. Add lines 11a–11d . . . . . ▶	573,587			
12 Total revenue. See Instructions . . . . . ▶	38,478,705	38,310,659	0	168,046

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,071,228	5,071,228		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
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	1,230,921		1,230,921	
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	11,695,863	11,347,792	348,071	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	399,507	273,260	126,247	
9 Other employee benefits	2,096,361	1,844,798	251,563	
10 Payroll taxes	1,244,085	1,094,795	149,290	
11 Fees for services (non-employees)				
a Management	113,747		113,747	
b Legal	42,675		42,675	
c Accounting	52,593		52,593	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	523,264	523,264		
12 Advertising and promotion	3,253,461	3,253,461		
13 Office expenses	101,081	101,081		
14 Information technology	208,301	208,301		
15 Royalties				
16 Occupancy	2,602,072	2,602,072		
17 Travel	41,235	41,235		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	605,419	605,419		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,851,506	3,851,506		
23 Insurance	424,336	424,336		
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 ENTERTAINMENT	673,532	673,532		
b LEASE EXPENSE	600,517	600,517		
c SUPPLIES	589,866	589,866		
d DCI FEES	304,843	304,843		
e All other expenses	1,076,793	1,076,793		
25 **Total functional expenses.** Add lines 1 through 24e	36,803,206	34,488,099	2,315,107	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,653,523	1	3,962,301
	2	Savings and temporary cash investments	7,030,036	2	7,910,956
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	419,547	4	572,093
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	159,598	8	154,663
	9	Prepaid expenses and deferred charges	579,731	9	607,947
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 112,082,933			
	b	Less accumulated depreciation — 10b: 70,514,153	39,891,470	10c	41,568,780
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	5,661	12	5,661
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	2,206,705	14	1,993,410
	15	Other assets See Part IV, line 11	3,013,119	15	1,114,116
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	56,959,390	16	57,889,927
Liabilities	17	Accounts payable and accrued expenses	5,159,935	17	6,055,786
	18	Grants payable		18	
	19	Deferred revenue	38,348	19	41,886
	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	16,520,805	23	14,770,532
	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	7,460,085	25	7,566,007
	26	**Total liabilities.** Add lines 17 through 25	29,179,173	26	28,434,211
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	27,780,217	27	29,455,716
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	27,780,217	33	29,455,716
	34	Total liabilities and net assets/fund balances	56,959,390	34	57,889,927

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,478,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,803,206
3	Revenue less expenses Subtract line 2 from line 1	3	1,675,499
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,780,217
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,455,716

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 42-1235183

Name: DUBUQUE RACING ASSOCIATION LTD

Form 990 (2018)

Form 990, Part III, Line 4a:

SPONSORSHIP OF A CASINO GAMBLING OPERATION AND SUPPORT, INCLUDING MAINTENANCE OF GROUNDS AND FACILITY, OF A PARI-MUTUEL DOG RACING FACILITY OWNED AND OPERATED BY ANOTHER PARTY, WITH PROFITS DISTRIBUTED TO THE CITY OF DUBUQUE AND LOCAL NONPROFIT ORGANIZATIONS

Form 990, Part III, Line 4b:

OPERATION OF A CASINO GAMING FACILITY WITH PROFITS DISTRIBUTED TO THE CITY OF DUBUQUE AND LOCAL NONPROFIT ORGANIZATIONS

Form 990, Part III, Line 4c:

OPERATION OF A HOTEL AND RESTAURANT FACILITY ADJACENT TO ASSOCIATION'S CASINO

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY DOLPHIN CHAIR	5 00	X		X				0	0	0
DR LIANG CHEE WEE MEMBER	1 00	X						0	0	0
BARBARA O'HEA 2ND VICE CHAIR	5 00	X		X				0	0	0
DAN KRUSE AT LARGE MEMBER	5 00	X		X				0	0	0
RICHARD DICKINSON PAST CHAIR	5 00	X		X				0	0	0
MICHAEL VAN MILLIGEN CITY MANAGER	1 00	X		X				0	0	0
EMILY MCCREADY MEMBER	1 00	X						0	0	0
PAULA WOLFE MEMBER	1 00	X						0	0	0
TYSON LEYENDECKER MEMBER	1 00	X						0	0	0
JAKE RIOS MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RIC JONES MEMBER	1 00	X						0	0	0
HAROLD KNUTSEN MEMBER	1 00	X						0	0	0
RITA MOHR MEMBER	1 00	X						0	0	0
RON HERRIG MEMBER	1 00	X						0	0	0
ROY BUOL MEMBER	1 00	X						0	0	0
MIKE DONOHUE MEMBER	1 00	X						0	0	0
KEVIN LYNCH 1ST VICE CHAIR	1 00	X		X				0	0	0
RUSTY KNIGHT AT LARGE MEMBER	5 00	X		X				0	0	0
LORI THIELEN SECRETARY	5 00	X		X				0	0	0
TOM BOLDUC TREASURER	5 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JESUS AVILES CEO & PRESIDENT	60 00			X				646,876	0	42,948
BRIAN RAKESTRAW DIRECTOR OF CASINO OPERATI	50 00				X			276,860	0	25,354
WILLIAM EICHHORN DIRECTOR OF FINANCE	50 00				X			180,140	0	30,996
TAMI CONZETT DIRECTOR OF GUEST SERVICES	50 00					X		125,502	0	25,458
DAVID ESAU DIRECTOR OF TABLE GAMES	50 00					X		133,740	0	26,949
JOHN TORRES DIRECTOR OF FOOD AND BEVERAGE	50 00					X		105,217	0	27,051
JOSEPH HILBY DIRECTOR OF IT	50 00					X		125,380	0	25,443

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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	Employer identification number
DUBUQUE RACING ASSOCIATION LTD	42-1235183

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		
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-		

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

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?	Yes		80,000
j	Total Add lines 1c through 1i			80,000
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	IN-HOUSE LOBBYING ACTIVITIES IN THE AMOUNT OF $80,000 NOT SUBJECT TO SECTION 162(E)

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DUBUQUE RACING ASSOCIATION LTD

Employer identification number
42-1235183

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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages 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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		12,901,340	2,047,901	10,853,439
c Leasehold improvements		41,055,122	17,156,328	23,898,794
d Equipment		38,406,839	34,728,090	3,678,749
e Other		19,719,632	16,581,834	3,137,798
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				41,568,780

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED GRANTS	5,674,765
CESSATION FEE	1,891,242
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,566,007

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	54,459,528
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	23,096,574		
e	Add lines **2a** through **2d**			2e	23,096,574
3	Subtract line **2e** from line **1**			3	31,362,954
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	7,115,751		
c	Add lines **4a** and **4b**			4c	7,115,751
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	38,478,705

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	52,952,075
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	23,096,574		
e	Add lines **2a** through **2d**			2e	23,096,574
3	Subtract line **2e** from line **1**			3	29,855,501
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	6,947,705		
c	Add lines **4a** and **4b**			4c	6,947,705
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	36,803,206

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: 42-1235183
Name: DUBUQUE RACING ASSOCIATION LTD

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM INCOME TAXES OTHER THAN UNRELATED BUSINESS INCOME UNDER SEC TION 501(C)(4) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE STATE INCOME TAX LAW THE ASSOCIATION IS ALSO EXEMPT FROM STATE INCOME TAX MANAGEMENT HAS DETERMINED THAT THE ASSOCIATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENE FITS THAT WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COGS 174,648 GAMING EXPENSES 22,818,101 PORTION OF OTHER INCOME INCLUDED IN GAMING EXPENSES 103,825

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT INCOME 168,046 GAIN ON DISPOSAL OF FIXED ASSETS PROMOTIONAL ALLOWANCE EXPENSE INCLUDED IN GAMING REVENUE 6,947,705

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COGS 174,648 GAMING EXPENSES 22,818,101 PORTION OF OTHER INCOME INCLUDED IN GAMING EXPENSES 103,825

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROMOTIONAL ALLOWANCE EXPENSE INCLUDED IN GAMING REVENUE 6,947,705

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DUBUQUE RACING ASSOCIATION LTD

Employer identification number
42-1235183

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			49,758,594	49,758,594
Direct Expenses	2 Cash prizes			10,850,803	10,850,803
	3 Noncash prizes				
	4 Rent/facility costs			5,123,418	5,123,418
	5 Other direct expenses			6,843,880	6,843,880
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				22,818,101
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				26,940,493

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

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

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	100 000 %
b An outside facility	**13b**	%

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

Name ▶ WILLIAM J EICHHORN

Address ▶ 1855 GREYHOUND PARK DRIVE
DUBUQUE, IA 52001

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ JESUS AVILES

Gaming manager compensation ▶ $ 687,696

Description of services provided ▶ OVERSEES ALL OPERATIONS OF THE CASINO

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DUBUQUE RACING ASSOCIATION LTD

Employer identification number
42-1235183

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 . . . . . ▶ 144

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

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)					
(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	GRANT APPLICATIONS ARE REVIEWED AND APPROVED AN ORGANIZATION MUST PROVIDE DOCUMENTATION THAT GRANT MONIES WERE SPENT IN ACCORDANCE WITH THE APPROVED PURPOSE THE DUBUQUE RACING ASSOCIATION VP OF GRANTS AND SPECIAL PROJECTS ALSO PERFORMS SITE VISITS TO ENSURE THAT MONIES ARE BEING SPENT FOR THE PROPER PURPOSE

Additional Data

Software ID:
Software Version:
EIN: 42-1235183
Name: DUBUQUE RACING ASSOCIATION LTD

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
ALZHEIMERS ASSOCIATION 300 MAIN STREET SUITE 120 DUBUQUE, IA 52001	13-3039601	501(C)(3)					ADVANCING ALZHEIMER'S CONCERN & AWARENESS
AMERICAN LEGION POST 528 917 6TH AVE SW CASCADE, IA 52033	42-1124045	501(C)(3)	3,000				DOOR REPLACEMENT FOR AMERICAN LEGIONFARLEY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				BOILER REPLACEMENT RED CROSS DBQ BLDG
AMERICA'S RIVER CORPORATION 300 MAIN STREET SUITE 120 DUBUQUE, IA 52001	83-0362812	501(C)(3)	15,000				AMERICA'S RIVER MARKETING CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMVETS POST 62 ANDREW PO BOX 271 ANDREW, IA 52030	42-0643427	501(C)(3)	3,917				FUNDING FOR FLAG PURCHASE AND NEW COMPUTER
ANAMOSA SCHOOL DISTRICT 200 S GARNAVILLO STREET ANAMOSA, IA 52205	42-1385468						DIGITALLY CONNECTING STUDENTS TO THE WORLD

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
ANAMOSA UNITED METHODIST 201 SOUTH FORD ANAMOSA, IA 52205		501(C)(3)					ANAMAOSA LUNCHES FOR YOUTH
ANDREW FIRE DEPARTMENT 17 N MARION STREET ANDREW, IA 52030	42-1179624	501(C)(3)					ACQUISITION OF FIREFIGHTER BREATHING APPARATUS

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
AQUIN LITTLE ANGELS 210 GRANT ST NW PO BOX 460 CASCADE, IA 52033		501(C)(3)	5,894				TECHNOLOGY AND HANDS ON LEARNING
AREA RESIDENTIAL CARE 3355 KENNEDY CICLE DUBUQUE, IA 52002	42-0936800	501(C)(3)	12,500				VEHICLE UPGRADES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASBURY COMMUNITY FIRE DEPARTMENT 5485 SARATOGA ROAD ASBURY, IA 52002	42-6230470	501(C)(3)	5,000				GENERATOR
BECKMAN CATHOLIC HIGH SCHOOL 1325 NINTH STREET SE DYERSVILLE, IA 52040	42-0923753		5,000				SECURITY ENHANCEMENT

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
BELL TOWER PRODUCTION & DINNER THEATER 2728 ASBURY ROAD SUITE 220 DUBUQUE, IA 52001			4,000				THEATER STAGE DRAPERIES
BELLEVUE COMMUNITY SCHOOL DISTRICT 1601 STATE ST BELLEVUE, IA 52031			2,000				STEM EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLEVUE EMS 106 N THIRD ST BELLEVUE, IA 52031	20-4403842	501(C)(3)					COMMUNICATIONS WITH-IN EMERGENCY APPARATUS
BELLEVUE FIRE DEPARTMENT 106 N THIRD ST BELLEVUE, IA 52031	20-4403842	501(C)(3)	4,500				INFLATABLE RESCUE BOAT

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
BENTON FIRE DEPARTMENT PO BOX 64 BENTON, WI 53803	39-6089480	501(C)(3)					BENTON FIRE DEPARTMENT PAGER & HOSE UPGRADE PROJECT
BENTON SCHOOL DISTRICT 41 ALMA ST BENTON, WI 53803	31-1764446						CHROMEBOOK PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERNARD COMMUNITY FIRE SERVICE ASSOC 547 ROLUS STREET BERNARD, IA 52032			3,500				BUNKER GEAR FOR FIREFIGHTERS
BOYS AND GIRLS CLUB OF GREATER DUBUQUE 1299 LOCUST STREET DUBUQUE, IA 52001	42-0710263	501(C)(3)	10,000				FLOORING REPLACEMENT AND REPAIRS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMP ALBRECHT ACRES OF THE MIDWEST PO BOX 50 SHERRILL, IA 52073	42-1125110	501(C)(3)	5,000				ACCESSIBLE BASKETBALL COURT
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310	23-7210932	501(C)(3)	15,000				MULTIPURPOSE BLDG ROOF AND SOLAR

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
CARDINAL ELEMENTARY SCHOOL 4045 ASHLAND RD ELDON, IA 52554			2,000				CARDINAL SECURITY CAMERA PROJECT
CARNEGIE STOUT PUBLIC LIBRARY FOUNDATION 360 W 11TH ST DUBUQUE, IA 52001			10,000				WHISPER ROOM

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
CARPENTER ELEMENTARY SCHOOL 315 N GILL ST MONTICELLO, IA 52310	42-1313635						CARPENTER ELEMENTARY SECOND STEP
CASCADE ECONOMIC DEVELOPMENT CORP PO BOX 695 CASCADE, IA 52033	42-1288934	501(C)(6)	3,000				DETERMINING HOUSING NEEDS IN THE COMMUNITY

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
CASCADE VOLUNTEER FIRE DEPARTMENT PO BOX 426 CASCADE, IA 52033	46-0481852	501(C)(3)	5,000				PERSONAL PROTECTIVE EQUIPMENT, TURNOUT GEAR
CASSVILLE FIRE & RESCUE 1009 E BLUFF ST CASSVILLE, WI 53806	45-4963227	501(C)(3)					PAGER REPLACEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRALIA PEOSTA COMMUNITY FIRE DEPARTMENT 8579 TENNIS LANE PEOSTA, IA 52068	42-1465914	501(C)(3)	3,000				PURCHASE OF EDUCATIONAL SUPPLIES
CITY OF ASBURY 5080 ASBURY ROAD ASBURY, IA 52002	42-0999835		8,000				CLOIE CREEK PAVILLION PROJECTS

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 BELLEVUE 106 N THIRD ST BELLEVUE, IA 52031	42-6004273						BELLEVUE SOUTH PHASE I- PEDESTRIAN BRIDGE
CITY OF DUBUQUE 50 W 13TH STREET DUBUQUE, IA 52001	42-6004596	CITY OF DUBUQUE	2,343,114				CHARITABLE CONTRIBUTION SET ASIDE FOR THE CITY OF DUBUQUE

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 EAST DUBUQUE 261 SINSINAWA AVENUE EAST DUBUQUE, IL 61025			3,500				EDPD OFFICER SAFETY
CITY OF EPWORTH 191 JACOBY DRIVE EPWORTH, IA 52045	42-6004644						GAME COURTS

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 FARLEY 114 FIRST ST FAREY, IA 52046			7,000				MEMORIAL HALL WINDOW REPLACEMENT
CITY OF HOLY CROSS 938 CHURCH ST HOLY CROSS, IA 52053			2,539				RADAR SPEED SIGN

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 HOPKINTON EMS 115 FIRST ST SE HOPKINTON, IA 52237			5,000				HOPKINTON EMS POWERLOAD UPGRADE
CITY OF LUXEMBURG 202 S ANDRES ST PO BOX 19 LUXEMBURG, IA 52056			7,500				PARK SECURITY LIGHTING

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 NEW VIENNA PO BOX 19 NEW VIENNA, IA 52065			3,000				SCOREBOARD REPLACEMENT
CITY OF PEOSTA 7896 BURDS RD PEOSTA, IA 52068			2,000				OUTDOOR BATTING CAGE

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 RICKARDSVILLE 20494 ST JOSEPHS DR RICKARDSVILLE, IA 52039			2,500				SOLAR DIGITAL SPEED DISPLAY SIGN
CITY OF SHERRILL 5309 SOUTH MOUND ROAD SHERRILL, IA 52073			3,763				SOLID FLOOR COATING FOR PARK RESTROOMS AND PAVILLION

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
CLARKE UNIVERSITY 1550 CLARKE DRIVE DUBUQUE, IA 52001	42-0680408	501(C)(3)	15,000				ENHANCING CAMPUS ACCESSIBILITY
COLESBURG AMBULANCE DEPARTMENT P O BOX 257 COLESBURG, IA 52035		501(C)(3)					PURCHASE A NEW POWER COT

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
COLTS YOUTH ORGANIZATION 2300 TWIN VALLEY DRIVE DUBUQUE, IA 52003	42-1057444	501(C)(3)	5,000				OFFICE PRODUCTIVITY UPGRADE
COMMUNITY FOUNDATION OF GREATER DUBUQUE 700 LOCUST STREET SUITE 195 DUBUQUE, IA 52001			3,000				BUILDING COMMUNITY THROUGH GARDENS AND ACTIVITIES

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 JACKSON COUNTY PO BOX 645 MAQUOKETA, IA 52060			4,000				EXTENDING SUMMER LEARNING
COMMUNITY FOUNDATION OF JO DAVIESS COUNTY PO BOX 77 ELIZABETH, IL 61028			1,000				COMMUNITY ENGAGEMENT & OUTREACH

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
CONVIVIUM URBAN FARMSTEAD 2811 JACKSON ST DUBUQUE, IA 52001			5,000				ARC COMMUNITY PIZZA PROJECT
CREATIVE ADVENTURE LAB 210 JONES ST STE 100 DUBUQUE, IA 52001	26-3523626	501(C)(3)	10,000				INNOVATION LAB

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

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CREATIVITY CENTER & FOUNDATION FOR THE ARTS PO BOX 593 GUTTENBURG, IA 52052	37-1521325	501(C)(3)					YOUTH DRIVEN CAFE / COFFE SHOP
CUBA CITY ELEMENTARY SCHOOL 101 NORTH SCHOOL STREET CUBA CITY, WI 53807	04-5003911						THE SCIENCE & LITERACY CONNECTION

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
CUBA CITY VOLUNTEER FIRE DEPTARMENT 108 NORTH MAIN STREET CUBA CITY, WI 53807		501(C)(3)					REPLACE OUTDATED RESCUE AIR BAGS
DARLINGTON COMMUNITY FIRE DISTRICT PO BOX 2 DARLINGTON, WI 53530		501(C)(3)					DIVE RESCUE COMMUNICATIONS

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

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DELAWARE COUNTY CONSERVATION DEPT 2379 JEFFERSON ROAD MANCHESTER, IA 52057		501(C)(3)					BAILEYS FORD PARK NEW PLAYGROUND
DICKEYVILLE RESCUE SQUAD 500 EAST AVENUE BOX 219 DICKEYVILLE, WI 53808			2,500				AMBULANCE CHILD RESTRAINT, PORTABLE MISTER

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

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DIVINE WORD COLLEGE 102 JACOBY DR W EPWORTH, IA 52045			3,000				ENHANCING POOL SAFETY AND EFFICIENCY
DUBUQUE ARBORETUM ASSOCIATION INC 3800 ARBORETUM DRIVE DUBUQUE, IA 52001	42-1160989	501(C)(3)	10,000				JAPANESE GARDEN ACCESSIBLE WALKWAYS

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
DUBUQUE AREA CONVENTION & VISITORS BUREAU 300 MAIN STREET SUITE 120 DUBUQUE, IA 52001		501(C)(3)	5,250				ENHANCED CONVENTION BUSINESS PROMOTION IN CHICAGOLAND
DUBUQUE AREA LABOR HARVEST 2617 NEW HAVEN STREET DUBUQUE, IA 52001	42-1321098	501(C)(3)	12,500				FOOD GIVEAWAYS AND HOT MEAL 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
DUBUQUE ARTS COUNCIL 2728 ASBURY ROAD SUITE 220 DUBUQUE, IA 52001	42-1051941	501(C)(3)	5,000				MUSIC IN THE GARDENS
DUBUQUE AUXILIARY POLICE 770 IOWA ST DUBUQUE, IA 52001	37-1493798						DUBUQUE POLICE AUXILIARY EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE CHILDRENS ZOO BOOSTERS 975 GROVER TERRACE DUBUQUE, IA 52001	42-1053874	501(C)(3)	2,700				PAVILLION WEATHER CURTAINS
DUBUQUE CHORALE INC 900 JACKSON ST LL5-2D DUBUQUE, IA 52001			5,000				SEATED CHORAL RISER SET FOR 100

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

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DUBUQUE COMMUNITY ICE & RECREATION CENTER INC 1800 ADMIRAL SHEEHY DR DUBUQUE, IA 52001			25,000				ZAMBONI UPGRADE
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY ROAD DUBUQUE, IA 52001	42-6001531		154,000				SCHOOL DISTRICT NEEDS

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
DUBUQUE COMMUNITY Y 35 NORTH BOOTH ST DUBUQUE, IA 52001	42-0934471	501(C)(3)	10,000				AQUATICS PROGRAM UPDATE
DUBUQUE COUNTY EARLY CHILDHOOD 2310 CHANEY RD DUBUQUE, IA 52001			4,608				BUILDING HOME CHILD CARE OPTIONS

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

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DUBUQUE COUNTY EMS ASSOCIATION 10356 LAKE ELEANOR ROAD DUBUQUE, IA 52003	26-0664674	501(C)(3)					SMOKE MACHINE PROJECT
DUBUQUE COUNTY FAIR ASSOCIATION 14569 OLD HIGHWAY ROAD DUBUQUE, IA 52002	42-0781909	501(C)(3)	11,080				PUBLIC ADDRESS SYSTEM

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
DUBUQUE COUNTY FIREFIGHTERS ASSOCIATION 14928 PUBLIC SAFETY WAY DUBUQUE, IA 52002	42-1505384	501(C)(3)	5,816				SMOKE MACHINE PROJECT
DUBUQUE COUNTY HISTORICAL SOCIETY 350 EAST THIRD STREET DUBUQUE, IA 52001	42-6072050	501(C)(3)	20,000				EDUCATIONAL OUTREACH VEHICLE

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
DUBUQUE FOOD PANTRY 1598 JACKSON STREET DUBUQUE, IA 52001	42-1310910	501(C)(3)	5,000				HEATING AND COOLING SYSTEM UPDATE
DUBUQUE GIRLS INDEPENDENT LEAGUE 3433 CRESCENT RIDGE DUBUQUE, IA 52003	42-1495781	501(C)(3)					DGIL SECURITY SYSTEM

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
DUBUQUE JAYCEES PO BOX 63 DUBUQUE, IA 52004	42-1341284	501(C)(3)	20,000				3RD OF JULY FIREWORKS AND AIR SHOW
DUBUQUE MAIN STREET LTD 1069 MAIN ST DUBUQUE, IA 52001	42-1260305	501(C)(3)	10,000				POTENTIAL ON CETRAL/BABB

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
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	26-2227941	501(C)(3)	5,000				MERCY HILLCREST MATERNAL HEALTH UPGRADE
DUBUQUE MUSEUM OF ART 701 LOCUST STREET DUBUQUE, IA 52001	42-1071185	501(C)(3)	15,000				IMPROVING MUSEUM ACCESSIBILITY AND SAFETY

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
DUBUQUE POLICEMENS PROTECTIVE ASSOCIATION 770 IOWA ST DUBUQUE, IA 52001	42-6094912	501(C)(3)	2,600				HIDDEN IN PLAIN SIGHT ROOM
DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE ROAD DUBUQUE, IA 52002	42-6039535	501(C)(3)	15,000				COMMERCIAL LAUNDRY ROOM

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
DUBUQUE SOCCER ALLIANCE 2478 HACIENDA DRIVE DUBUQUE, IA 52002	42-1391025	501(C)(3)	5,000				UPDATED GOAL PURCHASE FOR NEW YOUTH DEVELOPMENT COMPLIANCE
DUBUQUE SYMPHONY ORCHESTRA 2728 ASBURY ROAD SUITE 900 DUBUQUE, IA 52001	23-7429727	501(C)(3)	10,000				TECHNOLOGY UPGRADES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURIDE 2728 ASBURY ROAD SUITE 330 DUBUQUE, IA 52001	26-2988507	501(C)(3)	3,000				BEST FOOT FORWARD FOR NEW VOLUNTEERS
DYERSVILLE FARMERS COMMUNITY FIRE DEPARTMENT 695 6TH AVENUE SW DYERSVILLE, IA 52040	42-6269491	501(C)(3)	2,000				NEW BUNKER GEAR EQUIPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DYERSVILLE FIRE DEPARTMENT 1503 SIXTH STREET SE DYERSVILLE, IA 52040							HOSE & NOZZLE UPGRADE
DYERSVILLE HEALTH FOUNDATION 1111 3RD ST SW DYERSVILLE, IA 52040	20-5383271	501(C)(3)					ZOOM CART/STRETCHER

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
DYERSVILLE RURAL COMMUNITY FOOD PANTRY 602 THIRD STREET SE DYERSVILLE, IA 52040	20-8196586	501(C)(3)					CHRISTMAS FOOD BASKET PROGRAM
EAST DUBUQUE DISTRICT LIBRARY 122 WISCONSIN AVE EAST DUBUQUE, IL 61025	46-4098345	501(C)(3)	3,900				SUMMER READING ROUND THE WORLD

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

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EAST DUBUQUE ELEMENTARY SCHOOL 100 SCHOOL ROAD EAST DUBUQUE, IL 61025	36-1004724		4,200				VIRTUAL REALITY CLASSROOM DEVICES
EAST DUBUQUE LIONS CLUB FOUNDATION 33 ROOSEVELT DR EAST DUBUQUE, IL 61025	47-3230574	501(C)(3)					FOOD PANTRY IMPROVEMENT PROJECT

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

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EAST DUBUQUE UNIT SCHOOL DISTRICT #119 100 SCHOOL ROAD EAST DUBUQUE, IL 61025	36-1004724						SEON STOP ARM CAMERAS FOR SCHOOL BUSES
EAST DUBUQUE VOLUNTEER FIRE DEPARTMENT 183 SINSINAWA AVENUE EAST DUBUQUE, IL 61025	36-3171099	501(C)(3)	4,000				EDFD FACEPIECES

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

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EPWORTH COMMUNITY VOLUNTEER FIREMEN 191 JACOBY DRIVE EPWORTH, IA 52042	42-1090108	501(C)(3)	3,000				PATIENT LIFTING DEVICES
EVERY CHILD EVERY PROMISE 700 LOCUST STREET SUITE 195 DUBUQUE, IA 52001	34-2033862	501(C)(3)	6,000				ALIGNING SUMMER LEARNING CURRICULUM IN DUBUQUE

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

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FARLEY EMERGENCY MEDICAL SERVICES INC PO BOX 284 FARLEY, IA 52046	26-2363880	501(C)(3)					STRYKER POWERLOAD COT SYSTEM
FARLEY VOLUNTEER FIRE DEPARTMENT 301 FIRST ST NE FARLEY, IA 52046	20-1758806	501(C)(3)	2,500				EMERGENCY STABILIZATION UPGRADE

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

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FENNIMORE SCHOOL DISTRICT 1397 9TH ST FENNIMORE, WI 53809			1,912				CANTEEN TEACHING SENSIBLE LIFE SKILLS
FINLEY HEALTH FOUNDATION INC 350 N GRANDVIEW AVENUE DUBUQUE, IA 52001	42-1286953	501(C)(3)	5,000				CAR TRANSFER SIMULATOR

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

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FOUR MOUNDS FOUNDATION 4900 PERU ROAD DUBUQUE, IA 52001	42-1265303	501(C)(3)	15,000				RESTORATION AT 1908 FOUR MOUNDS GRAY HOUSE & 5 SUPPORTING STRUCTURES
FOUR OAKS OF DUBUQUE 180 WEST 15TH STREET DUBUQUE, IA 52001	42-0998726	501(C)(3)	5,500				TRAINING SERVICES MEDIA CART

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

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FRIENDS OF JACKSON COUNTY CONSERVATION 18670 63RD STREET MAQUOKETA, IA 52060	42-1521029	501(C)(3)					PRAIRIE CREEK PAVILION
FRIENDS OF MAQUOKETA CAVES 10970 98TH STREET MAQUOKETA, IA 52060							BOARD WALK RESTORATION

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

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FRIENDS OF THE BELLEVUE PUBLIC LIBRARY 106 N THIRD ST BELLEVUE, IA 52031	42-1226592	501(C)(3)					NEW BOOKS
FRIENDS OF THE DUBUQUE COUNTY LIBRARY 5290 GRAND MEADOW DR ASBURY, IA 52002	80-0778039	501(C)(3)	10,000				WHEELS FOR THE LIBRARY

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

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FRIENDS OF THE JAMES KENNEDY PUBLIC LIBRARY 320 1ST AVE E DYERSVILLE, IA 52040	42-1461244	501(C)(3)					EARLY LITERACY AT YOUR LIBRARY
FUTURE FARMERS OF AMERICA STATE ASSOC & LOCAL CHAPTER 6060 FFA DR INDIANAPOLIS, IN 46278	54-0524844	501(C)(3)	5,000				INCREASING STEM EDUCATION THROUGH PLANT AND FOOD SCIENCE

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

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GALENA AREA EMERGENCY MEDICAL SERVICE 217 SUMMIT ST GALENA, IL 61036	36-2974400	501(C)(3)	10,000				LUCAS 3 CHEST COMPRESSION PROJECT
GALENA-JO DAVIESS COUNTY HISTORICAL SOCIETY 513 BOUTHILLIER ST GALENA, IL 61036	36-2416177	501(C)(3)	2,500				SQUARE REGISTER & SALES TRACKING SYSTEM

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

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GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS 2644 PENNSYLVANIA AVENUE DUBUQUE, IA 52001	42-1008848	501(C)(3)	10,000				WHISPERING PINES RENOVATION AT CAMP LITTLE CLOUD
GOODWILL INDUSTRIES OF NORTHEAST IOWA 2121 HOLIDAY DR DUBUQUE, IA 52002	42-0839399	501(C)(3)					HOMELESS VETERAN'S HOME

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

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GRAND OPERA HOUSE 135 WEST 8TH STREET DUBUQUE, IA 52001	42-1133812	501(C)(3)	7,000				ACQUISITION OF NEW WIRELESS MICROPHONE RECEIVERS AND BELT PACKS
GRANT COUNTY SHERRIFF DEPARTMENT PO BOX 506 LANCASTER, WI 53813	39-1369112	501(C)(3)					TACTICAL COMMUNICATIONS & HEARING PROTECTION

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

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GRANT REGIONAL HEALTH CENTER INC 507 S MONROE ST LANCASTER, WI 53813	39-1834962	501(C)(3)					MOBILE ER COMPUTERS
HANOVER VOLUNTEER FIRE DEPARTMENT PO BOX 706 HANOVER, IL 61041	36-3253980						PURCHASE OF THERMAL IMAGING CAMERA

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

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HILLCREST FAMILY SERVICES 2005 ASBURY ROAD DUBUQUE, IA 52001	42-0680411	501(C)(3)	25,000				SUBACUTE/CRISIS STABILIZATION PATHWAYS TO STABILITY PROJECT
HILLS AND DALES 1011 DAVIS STREET DUBUQUE, IA 52001	42-1388270	501(C)(3)	25,000				MISSION IMPACT EXPANSION PROJECT

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

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HODAN COMMUNITY SERVICES INC 941 WEST FOUNTAIN STREET MINERAL POINT, WI 53565	39-1172274	501(C)(3)	5,000				TRANSPORTATION TO INDEPENDENCE
HOLY CROSS NORTH BUENA VISTA FIRE DEPARTMENT 910 CHURCH STREET HOLY CROSS, IA 52053	42-0892137	501(C)(3)					PERSONNEL PROTECTIVE BUNKER GEAR

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

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HOLY FAMILY SCHOOLS 2005 KANE DUBUQUE, IA 52001	42-0792429		30,000				HOLY FAMILY SYSTEM APPLICATION
HOLY GHOST EARLY CHILDHOOD CENTER 2981 CENTRAL AVENUE DUBUQUE, IA 52001	42-0792429		1,500				LOOKING TO FIND IT GPS UNITS

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HOLY SPIRIT PARISH 2921 CENTRAL AVENUE DUBUQUE, IA 52001	42-0738963	501(C)(3)					CONCRETE REPAIRS
HOLY TRINITY PARISH PO BOX 140 LUXEMBURG, IA 52056		501(C)(3)					WINDOW REPAIRS

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HOSPICE OF DUBUQUE 1670 JOHN F KENNEDY ROAD DUBUQUE, IA 52002	42-1205973	501(C)(3)					LAPTOPS TO SUPPORT CLINICIANS IN DELIVERY OF HOSPICE CARE
IOWA JAG INC GRIMES BUILDING 3RD FLOOR DES MOINES, IA 50319	42-1492988	501(C)(3)	5,000				TRANSFORMING AT-RISK STUDENTS INTO FUTURE-READY GRADUATES

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IOWA LEGAL AID 700 MAIN STREET SUITE 280 DUBUQUE, IA 52001			7,000				COMPUTER UPGRADE PROJECT
IOWA SPECIAL OLYMPICS INC 551 SE DOVETAIL ROAD GRIMES, IA 50111	51-0176029	501(C)(3)	25,000				2019 WINTER GAMES

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JACKSON COUNTY HISTORICAL SOCIETY PO BOX 1245 MAQUOKETA, IA 52060	42-0984105	501(C)(3)	5,000				NEW SHINGLES ON HISTORICAL SHELTER HOUSE
JO DAVIESS COUNTY SHERRIFF'S OFFICE 330 NORTH BENCH STREET GALENA, IL 61036							OPERATION DRONE

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JUNIOR ACHIEVEMENT OF THE HEARTLAND 900 JACKSON ST LL5-2F DUBUQUE, IA 52004	36-4439179	501(C)(3)	3,153				NEWLY BLENDED PROGRAMS DEVELOPED FOR THE 21ST CENTURY LEARNER
KEY WEST FIRE AND EMS ASSOCIATION 10640 LAKE ELEANOR RD DUBUQUE, IA 52003	42-1452214	501(C)(3)					ZOLL MONITOR

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LA MOTTE COMMUNITY FIRE DEPARTMENT INC 609 WATER STREET LA MOTTE, IA 52054	26-0775867	501(C)(3)	2,000				ENHANCED EMS CAPABILITIES
LA SALLE CATHOLIC SCHOOL LUXEMBURG CENTER 835 CHURCH STREET HOLY CROSS, IA 52053	42-0940399						LA SALLE SCHOOL FINE ARTS PROJECT

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LAMBERT ELEMENTARY SCHOOL 1001 DOCTOR ST MANCHESTER, IA 52057							LAMBERT SIGN
LORAS COLLEGE 1450 ALTA VISTA DUBUQUE, IA 52001	42-0680412	501(C)(3)	16,918				HEITKAMP PLANETARIUMM PROJECTOR

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MAKE-A-WISH FOUNDATION OF IOWA 3024 104TH STREET URBANDALE, IA 50322	42-1310530	501(C)(3)	15,000				DUBUQUE AREA WISH GRANTING
MAQUOKETA FIREFIGHTER'S ASSOCIATION 106 SOUTH NIAGARA ST MAQUOKETA, IA 52060		501(C)(3)					SHEDDING LIGHT ON THE SITUATION

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MAQUOKETA VALLEY COMMUNITY SCHOOLS 112 3RD STREET DELHI, IA 52223			5,000				SECURITY CAMERA PROJECT
MARINE CORPS LEAGUE 3619 JEFFERSON DAVIS STAFFORD, VA 22554	23-1598250	501(C)(3)	5,000				MARINE CORPS LEAGUE DETACHMENT 101 HONOR GUARD WARDROBE

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MARQUETTE HIGH SCHOOL 502 FRANKLIN ST BELLEVUE, IA 52031			2,500				IPAD PROJECT
MARYS INN MATERNITY HOME PO BOX 3338 DUBUQUE, IA 52004	36-4768362	501(C)(3)	5,000				REPAIR OF RETAINING WALL/BATHROOM SHOWER LEAK

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MENTAL HEALTH AMERICA OF DUBUQUE COUNTY PO BOX 283 DUBUQUE, IA 52004	42-0931292	501(C)(3)	10,000				MENTAL HEALTH AND SUICIDE PREVENTION PUBLIC AWARENESS CAMPAIGN
MIRACLE LEAGUE OF DUBUQUE 1200 CORTEZ DR DUBUQUE, IA 52001	81-2454858	501(C)(3)	20,000				EVERY CHILD DESERVES A CHANCE TO PLAY

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MISSISSIPPI WALLEYE CLUB PO BOX 748 DUBUQUE, IA 52004	42-1499690	501(C)(3)					KIDS FISHING DAY
MONTICELLO HIGH SCHOOL 850 E OAK ST MONTICELLO, IA 52310			2,500				LIVE FROM THE LIBRARY

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MONTICELLO MIDDLE SCHOOL 217 S MAPLE ST MONTICELLO, IA 52310	42-6002762		5,000				MIDDLE SCHOOL GOOGLE EXPEDITIONS
MT PLEASANT HOME 1695 MT PLEASANT ST DUBUQUE, IA 52001	42-0698197	501(C)(3)	5,000				FLOORING UPDATE

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NATIONAL EDUCATION CENTER FOR AGRICULTURAL SAFETY 8342 NICC DR PEOSTA, IA 52068		501(C)(3)	7,000				TRUCKING AG AND SAFETY EDUCATION
NEW VIENNA & LUXEMBURG COMMUNITY FIRE DEPARTMENT PO BOX 102 NEW VIENNA, IA 52065	42-6067472	501(C)(3)					SCBA TANKS

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NORTHEAST IOWA COMMUNITY COLLEGE FOUNDATION INC 8342 NICC DR PEOSTA, IA 52068	42-1178729	501(C)(3)	6,000				WELCOMING STUDENT DEVELOPMENT
NORTHEAST IOWA COUNCIL BOY SCOUTS OF AMERICA 10601 MILITARY ROAD DUBUQUE, IA 52004	42-0680414	501(C)(3)	8,000				HANDICAPPED ACCESSIBLE IMPROVEMENTS

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

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NORTHEAST IOWA SCHOOL OF MUSIC 2728 ASBURY RD SUITE 200 DUBUQUE, IA 52001	42-1510485	501(C)(3)	3,000				DONOR MANAGEMENT TECHNOLOGY
OPENING DOORS 1561 JACKSON STREET DUBUQUE, IA 52001	42-1490364	501(C)(3)	5,000				NEW SERVER

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OPERATION NEW VIEW COMMUNITY ACTION AGENCY 1473 CENTRAL AVENUE DUBUQUE, IA 52001	42-1014440	501(C)(3)	4,068				HEAD START SAFETY AND HEALTH
PLATTEVILLE LIBRARY FOUNDATION INC 225 W MAIN ST PLATTEVILLE, WI 53818	39-1262931	501(C)(3)					TECHNOLOGY UPGRADES MICROFILM READER

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POTOSI RESCUE SQUAD PO BOX 185 POTOSI, WI 53820	39-1570873	501(C)(3)	2,500				SPINAL MOTION RESTRICTION EQUIPMENT
POTOSI SCHOOL DISTRICT N 128 US HWY 61 POTOSI, WI 53820			4,500				TRACK AND FIELD RESURFACING

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

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RISING STAR THEATER COMPANY 1310 WHITE ST DUBUQUE, IA 52001	27-3639305	501(C)(3)	7,000				THEATRICAL LIGHTING AND SOUND UPGRADES
RIVERVIEW CENTER 2600 DODGE STREET DUBUQUE, IA 52003	36-3920008	501(C)(3)	13,610				TECHNOLOGY SUPPORT FOR SEXUAL AND DOMESTIC VIOLENCE SERVICES

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SACRED HEART SCHOOL MAQUOKETA 806 EDDY STREET MAQUOKETA, IA 52060			4,000				SCHOOL SECURITY
SACRED HEART SCHOOL MONTICELLO 234 N SYCAMORE MONTICELLO, IA 52310	42-0733458						1 TO 1 EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HAVEN PO BOX 444 WILLIAMSBURG, IA 52361	41-2186380	501(C)(3)	3,500				IMPROVING THE ENVIRONMENT FOR SURRENDERED DOGS
SETON CATHOLIC SCHOOL FARLEY 210 SECOND AVENUE SE FARLEY, IA 52046	42-1406457		4,000				SCHOOL SAFETY

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

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SHANNON ELEMENTARY SCHOOL 321 W SOUTH STREET MONTICELLO, IA 52310			2,379				PAD CASTER
SHERRILL FIRE PROTECTION ASSOCIATION PO BOX 31 SHERRILL, IA 52073	23-7445074	501(C)(3)					FIRE DEPARTMENT BUILDING LIGHTING

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
SHULLSBURG FIRE DISTRICT 330 WEST WATER STREET SHULLSBURG, WI 53586		501(C)(3)					GRAIN RESCUE
SOUTHWEST HEALTH CENTER 1400 EASTSIDE RD PLATTEVILLE, WI 53818	39-1370626	501(C)(3)	15,000				EMERGENCY TRAINING EQUIPMENT

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

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SOUTHWEST WI TECHNICAL COLLEGE FOUNDATION INC 1800 BRONSON BLVD FENNIMORE, WI 53809	39-1828080	501(C)(3)	4,000				TEACHING AND LEARNING STUDIO
ST DONATUS PARISH 97 FIRST STREET EAST ST DONATUS, IA 52071	45-0596048	501(C)(3)					REPAIRING PAIN ON 1885 PIETA STATUE IN CHAPEL

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

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ST FRANCIS XAVIER SCHOOL DYERSVILLE 203 SECOND STREET SW DYERSVILLE, IA 52040	26-4261539		3,500				SMART BOARDS FOR KIDS
ST JOHN LUTHERAN CHURCH 1276 WHITE ST DUBUQUE, IA 52001	23-7421408	501(C)(3)	3,929				LIVING ON THE OUTSIDE

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

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ST JOSEPH SCHOOL BELLEVUE 403 PARK STREET BELLEVUE, IA 52031							SCHOOL SAFETY ENHANCEMENT
ST JOSEPH SCHOOL HAZEL GREEN 780 CUONTY HIGHWAY Z HAZEL GREEN, WI 53811	39-6029478						ST JOSEPH SCHOOL SHINES BRIGHTLY

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

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ST MARK YOUTH ENRICHMENT 1201 LOCUST STREET DUBUQUE, IA 52001	42-1338364	501(C)(3)	8,000				EQUIPPING PROGRAMS AND YEAR LONG ENRICHMENT OPPORTUNITIES
ST RAPHAEL CATHEDRAL 231 BLUFF ST DUBUQUE, IA 52001		501(C)(3)					CATHEDRAL ELEVATOR UPDATES

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

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ST STEPHEN FOOD BANK 3145 CEDAR CREST RIDGE DUBUQUE, IA 52001	42-1222356	501(C)(3)	12,500				PURCHASE FRESH NUTITIONAL FOODS TO SUSTAIN LIVES OF UNDERSERVED
SUBSTANCE ABUSE SERVICES CENTER 799 MAIN STREET SUITE 110 DUBUQUE, IA 52001	42-1033304	501(C)(3)	4,500				SIT AND STAND DESK RISERS

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

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SUNNYCREST MANOR AUXILIARY 2375 ROOSEVELT ST DUBUQUE, IA 52001	46-3213099	501(C)(3)	10,000				MODIFYING A VAN FOR WHEELCHAIR ACCESSIBILITY
THE CHILDREN AT HOME PROGRAM 2050 WINNE COURT DUBUQUE, IA 52002	68-0648589	501(C)(3)	3,000				ASSISTIVE TECHNOLOGY FOR CHILDREN WITH SPECIAL NEEDS

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

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TRI STATE INDEPENDENT BLIND SOCIETY 3333 ASBURY ROAD DUBUQUE, IA 52002	42-6189594	501(C)(3)	18,000				NEW VAN FOR TRANSPORTATION OF BLIND CLIENTS
TWO BY TWO CHARACTER DEVELOPMENT 470 W 4TH STREET DUBUQUE, IA 52001	20-3437767	501(C)(3)	5,000				KINDHEARTED KIDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED CHURCHES OF GALENA FOOD PANTRY 971 GEAR STREET GALENA, IL 61036	36-4368170	501(C)(3)	5,000				CANNED FOOD, MEAT, PRODUCE AND EGGS
UNITED WAY OF DUBUQUE AREA TRI-STATES 215 WEST SIXTH STREET DUBUQUE, IA 52001	42-0761060	501(C)(3)	15,000				COMMUNITY RESOURCES AND REFERRAL

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

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UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVENUE DUBUQUE, IA 52001	42-0680323	501(C)(3)	5,000				HERITAGE CENTER YOUTH OUTREACH PROGRAMMING
VETERAN'S FREEDOM CENTER 2245 KERPER BLVD DUBUQUE, IA 52001	46-0898891	501(C)(3)	5,000				RESOURCING THE SHOP TO BETTER MANAGE PTSD

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

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VISITING NURSE ASSOCIATION 1454 IOWA ST DUBUQUE, IA 52001	42-0680410	501(C)(3)	5,000				SUPPLIES TO PREVENT SPREAD OF BED BUGS
WESTERN DUBUQUE CCSD 310 4TH STREET SW PO BOX 68 FARLEY, IA 52046			46,000				VARIOUS NEEDS

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
WISCONSIN BADGER CAMP INC PO BOX 723 PLATTEVILLE, WI 53818	39-1097398	501(C)(3)	8,000				PROGRAM AND FACILITIES TRACTOR
WORTHINGTON COMMUNITY FIRE DEPARTMENT PO BOX 165 WORTHINGTON, IA 52078	42-1101722	501(C)(3)					SEE AND BE SEEN

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
SOUTHWESTERN WISCONSIN COMMUNITY ACTION PROGRAM INC 149 N IOWA ST DODGEVILLE, WI 53533	39-1053511	501(C)(3)	5,000				FIGHTING HUNGER IN SW WISCONSIN
SOUTHWESTERN WISCONSIN COMMUNITY SCHOOLS 1105 MAPLE ST HAZEL GREEN, WI 53811			5,000				BUS COMMUNICATION IMPROVEMENT

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

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SS ANDREW-THOMAS SCHOOL PO BOX 160 POTOSI, WI 53820	39-1034043		2,000				WATER, BLINDS, AND A LAMINATOR, OH MY!
ST PATRICK CHURCH DUBUQUE 1425 IOWA ST DUBUQUE, IA 52001			5,000				HAVE A SEAT

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
STONEHILL FRANCISCAN SERVICES 3485 WINDSOR AVE DUBUQUE, IA 52001	51-0141775	501(C)(3)	3,700				ROCK N' GO WHEELCHAIRS
THE SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314	22-2406433	501(C)(3)	10,000				SALVATION ARMY FOOD PANTRY

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
INTERNATIONAL MOUNTAIN BIKING ASSOCIATION PO BOX 20280 BOULDER, CO 80308	47-1254119	501(C)(3)	25,000				NORTH DUBUQUE RECREATIONAL AREA
TRI-STATE VIETNAM VETERANS ASSOCIATION PO BOX 203 DUBUQUE, IA 52004	42-1171867	501(C)(3)	6,195				EQUIPMENT FOR FUND RAISERS

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
UW PLATTEVILLE FOUNDATION INC ULLSVIK HALL 1 UNIVERSITY PLAZA PLATTEVILLE, WI 53818	39-6051705	501(C)(3)	2,500				ACCESSIBILITY FOR UW POOL AND SWIM PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DUBUQUE RACING ASSOCIATION LTD

Employer identification number
42-1235183

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JESUS AVILES CEO & PRESIDENT	(i)	450,000	182,973	13,903	0	42,948	689,824	0
	(ii)	0	0	0	0	0	0	0
2 BRIAN RAKESTRAW DIRECTOR OF CASINO OPERATI	(i)	225,000	50,525	1,335	0	25,354	302,214	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM EICHHORN DIRECTOR OF FINANCE	(i)	139,494	33,956	6,690	0	30,996	211,136	0
	(ii)	0	0	0	0	0	0	0
4 TAMI CONZETT DIRECTOR OF GUEST SERVICES	(i)	107,347	14,839	3,316	0	25,458	150,960	0
	(ii)	0	0	0	0	0	0	0
5 DAVID ESAU DIRECTOR OF TABLE GAMES	(i)	116,143	16,055	1,542	0	26,949	160,689	0
	(ii)	0	0	0	0	0	0	0
6 JOSEPH HILBY DIRECTOR OF IT	(i)	107,097	14,805	3,478	0	25,443	150,823	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID COUNTRY CLUB DUES IN THE AMOUNT OF $148 FOR THE YEAR TO THE DUBUQUE GOLF & COUNTRY CLUB FOR THE CEO
PART I, LINE 6	THE CEO'S BONUS FOR THE YEAR IS BASED ON A PERCENTAGE OF ADJUSTED EARNINGS BEFORE TAX, INTEREST, DEPRECIATION AND AMORTIZATION (EBTIDA), AS DEFINED IN HIS WRITTEN EMPLOYMENT AGREEMENT

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DUBUQUE RACING ASSOCIATION LTD

Employer identification number
42-1235183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION ENGAGED AIMBRIDGE HOSPITALITY, LLC TO OVERSEE MANAGERIAL DUTIES OF THE HOTEL OPERATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY BY THE CHIEF FINANCIAL OFFICER AND THE DIRECTOR OF FINANCE PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE INSTRUCTED TO BRING ANY CONFLICTS OF INTEREST TO THE ATTENTION OF MANAGEMENT IF THEY ARISE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MARKET BASED COMPENSATION STUDIES ARE PERFORMED BY AN OUTSIDE CONSULTANT SUGGESTIONS ARE TAKEN INTO CONSIDERATION WHEN DETERMINING COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE AUDIT COMMITTEE'S PROCEDURES FOR OVERSIGHT OF THE AUDIT HAVE NOT CHANGED FROM THE PRIO R YEAR THE AUDIT COMMITTEE MEETS WITH AUDITORS AND APPROVES THE AUDIT PRIOR TO PRESENTATI ON TO THE FULL BOARD