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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 11-01-2019 , and ending 10-31-2020

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

C Name of organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
15623 COALTOWN ROAD

City or town, state or province, country, and ZIP or foreign postal code
EAST MOLINE, IL 61244

D Employer identification number
93-1332421

E Telephone number
(309) 762-4653

G Gross receipts $ 12,981,935

F Name and address of principal officer:
CLAIR PETERSON
156523 COALTOWN ROAD
EAST MOLINE, IL 61244

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) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.JOHNDEERECLASSIC.COM

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

L Year of formation: 2003

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE JOHN DEERE CLASSIC, A NOT-FOR-PROFIT CORPORATION, IS TO CONDUCT A PGA TOUR SANCTIONED PROFESSIONAL GOLF TOURNAMENT THAT WILL: CONTRIBUTE POSITIVELY TO THE QUALITY OF LIFE IN OUR COMMUNITY; PROVIDE GROWING ANNUAL FINANCIAL CONTRIBUTIONS TO CHARITY; PROMOTE VOLUNTEERISM; PROVIDE A POSITIVE ECONOMIC IMPACT TO THE COMMUNITY.

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	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	0
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 39	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,700,344	12,895,394
9	Program service revenue (Part VIII, line 2g)	633,729	29,758
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,121	56,783
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,057	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,448,251	12,981,935
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,817,127	12,518,920
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)	804,120	502,385
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶219,428		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,655,671	750,288
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,276,918	13,771,593
19	Revenue less expenses. Subtract line 18 from line 12	171,333	-789,658

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,521,856	5,926,812
21	Total liabilities (Part X, line 26)	492,693	3,631,139
22	Net assets or fund balances. Subtract line 21 from line 20	3,029,163	2,295,673

Net Assets or Fund Balances

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

****** 2021-03-06
Signature of officer Date

CLAIR PETERSON TOURNAMENT DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00002697

Firm's name ▶ CARPENTIER MITCHELL GODDARD & CO LLC — Firm's EIN ▶ 36-2662809

Firm's address ▶ 4915 21ST AVENUE A MOLINE, IL 61265 — Phone no. (309) 762-3626

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:

SEE PAGE 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 $ 348,101 including grants of $) (Revenue $ 29,758)

See Additional Data

4b (Code:) (Expenses $ 12,518,920 including grants of $ 12,518,920) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses ▶ 12,867,021

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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
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		No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	7		
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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	36		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶CLAIR PETERSON 15623 COALTOWN ROAD EAST MOLINE, IL 61244 (309) 762-4653

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.

See instructions for the order in which to list the persons above.

☑ 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) ▶	0	0	0

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 ▶ 0

			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**		No
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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,895,394			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f . . . . . ▶		12,895,394			
Program Service Revenue		Business Code				
	2a TOURNAMENT WEEK	485000	29,758	29,758		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶	29,758				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		56,783			56,783
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses . . .	8b				
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
	b Less: direct expenses . . .	9b				
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . .	10a				
	b Less: cost of goods sold . .	10b				
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See instructions . . . . . ▶		12,981,935	29,758	0	56,783

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,518,920	12,518,920		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	445,222		295,222	150,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,920		13,920	8,000
9 Other employee benefits				
10 Payroll taxes	35,243		24,243	11,000
11 Fees for services (non-employees):				
a Management				
b Legal	469		469	
c Accounting	50,550		50,550	
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)	29,953		29,953	
12 Advertising and promotion	38,655	19,721		18,934
13 Office expenses	28,276	4,091	9,661	14,524
14 Information technology	33,525		33,525	
15 Royalties				
16 Occupancy				
17 Travel	1,294		1,294	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,971		19,971	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,241		61,241	
23 Insurance	103,331		103,331	
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 BRAND MANAGEMENT FEE	160,000	160,000		
b OTHER OPERATIONS	105,778	98,328		7,450
c MEDIA	43,299	43,299		
d UTILITIES	30,746		30,746	
e All other expenses	43,200	22,662	11,018	9,520
25 **Total functional expenses.** Add lines 1 through 24e	13,771,593	12,867,021	685,144	219,428
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			1	
	2	Savings and temporary cash investments		473,767	2	2,878,905
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		374,483	4	346,400
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		54,765	9	85,561
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,371,312			
	b	Less: accumulated depreciation	10b 1,202,700	229,853	10c	168,612
	11	Investments—publicly traded securities		2,388,988	11	2,447,334
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,521,856	16	5,926,812
Liabilities	17	Accounts payable and accrued expenses		404,618	17	387,969
	18	Grants payable			18	
	19	Deferred revenue		88,075	19	3,181,194
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	61,976
	26	**Total liabilities.** Add lines 17 through 25		492,693	26	3,631,139
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		3,029,163	27	2,295,673
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		3,029,163	32	2,295,673
	33	Total liabilities and net assets/fund balances		3,521,856	33	5,926,812

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	12,981,935
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,771,593
3	Revenue less expenses. Subtract line 2 from line 1	3	-789,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,029,163
5	Net unrealized gains (losses) on investments	5	56,168
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,295,673

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: 93-1332421

Name: QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE JOHN DEERE CLASSIC, A PGA TOUR EVENT WHERE A PORTION OF THE EARNINGS OF THE EVENT ARE DONATED TO AREA CHARITABLE ORGANIZATIONS.DUE TO COVID-19 RESTRICTIONS THE FOUNDATION NEGATIVELY IMPACTED BY HAVING TO CANCEL THE 2020 GOLF TOURNAMENT.

Form 990, Part III, Line 4b:

PLEDGE FUNDRAISING - RAISES FUNDS THROUGH DIRECT CHARITABLE PLEDGES ASSOCIATED WITH THE JOHN DEERE CLASSIC AND RE-GRANTS THE FUNDS TO TARGETED LOCAL CHARITIES.

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			
LANCE BARROW DIRECTOR	10.00	X						0	0	0
JAMES BELLIG DIRECTOR	10.00	X						0	0	0
MARA DOWNING DIRECTOR	10.00	X						0	0	0
CATHY EDWARDS DIRECTOR	10.00	X						0	0	0
JIM FIELD DEERE LIAISON	10.00	X						0	0	0
TODD HAJDUK DIRECTOR	10.00	X						0	0	0
TODD GIPPLE DIRECTOR	10.00	X						0	0	0
ZACH JOHNSON DIRECTOR	10.00	X						0	0	0
JOE JUDGE DIRECTOR	10.00	X						0	0	0
TODD HOPKINS DIRECTOR	10.00	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			
BOB LARSEN DIRECTOR	10.00	X						0	0	0
TATE FEATHERSTONE DIRECTOR	10.00	X						0	0	0
DAN HUBER DIRECTOR	10.00	X						0	0	0
DOUGLAS PALMER DIRECTOR	10.00	X						0	0	0
HEIDI PARKHURST DIRECTOR	10.00	X						0	0	0
GREGORY RUGGLES DIRECTOR	10.00	X						0	0	0
PAUL RUMLER DIRECTOR	10.00	X						0	0	0
TODD ROSENTHAL DIRECTOR	10.00	X						0	0	0
AMY WESTFALL DIRECTOR	10.00	X						0	0	0
WENDY WILLIAMS DIRECTOR	10.00	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			
TED THOMS DIRECTOR	10.00	X						0	0	0
DANA WILKINSON DIRECTOR	10.00	X						0	0	0
BEN YEGGY DIRECTOR	10.00	X						0	0	0
MIKE EGAN DIRECTOR	10.00	X						0	0	0
LYNSEY ENGELS DIRECTOR	10.00	X						0	0	0
CHRISTY GAUSE DIRECTOR	10.00	X						0	0	0
MO HYDER DIRECTOR	10.00	X						0	0	0
ADAM KUNKEL DIRECTOR	10.00	X						0	0	0
MIKE PAREJKO DIRECTOR	10.00	X						0	0	0
DAVE HERRELL DIRECTOR	10.00	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			
EDNA DENISE GARRETT DIRECTOR	10.00	X						0	0	0
ANIKA MARTIN DIRECTOR	10.00	X						0	0	0
STEVE WAUER DIRECTOR	10.00	X						0	0	0
PATRICK EIKENBERRY CHAIRMAN ELECT	10.00			X				0	0	0
LEE GARLACH 2020 CHAIRMAN	10.00			X				0	0	0
SEAN MCGUIRE PAST CHAIR	10.00			X				0	0	0
SUE RECTOR VICE CHAIR OF OPERATIONS	10.00			X				0	0	0
KEVIN RAFFERTY VICE CHAIR, PLAYERS/ON-COURSE SERVICES	10.00			X				0	0	0
AARON TENNANT VICE CHAIR, FINANCE/INFORMATION	10.00			X				0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	18,968,244	21,570,786	23,254,954	23,879,506	12,895,394	100,568,884
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	569,343	501,657	521,504	454,567	29,758	2,076,829
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	19,537,587	22,072,443	23,776,458	24,334,073	12,925,152	102,645,713
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						102,645,713

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	19,537,587	22,072,443	23,776,458	24,334,073	12,925,152	102,645,713
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	57,826	41,949	44,148	65,121	56,783	265,827
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	57,826	41,949	44,148	65,121	56,783	265,827
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	169,393	154,372	132,114	102,693		558,572
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	19,764,806	22,268,764	23,952,720	24,501,887	12,981,935	103,470,112

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.200 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	99.130 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	0.260 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0.230 %

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 93-1332421

Name: QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

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

Facts And Circumstances Test

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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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	12,706,894	
3	Aggregate value of grants from (during year)	12,707,397	
4	Aggregate value at end of year	39,354	

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				
c Leasehold improvements		1,325,189	1,170,506	154,683
d Equipment		46,123	32,194	13,929
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				168,612

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	
(1) PAYCHECK PROTECTION PROGRAM LOAN	61,976
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	61,976

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	13,038,103
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	56,168		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	56,168
3	Subtract line **2e** from line **1**			3	12,981,935
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	12,981,935

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	13,771,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	13,771,593
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	13,771,593

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

2019

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

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 . . . . . ▶

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

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:	THE ORGANIZATION EXERCISES DUE DILIGENCE BY VERIFYING NOT FOR PROFIT CREDENTIALS FOR ALL ORGANIZATIONS WHICH RECEIVE GRANT FUNDS.

Additional Data

Software ID:
Software Version:
EIN: 93-1332421
Name: QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE QUAD CITIES 852 MIDDLE ROAD STE 401 BETTENDORF, IA 52722	36-2725960	501(C)(3)	1,338,091				MOBILIZING PEOPLE AND RESOURCES TO IMPROVE OUR COMMUNITY. UNITED WAY FIGHTS FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY ENSURING ALL QUAD CITIZENS HAVE THE OPPORTUNITY TO LIVE THEIR BEST POSSIBLE LIVES.
FIGGE ART MUSEUM 225 WEST 2ND STREET DAVENPORT, IA 52801	42-6090398	501(C)(3)	842,504				COMMUNITY ENRICHMENT WITH THE EXPERIENCE OF ART THROUGH EDUCATION, COLLECTIONS, EXHIBITIONS, AND PRESERVATION.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY HEALTH FOUNDATION 2701- 17TH STREET ROCK ISLAND, IL 61201	36-3321751	501(C)(3)	840,418				TO SECURE CHARITABLE RESOURCES TO SUPPORT TRINITY'S MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.
GERMAN AMERICAN HERITAGE CENTER 712 W 2ND STREET DAVENPORT, IA 52802	42-1424418	501(C)(3)	669,697				WE ARE A MUSEUM DEDICATED TO SHARING FUN AND EDUCATIONAL EXPIRENCES ANS STORIES WITH OUR VISITORS AND COMMUNITY. FROM ENGAGING EXHIBITS TO A GERMAN GIFT SHOP, THERE IS SOMETHING FOR EVERYONE AT THE GERMAN AMERICAN HERTIAGE CENTER.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDSHIP MANOR 1209 - 21ST AVENUE ROCK ISLAND, IL 61201	36-2524984	501(C)(3)	546,053				SENIOR LIVING AND HEALTHCARE. SERVING AS MANY AS WE CAN WHO HAVE OUTLIVED THEIR RESOURCES
GENESEO PARK DISTRICT FOUNDATION NFP 541 E NORTH ST GENESEO, IL 61254	36-4783526	501(C)(3)	518,278				PROMOTE AND CULTIVATE STEWARDSHIP ALONG WITH FINANCIAL SUPPORT EMPOWERING THE GENESEO PARK DISTRICT TO ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY BY PROVIDING A POSITIVE RECREATIONAL EXPERIENCE FOR ALL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
QUAD CITY ARTS 1715 SECOND AVE ROCK ISLAND, IL 61201	36-3122824	501(C)(3)	447,161				DEDICATED TO ENRICHING THE QUALITY OF LIFE IN THE QUAD CITY REGION THROUGH ARTS
QUAD CITIES CULTURAL TRUST NORTHWEST OFFICENTER 2550 MIDDLE RD STE 300 BETTENDORF, IA 52722	26-1114466	501(C)(3)	441,630				PROVIDES ANNUAL GRANTS FOR OPERATING FUNDS TO QUAD CITIES CULTURAL ENTITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOLF FOR INJURED VETERANS EVERYWHERE FOUNDATION 3184 HIGHWAY 22 PO BOX 659 RIVERSIDE, IA 52327	90-0397932	501(C)(3)	315,000				PROVIDES STRUCTURED GOLF PROGRAM FOR INJURED VETERANS
LIONS OF ILLINOIS FOUNDATION 2254 OAKLAND DR SYCAMORE, IL 60178	23-7379629	501(C)(3)	311,532				SERVING THE BLIND & DEAF IN ILLINOIS THROUGH PROGRAMS AND SERVICES.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASI (CENTER FOR ACTIVE SENIORS INC) 1035 W KIMBERLY RD DAVENPORT, IA 52806	42-1011267	501(C)(3)	266,715				CASI'S MISSION IS TO PROVIDE SERVICES THAT PREMOTE INDEPENDENCE AND ENRICH THE LIVES OF OLDER ADULTS THROUGH SOCIALIZATION, HEALTH/WELLNESS, AND SUPPORTIVE SERVICES.
ST MARK LUTHERAN CHURCH 2363 WEST THIRD STREET DAVENPORT, IA 52802	42-0698235	501(C)(3)	265,676				CHURCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY ST DAVENPORT, IA 52801	42-6017663	501(C)(3)	197,148				INSPIRE, ENTERTAIN AND ENGAGE THE QUAD CITY COMMUNITY THROUGH SUPERB SYMPHONIC MUSIC, MUSIC EDUCATION AND CULTURAL LEADERSHIPS
VERA FRENCH FOUNDATION 1441 WEST CENTRAL PARK AVE DAVENPORT, IA 52804	42-1256448	501(C)(3)	194,459				THE VERA FRENDH FOUNDATION SUPPORTS THE MENTAL HEALTH OF OUR COMMUNITY BY INSPIRING COMPASSIONATE AWARENESS AND GENEROUS GIVING.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GENESEO EDUCATION FOUNDATION 403 N ALDRICH ST GENESEO, IL 61254	36-3748560	501(C)(3)	193,250				ESTABLISHED TO ACTIVELY SOLICIT AND RECEIVE GIFT REQUESTS AND GRANTS TO COMPLIMENT, ENRICH AND ENHANCE THE EDUCATIONAL OPPORTUNITIES & EXPERIENCES FOR THE STUDENTS OF THE GENESEO SCHOOL DISTRICT BEYOND EXISTING TAX SUPPORT
SCOTT COUNTY FAMILY YMCA 606 W 2ND STREET DAVENPORT, IA 52801	42-0703278	501(C)(3)	175,389				THE YMCA IS A NONPROFIT ORGANIZATION WHOSE MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROGUH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 14837 SHERRILL RD PO BOX 50 SHERRILL, IA 52073	42-1125110	501(C)(3)	169,073				PROVIDES A UNIQUE CAMP EXPERIENCE TO 600 LOCAL CHILDREN AND ADULTS, BECOMING THEIR HOME-AWAY-FROM-HOME, WHILE ENJOYING ACTIVITIES LIKE SWIMMING, FISHING, ARTS & CRAFTS, ETC
NORTH SCOTT LANCER LEGACY 917 HEILER COURT ELDRIDGE, IA 52748	84-2851255	501(C)(3)	166,294				RAISE MONEY FOR NORTH SCOTT COMM SCHOOLS TO EQUIP SCHOOLS WITH EXTRA AMENTITIES TO INCREASE STUDENT EXPERIENCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABILITIES PLUS INC 1100 NORTH EAST STREET KEWANEE, IL 61443	36-2841697	501(C)(3)	157,413				PROMOTE OPPORTUNITIES THAT RESULT IN INDEPENDENCE AND ACTIVE DECISION MAKING FOR INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-3147342	501(C)(3)	148,853				RBFB COLLECTS WHOLESOME DONATIONS OF FOOD FOR DISTRIBUTION TO MORE THAN 300 CHARITABLE COMMUNITY ORGANIZATIONS THAT SUPPORT THE HUNGRY IN EASTERN IOWA AND WESTERN ILLINOIS.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAHANT MARSH EDUCATION CENTER 4220 WAPELLO AVENUE DAVENPORT, IA 52802	38-3667579	501(C)(3)	110,639				NATURE PRESERVE AND EDUCATION CENTER. PROVIDES EDUCATION, RECREATION AND RESEARCH EXPERIENCES
GUARDIAN ANGELS HUMANE SOCIETY 1805 N BROAD STREET GALESBURG, IL 61401	61-1488324	501(C)(3)	109,522				PROVIDE LIFE-SAVING MEDICAL CARE AND LOW-COST SPAY/NEUTER SERVICES FOR NEEDY & HOMELESS PETS WHO WOULD NOT SURVIVE WITHOUT OUR HELP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIF ENDOWMENT FUND - LIONS CLUB 2254 OAKLAND DRIVE SYCAMORE, IL 60178	36-4177377	501(C)(3)	108,950				PROVIDE FREE SERVICES TO CHILDREN AND ADULTS WITH VISION AND HEARING NEEDS IN THE STATE OF ILLINOIS
PUTNAM MUSEUM 1717 W 12 STREET DAVENPORT, IA 52804	42-0680474	501(C)(3)	108,842				OUR MISSION IS TO: A) PRESERVE OUR REGION'S TREASURES; B) EDUCATE PEOPLE OF ALL AGES IN IMMERSIVE AND LASTING WAYS; C) CONNECT PEOPLE TO EACH OTHER AND TO THE HISTORY AND SCIENCE THAT SHAPE THE CULTURES AND ENVIRONMENTS OF THE EARTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMILITY HOMES AND SERVICES INC 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	01-0916973	501(C)(3)	105,973				COMMITTED TO ENDING HOMELESSNESS BY OFFERING HOUSING OPPORTUNITIES AND SUPPORTIVE SERVICES IN THE GREATER QUAD CITIES AREA
JACKSON COUNTY HISTORICAL SOCIETY PO BOX 1245 MAQUOKETA, IA 52060	42-0984105	501(C)(3)	105,000				TO PRESERVE, INTERPRET AND SHARE THE UNIQUE HISTORY OF JACKSON COUNTY, IOWA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF ART FOUNDATION 225 W 2ND STREET DAVENPORT, IA 52801	42-1503147	501(C)(3)	105,000				SUPPORTS THE OPERATIONS OF THE FIGGE ART MUSEUM BY MANAGEMENT OF THE PHYSICAL BUILDING
BOYS & GIRLS CLUBS OF THE MISSISSIPPI VALLEY 338 6TH STREET MOLINE, IL 61265	36-3838421	501(C)(3)	99,058				BGCMV A MEMBER OF BGCA IS A YOUTH DEVELOPMENT ORGANIZATION PROVIDING AFTERSCHOOL AND SUMMER PROGRAMMING TO YOUTH/TEENS AGES 6-18. OUR 4 LOCAL SITES ARE LOCATED IN NEIGHBORHOODS WITH SIGNIFICANT NEED.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 1330 13TH STREET MOLINE, IL 61265	36-2406268	501(C)(3)	97,981				CHURCH
QC CHAMBER GROW QUAD CITIES FUND IA 1601 RIVER DRIVE STE 310 MOLINE, IL 61265	42-1292789	501(C)(3)	97,125				TO ADVANCE THE GENERAL WELFARE AND PROSPERITY OF SCOTT COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GENESEO COMMUNITY CHEST PO BOX 264 GENESEO, IL 61254	36-3160588	501(C)(3)	89,355				SOLICITS FUNDS TO AID CHARITABLE, PHILANTHROPIC AND CHARACTER BUILDING NON-PROFIT ORGANIZATIONS ACTIVE IN OUR COMMUNITY, BENEFITING OUR CITIZENS
FRIENDS OF TRINITY MEDICAL CENTER 2701 17TH STREET ROCK ISLAND, IL 61201	36-2739299	501(C)(3)	89,081				VOLUNTARY MEMBERSHIP ORGANIZATION THAT EXISTS AS AN INTEGRAL PART OF UNITYPOINT HEALTH-TRINITY. PROVIDE SCHOLARSHIPS AND GRANTS TO IMPROVE THE HEALTH OF OUR COMMUNITY, AS WELL AS FUNDING OUR CARING PROGRAMS (CARING CANINES, THE CARING CLOSET AND THE PRAY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEMPLE EMANUEL 2 HOLLOWS COURT LECLAIRE, IA 52753	42-0776413	501(C)(3)	83,011				SYNAGOGUE, PRACTICE OF JUDAISM
JUNIOR ACHIEVEMENT 800 12TH AVENUE MOLINE, IL 61265	36-2584253	501(C)(3)	81,202				PREPARES OUR YOUNG PEOPLE FOR SUCCESS IN A GLOBAL ECONOMY THROUGH VOLUNTEER LED K-12 PROGRAMS, STUDENTS LEARN ABOUT FINANCIAL LITERACY, WORK READINESS AND ENTREPENUERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501(C)(3)	71,883				TO RAISE AND DISTRIBUTE RESOURCES TO ENHANCE THE DELIVERY OF CARE THROUGH GENESIS HEALTH SYSTEM
UNITED WAY OF WHITESIDE COUNTY PO BOX 806 502 1ST AVE PROPHETSTOWN, IL 61081	36-6009102	501(C)(3)	64,654				COMMITTED TO IMPROVING LIVES AND STRENGTHENING OUR COMMUNITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY RESOURCES INC 2800 EASTERN AVE DAVENPORT, IA 52803	42-0698225	501(C)(3)	64,239				SPECIAL SERVICES AGENCY PROVIDING SERVICES TO SURVIVORS OF TRAUMA
BETHANY FOR CHILDREN & FAMILIES 1830 - 6TH AVENUE MOLINE, IL 61265	36-2166973	501(C)(3)	56,989				KEEPING CHILDREN SAFE, STRENGTHENING FAMILIES AND BUILDING HEALTHY COMMUNITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MALACHY'S CATHOLIC SCHOOL 210 PARK VIEW DR GENESEO, IL 61254	53-0196617	501(C)(3)	55,178				CATHOLIC ELEMENTARY SCHOOL IN GENESEO, IL. FUNDS RAISED ARE USED TO HELP SUPPORT SCHOOL FINANCES AND STUDENT ACTIVITIES
TWO RIVERS YMCA 2040 - 53RD STREET MOLINE, IL 61265	36-2169199	501(C)(3)	54,973				STRENGTHENS THE COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. THE Y ENGAGES WITH MEN, WOMEN AND CHILDREN - AGE, INCOME OR BACKGROUND. TO NURTURE THE POTENTIAL IN YOUTH, IMPROVE THE COMMUNITY'S HEALTH AND WELL-BEING AND P

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1404937	501(C)(3)	51,571				EMPOWERED BY GOD TO BRING PEOPLE TOGETHER TO BUILD AND RENOVATE HOMES, TO REVITALIZE OUR COMMUNITY AND TO RESTORE HOPE
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)(3)	48,636				HAND-IN-HAND IS A NON-PROFIT ORGANIZATION THAT HAS BEEN SERVING THE QUAD CITIES SINCE 2000 BY CREATING FUN, INCLUSIVE LEARNING EXPERIENCES FOR INDIVIDUALS OF ALL ABILITIES, INCLUDING WITH DISABLITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAQUOKETA UNITED CHURCH OF CHRIST 1810 SWAGOSA DRIVE MAQUOKETA, IA 52060	42-0954210	501(C)(3)	48,337				LOCAL CHURCH SPREADING GOD'S WILL WITH MISSION WORK & TEACHING
MOLINE PUBLIC LIBRARY FRIENDS 3210 41ST STREET MOLINE, IL 61265	36-3652637	501(C)(3)	47,965				SUPPORT OF PROGRAMS AND SERVICES OF THE MOLINE PUBLIC LIBRARY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN CARE 2209 3RD AVENUE ROCK ISLAND, IL 61201	36-3146523	501(C)(3)	46,867				SERVES MEN EXPERIENCING HOMELESSNESS BY OFFERING EMERGENCY SHELTER & TRANSITIONAL HOUSING FOR VETERANS.
GOSPEL MISSION TEMPLE OF DAVENPORT 1000 BLYTHWOOD PLACE 154 DAVENPORT, IA 52804	42-1321796	501(C)(3)	42,000				CHURCH

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YOUTH HOPE 3928 12TH AVENUE MOLINE, IL 61265	36-2193602	501(C)(3)	39,897				SERVES LOW-INCOME AND AT-RISK YOUTH IN THE QUAD CITIES THROUGH PROGRAMS AT OUR YOUTH CENTERS , CAMP SUMMIT AND COMMUNITY OUTREACH PROGRAMS
SALVATION ARMY 100 KIRKWOOD BLVD DAVENPORT, IA 52803	36-2167910	501(C)(3)	36,286				GUARD FAMILIES FROM THE EFFECTS OF POVERTY BY PROVIDING A SAFETY NET OF SERVICES, ASSISTANCE AND SPIRTUAL CARE.

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ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0810207	501(C)(3)	36,162				PROVIDES NON-PROFIT EDUCATION TO STUDENTS
BETTENDORF CHRISTIAN CHURCH 3487 TOWNE POINTE DRIVE BETTENDORF, IA 52722	42-0924273	501(C)(3)	35,280				CHURCH

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OPENING DOORS (MARIA HOUSE AND TERESA SHELTER) 2100 ASBURY ROAD SUITE 8 DUBUQUE, IA 52001	42-1490364	501(C)(3)	34,811				OPERATES THREE DOORWWAYS OF HOPE FOR WOMEN AND CHILDREN WHO ARE EXPERIENCING HOMELESSNESS.
FIRST PRESBYTERIAN CHURCH OF DAVENPORT 1702 IOWA STREET DAVENPORT, IA 52803	42-0707098	501(C)(3)	34,157				FIRST PRESBYTERIAN CHURCH OF DAVENPORT IS AN INCLUSIVE, CARING, COMMUNITY OF FAITH COMMITTED TO LOVING GOD, LOVING NEIGHBOR AS SELF, AND SHARING TH ELOVE OF JESUS CHRIST WITH ALL PEOPLE THROUGH WORSHIP, FELLOWSHIP, AND SERVICE.

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OUR LADY OF LOURDES CATHOLIC CHURCH 1414 MISSISSIPPI BLVD BETTENDORF, IA 52722	42-0782514	501(C)(3)	33,301				OUR LADY OF LOURDES MISSION IS TO MAKE THE LIVING CHRIST VISIBLE BY SHARING OUR FAITH WITH ALL. IT IS THROUGH PERSONAL RELATIONSHIPS AND OUR LOVE OF CHRIST THAT WE ARE ABLE TO GROW IN OUR FAITH.
PALMER COLLEGE FOUNDATION 1000 BRADY STREET DAVENPORT, IA 52803	42-6081293	501(C)(3)	32,603				FIRST AND LARGEST CHIROPRACTIC COLLEGE EDUCATING CHIROPRACTORS AND PROVIDING CHIROPRACTIC CARE FOR THE QUAD CITIES AND BEYOND

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DRESS FOR SUCCESS QUAD CITIES PO BOX 3574 DAVENPORT, IA 52808	45-1825338	501(C)(3)	30,497				SERVES UNDER-EMPLOYED AND UNEMPLOYED WOMEN IN THE QUAD CITIES BY PROVIDING A NETWORK OF SUPPORT, PROFESSIONAL ATTIRE AND DEVELOPMENT TOOLS TO HELP THEM THRIVE IN WORK AND LIFE
ST ALPHONSUS CHURCH - SCHOOL 9856 130TH ST DAVENPORT, IA 52804	42-0703281	501(C)(3)	30,440				CATHOLIC CHURCH, SOCIAL OUTREACH, EDUCATION

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WOMEN'S CHOICE CENTER 2740 HAPPY JOE DRIVE BETTENDORF, IA 52722	37-6358005	501(C)(3)	29,879				NON-PROFIT CRISIS PREGNANCY MEDIICAL HELP CENTER
SACRED HEART SCHOOL - MAQUOKETA 806 EDDY STREET MAQUOKETA, IA 52060	42-0725234	501(C)(3)	29,731				PROVIDES A FAITH-BASED EDUCATION TO FAMILIES OF THE MAQUOKETA AREA AND ITS SURROUNDING COMMUNITIES

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CHILD ABUSE COUNCIL 524 15TH STREET MOLINE, IL 61265	36-2937848	501(C)(3)	29,517				PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT
MAQUOKETA FIREFIGHTERS ASSOCIATION 106 S NIAGARA MAQUOKETA, IA 52060	42-1284374	501(C)(3)	28,756				TO SUPPORT CONTINUING EDUCATION AND ADDITIONAL EQUIPMENT PURCHASES FOR THE MAQUOKETA FIRE DEPARTMENT AND RESCUE SQUAD

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TRI CITY JEWISH CENTER 1721 E 43RD ST DAVENPORT, IA 52807	36-2210717	501(C)(3)	27,954				A RELIGIOUS INSTITUTION THAT PROVIDES A PLACE OF WORSHIP AND COMMUNITY FOR THE JEWISH PEOPLE OF THE QUAD CITIES
MARTIN LUTHER KING JR COMMUNITY CENTER 630 9TH STREET ROCK ISLAND, IL 61201	36-3100490	501(C)(3)	26,931				WE ARE DEDICATED TO WORKING TOWARD CREATING A POSITIVE COMMUNITY IMAGE, AND STRENGTHENING FAMILY RELATIONSHIPS AND NEIGHBORHOODS, WHILE CELEBRATING OUR COMMUNITY'S CULTURE AND ETHINIC DIVERSITY.

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CAMP ALBRECHT ACRES FOUNDATION 2364 HARVEST VIEW DRIVE DUBUQUE, IA 52002	42-1423952	501(C)(3)	26,828				FINANCIALLY ASSISTS CAMP ALBRECHT ACRES TO CONTINUE TO PROVIDE AFFORDABLE CAMPING EXPERIENCES FOR PEOPLE WITH DISABILITIES
FELLOWSHIP OF CHRISTIAN ATHLETES 218 S STATE STREET GENESEO, IL 61254	44-0610626	501(C)(3)	25,667				TO ENGAGE, EMPOWER AND EQUIP COACHES AND ATHLETES TO KNOW AND GROW IN CHRIST AND LEAD OTHERS TO DO THE SAME

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GILDA'S CLUB QUAD CITIES 1234 E RIVER DRIVE DAVENPORT, IA 52803	42-1446989	501(C)(3)	24,791				A CANCER SUPPORT COMMUNITY
HAVLIFE FOUNDATION 230 E 2ND ST DAVENPORT, IA 52801	20-2614547	501(C)(3)	24,355				PREVENT LOST POTENTIAL IN YOUTH BY PROVIDING SCHOLARSHIPS IN ATHLETICS, MUSIC AND FINE ARTS.

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MERCADO ON FIFTH 2212 37TH STREET MOLINE, IL 61265	81-5377245	501(C)(3)	24,161				MERCADO ON FIFTH IS VIBRANT COMMUNITY MARKET FEATURING FOOD TRUCKS, RETAIL BOOKS, KIDS ACTIVITIES, AND LIVE MUSIC. OUR MISSION IS TO PROMOTE COMMUNITY PRIDE IN FLORECIENTE, MOLINE.
ROCK ISLAND - MILAN EDUCATION FOUNDATION 2101 - 6TH AVENUE ROCK ISLAND, IL 61201	36-3504459	501(C)(3)	23,802				RAISES FUNDS TO ASSIST WITH FINANCIAL NEEDS OF THE ROCK ISLAND-MILAN SCHOOL DISTRICT TO ENHANCE THE ACADEMIC OPPORTUNITIES FOR STUDENT SUCCESS.

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QC BOTANICAL CENTER FOUNDATION 2525 4TH AVENUE ROCK ISLAND, IL 61201	36-3496537	501(C)(3)	22,941				PROVIDE OUTSTANDING EDUCATION AND EXPERIENCE IN NATURE FOR EVERY GUEST, EACH DAY.
ST PAUL LUTHERAN CHURCH 2136 BRADY ST DAVENPORT, IA 52722	42-0752625	501(C)(3)	22,785				CHURCH

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AMERICAN RED CROSS 1100 RIVER DRIVE MOLINE, IL 61265	53-0196605	501(C)(3)	22,344				PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE GENEROSITY OF DONORS
CHILDREN'S THERAPY CENTER 4450 -48TH AVENUE COURT ROCK ISLAND, IL 61201	36-2207922	501(C)(3)	22,271				OUTPATIENT PEDIATRIC REHAB

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NORTH SCOTT EDUCATION FOUNDATION PO BOX 16 ELDRIDGE, IA 52748	42-1255950	501(C)(3)	21,743				TO PROVIDE SCHOLARSHIPS TO GRADUATING SENIORS OF NORTH SCOTT HIGH SCHOOL TO FURTHER THEIR EDUCATION OR CAREERS.
HOPE AT THE BRICK HOUSE 1431 RIPLEY STREET DAVENPORT, IA 52803	35-2531721	501(C)(3)	21,084				AFTER SCHOOL PROGRAM, SUMMER PROGRAM, NEIGHBORHOOD CONNECTIONS, AND TO SEE EVERY FAMILY LOVED AND CARED FOR

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WHITESIDE COUNTY SOIL & WATER CONSERVATION FUND 16255 LIBERTY STREET MORRISON, IL 61270	36-4371645	501(C)(3)	21,000				TO PROMOTE BOTH ADULT AND YOUTH CONSERVATION EDUCATION PROGRAMS, IN AND OUTSIDE EDUCATIONAL INSTITUTIONS
AUGUSTANA COLLEGE 639 - 38TH STREET ROCK ISLAND, IL 61201	36-2166962	501(C)(3)	20,476				AUGUSTANA IS A SELECTIVE, PRIVATE LIBERAL ARTS AND SCIENCES COLLEGE COMMITTED TO OFFERING A CHALLENGING EDUCATION THAT DEVELOPS QUALITIES OF MIND, SPIRIT, AND BODY NECESSARY FOR A REWARDING LIFE OF LEADERSHIP AND SERVICE IN A DIVERSE AND CHANGING WORLD.

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OPTIMIST CLUB FOUNDATION OF DAVENPORT 4227 E 58TH ST DAVENPORT, IA 52807	42-1408289	501(C)(3)	20,126				PROVIDE SUPPORT FOR COMMUNITY YOUTH ORGANIZATIONS, SCHOLARSHIPS FOR HIGH SCHOOL SENIORS
ARC OF THE QUAD CITY AREA 4016 - 9TH STREET ROCK ISLAND, IL 61201	36-2615996	501(C)(3)	20,076				A SERVICE ORGANIZATION DEDICATED TO PROVIDING QUALITY SERVICES FOR PEOPLE WITH DISABLITIES ACROSS THEIR LIFETIME

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WVIK 815 38TH ST ROCK ISLAND, IL 61201	36-2166962	501(C)(3)	19,919				PROVIDES NEWS, CLASSICAL MUSIC, INFORMATION AND ENTERTAINMENT 24 HOURS A DAY TO THE QUAD CITIES AND SURROUNDING COMMUNITIES
MARRIAGE & FAMILY COUNSELING SERVICE 1800 3RD AVE STE 512 ROCK ISLAND, IL 61201	36-2606683	501(C)(3)	19,562				PROMOTES, STRENGTHENS AND EMPOWERS RELATIONSHIPS AND REDUCES ABUSE WITHIN FAMILIES AND EDUCATES PROFESSIONALS TO ASSIST FAMILIES

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ALLEMAN HIGH SCHOOL 1103 40TH STREET ROCK ISLAND, IL 61201	61-1445942	501(C)(3)	18,808				GRADES 9-12 SECONDARY EDUCATION
NAMI GREATER MISSISSIPPI VALLEY 1035 W KIMBERLY ROAD DAVENPORT, IA 52806	42-1188963	501(C)(3)	18,296				PROVIDES EDUCATION, ADVOCACY AND SUPPORT TO INDIVIDUALS LIVING WITH A MENTAL HEALTH CONDITION AND THEIR FAMILIES

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WQPT QUAD CITIES PBS 3300 RIVER DRIVE MOLINE, IL 61265	37-6046814	501(C)(3)	17,257				PBS FOR THE QUAD CITIES REGION. EDUCATION IS THE CORE TO PROGRESS THROUGH HISTORICAL, CULTURAL AND EDUCAITIONAL PROGRAMMING AND EVENTS. WQPT PROVIDES TOOLS, PARTNERSHIPS, AND OPPORTUNITIES TO DRIVE PROGRESS
GIRL SCOUTS OF EASTERN IAWESTERN IL 940 GOLDEN VALLEY DRIVE BETTENDORF, IA 52722	42-1008848	501(C)(3)	15,971				GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE

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CRIME STOPPERS OF THE QC 1640 6TH AVE MOLINE, IL 61265	36-3181525	501(C)(3)	15,881				PAYS AWARDS FOR INFORMATION LEADING TO ARRESTS AND CLOSURE OF CRIMINAL CASES THROUGH DONATIONS
FAITH UNITED METHODIST CHURCH BALDWINMONMOUTH PO BOX 36 BALDWIN, IA 52207	42-1027879	501(C)(3)	15,750				UNITING CHURCH AND HOME BY HELPING PEOPLE DEFINE, STRENGTHEN, AND CELEBRATE SPRITUAL MILESTONES IN THEIR GROWING RELATIONSHIP WITH JESUS CHRIST.

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ST AMBROSE UNIVERSITY PRESIDENT'S CLUB 518 W LOCUST DAVENPORT, IA 52803	42-0703280	501(C)(3)	15,435				PRIVATE, COMPREHENSIVE, LIBERAL ARTS UNIVERSITY AFFILIATED WITH THE ROMAN CATHOLIC DIOCESE OF DAVENPORT.
YOUNG LIFE QUAD CITIES 5280 KRISTI LANE BETTENDORF, IA 52722	84-0385934	501(C)(3)	14,726				INTRODUCING ADOLESCENTS TO JESUS CHRIST AND HELPING THEM GROW IN THEIR FAITH

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HAMMOND HENRY HOSPITAL AUXILIARY 600 N COLLEGE AVE GENESEO, IL 61254	36-3052725	501(C)(3)	14,532				PROVIDE SUPPORT FOR HOSPITAL PATIENT CARE AND SERVICES
GENESIUS GUILD 1120 40TH ST ROCK ISLAND, IL 61201	36-3852749	501(C)(3)	14,433				PRESENT CLASSICAL THEATER- GREEK DRAMA, COMEDY AND THE WORKS OF SHAKESPEARE. PLAYS ARE OUTDOORS AND FREE

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PREGNANCY RESOURCES 3825 16TH ST MOLINE, IL 61265	36-3699951	501(C)(3)	14,327				PREGNANCY REASOURCES PROVIDES HELP AND HOPE TO THE EMERGING FAMILY FROM PREGNANCY THROUGH THE FIRST TWO YEARS OF LIFE.
BETTENDORF PUBLIC LIBRARY FOUNDATION 2950 LEARNING CAMPUS DRIVE BETTENDORF, IA 52722	20-3141911	501(C)(3)	14,161				RAISING MONEY TO SUPPORT, ENHANCE AND PRESERVE BETTENDORF PUBLIC LIBRARY PROGRAMS AND SERVICES

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EMPOWER HOUSE 2551 E HAYES ST DAVENPORT, IA 52803	83-1425435	501(C)(3)	13,949				COMMUNITY THAT PROVIDES EMPOWERMENT FOR A MORE PURPOSEFUL LIFE AFTER BRAIN INJURY
SACRED HEART CHURCH - MOLINE 1307 17TH AVENUE MOLINE, IL 61265	36-2345215	501(C)(3)	13,708				RELIGIOUS ORGANIZATION

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FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501(C)(3)	13,498				RESPOND TO THE NEEDS OF CHILDREN, FAMILIES AND SENIORS THROUGH QUALITY, AFFORDABLE SERVICES THAT WILL ENRICH LIVES AND STRENGTHEN OUR NEIGHBORHOODS AND THE COMMUNITY
BOY SCOUTS OF AMERICA 4412 NORTH BRADY STREET DAVENPORT, IA 52806	36-2616917	501(C)(3)	13,210				THE MISSION OF THE BSA IS TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW.

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GREYHOUND ADOPTION CENTER 21298 ASTORIA MISSION VIEJO, CA 92692	95-4132021	501(C)(3)	13,127				RESCUES AND REHABILITATES GREYHOUNDS . THEY ARE GIVEN MEDICAL CARE & ADOPTED INTO FOREVER HOMES
ONE EIGHTY PREVIOUSLY THE 180 ZONE 601 N MARQUETTE STREET DAVENPORT, IA 52802	32-0100540	501(C)(3)	12,710				ONE EIGHTY PREVENTS CRISIS, POVERTY, AND ADDICTION BEFORE IT HAPPENS, REACH OUT TO THOSE WHO ARE IN CRISIS, POVERTY, AND ADDICTION, AND DEVELOP THOSE WHO WERE IN CRISIS, POVERTY, OR ADDICTION.

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SISTERS OF ST FRANCIS OF DUBUQUE IOWA 3390 WINDSOR AVENUE DUBUQUE, IA 52001	42-0757421	501(C)(3)	12,684				WE SUPPORT MINISTRIES WITH THOSE WHO ARE POOR OR IN NEED AND CARE FOR 150 RETIRED SISTERS WHO SPEND THEIR LIVES IN THESE MINISTRIES
NORMALEAH OVARIAN CANCER INITIATIVE 1612 SECOND AVENUE ROCK ISLAND, IL 61201	26-2976159	501(C)(3)	11,312				ENRICHING LIVES FOR WOMEN & FAMILIES IMPACTED BY OVARIAN & OTHER CANCERS THROUGH EARLY DETECTION EDUCATION, PATIENT SUPPORT SERVICES & RESEARCH FUNDING, WITH AN EMPHASIS ON GENETIC INHERITANCE

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FIRST TEE OF THE QUAD CITIES 1912 GLENWOOD DR MOLINE, IL 61265	42-1510940	501(C)(3)	10,509				TO IMPACT THE LIVES OF YOUNG PEOPLE BY PROVIDING EDUCATIONAL PROGRAMS THAT BUILD CHARACTER, INSTILL LIFE ENHANCING VALUES AND PROMOTE HEALTHY CHOICES THROUGH THE GAME OF GOLF
NICK TEDDY FOUNDATION PO BOX 133 PORT BYRON, IL 61275	45-5177573	501(C)(3)	10,395				RAISE FUNDS FOR RESEARCH AND TREATMENT OF EWING'S SARCOMA

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

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PROJECT RENEWAL 906 W 5TH STREET DAVENPORT, IA 52802	13-4292017	501(C)(3)	10,343				PROVIDES AFTER SCHOOL & SUMMER PROGRAMS FOR YOUTH IN GRADES K-12. WE OFFER EDUCATIONAL SUPPORT, RECREATIONAL ACTIVITIES AND SOCIAL OPPORTUNITIES TO YOUTH WHO MAY OTHERWISE NOT HAVE THESE EXPERIENCES
DEWITT COMMUNITY HOSPITAL AUXILIARY 1712 WISHING WELL LANE DEWITT, IA 52742	42-1056656	501(C)(3)	10,338				PROVIDE VOLUNTEER SERVICE AND DONATIONS TO SUPPORT THE WORK AND MISSION OF THE COMMUNITY HOSPITAL

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JACKSON COUNTY HUMANE SOCIETY 1007 WASHINGTON ST BELLEVUE, IA 52031	42-1013529	501(C)(3)	10,088				PROVIDE A SAFE HAVEN FOR HOMELESS CATS & DOGS INCLUDING MEDICAL ATTENTION
ASSUMPTION FOUNDATION FOR K-12 CATHOLIC SCHOOLS 1020 WEST CENTRAL PARK AVEUNE DAVENPORT, IA 52804	23-7311256	501(C)(3)	9,597				RAISE FUNDS TO PROVIDE TUITION ASSISTANCE TO FAMILIES WHO HAVE EXPERIENCED AN EMERGENCY

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DISCOVERY DEPOT 128 SOUTH CHAMBERS ST GALESBURG, IL 61401	37-1356298	501(C)(3)	9,577				CHILDREN'S MUSEUM TO INSPIRE WONDER AND EXCITEMENT FOR LEARNING
DISCOVERY LIVING 1015 OLD MARION ROAD NE CEDAR RAPIDS, IA 52402	42-1082773	501(C)(3)	9,340				PROVIDES RESIDENTIAL SERVICES TO ADULTS WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

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BALLET QUAD CITIES 613 - 17TH STREET ROCK ISLAND, IL 61201	42-1366753	501(C)(3)	9,335				PROVIDE PROFESSIONAL CLASSICAL AND CONTEMPORARY DACE TO THE ENTIRE COMMUNITY THROUGH OUTSTANDING PERFORMANCES, ENTERTAINING LECTURE DEMONSTRATIONS AND INNOVATIVE EDUCATIONAL OUTREACH PROGRAMS FOR PEOPLE OF ALL AGES
THE MOLINE FOUNDATION 1601 RIVER DRIVE SUITE 210 MOLINE, IL 61265	80-0664860	501(C)(3)	9,240				SERVES AS A CATALYST AND LEADER IN ENCOURAGING PHILANTHROPY AND CHANNELING RESOURCES TO MEET THE NEEDS OF THE QUAD CITIES AND SURROUNDING AREA.

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HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD DAVENPORT, IA 52809	42-0947868	501(C)(3)	8,836				PREMIER SERVICE PROVIDER THAT PASSIONATELY ADVOCATES ON BEHALF OF INDIVIDUALS WITH DISABILITIES
ARROWHEAD PO BOX 370 COAL VALLEY, IL 61240	36-4219666	501(C)(3)	8,670				MOTIVATING AT-RISK YOUTH TO BECOME RESPONSIBLE YOUNG MEN AND WOMEN SINCE 1945

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FRESH FILMS 639 38TH ST ROCK ISLAND, IL 61201	32-0246706	501(C)(3)	8,663				TRANSFORM LIVES OF UNDERSERVED TEENAGERS
MOLINE ROTARY FOUNDATION PO BOX 964 MOLINE, IL 61266	47-4566681	501(C)(3)	8,626				SUPPORT LOCAL CHARITIES PRIMARILY LOCATED IN MOLINE

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ASBURY UNITED METHODIST CHURCH 1809 MISSISSIPPI BLVD BETTENDORF, IA 52722	42-6039644	501(C)(3)	8,474				UNITED METHODIST CHURCH
EAGLES' WINGS 5816 TELEGRAPH ROAD DAVENPORT, IA 52804	42-1506115	501(C)(3)	8,348				OFFERS COUNSELING, DAYTIME RETREAT AND SPIRITUAL DIRECTION

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CAMP SHALOM INC 960 E 53RD STREET STE 1B DAVENPORT, IA 52807	42-1458061	501(C)(3)	8,316				CHRIST CENTERED OUTDOOR MINISTRY, FOCUSING ON OUR SUMMER CAMP. WE HELP CAMPERS BUILD SELF ESTEEM AND CONFIDENCE THROUGH ACCOMPLISHMENT
SISTERS OF THE LIVING WORD 800 N FERNANDEZ AVENUE ARLINGTON HEIGHTS, IL 60004	36-2841437	501(C)(3)	8,257				COMMUNITY OF RELIGIOUS WOMEN WHO ADVOCATE FOR THE HOMELESS, IMMIGRANTS, ENVIRONMENT, ANTI-RACISM & VICTIMS OF HUMAN TRAFFICKING

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GROW QUAD CITIES FUND - ILLINOIS 1601 RIVER DRIVE SUITE 310 MOLINE, IL 61265	36-4202427	501(C)(3)	7,875				ADVANCE THE GENERAL WELFARE AND PROSPERITY OF ROCK ISLAND COUNTY, ILLINOIS AND THE SURROUNDING ILLINOIS QUAD CITIES AREA
BIG BROTHERSBIG SISTERS OF THE MISSISSIPPI VALLEY 130 WEST 5TH STREET DAVENPORT, IA 52801	42-1320908	501(C)(3)	7,812				BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY

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SETON CATHOLIC SCHOOL 1320 17TH AVENUE MOLINE, IL 61265	36-3186455	501(C)(3)	7,744				PROVIDE ACADEMIC EXCELLENCE TO ITS STUDENTS
SHALOM SPIRITUALITY CENTER 1001 DAVIS STREET DUBUQUE, IA 52001	53-0196617	501(C)(3)	7,614				SHALOM OFFERS A VARIETY OF RETREATS AND PROGRAMS FOR INDIVIDUALS TO FOCUS ON HOLISTIC WELL-BEING, SPIRITUAL GUIDANCE AND FULFILLMENT

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ST ANTHONY CATHOLIC CHURCH 417 N MAIN ST DAVENPORT, IA 52801	53-0196661	501(C)(3)	7,382				CATHOLIC CHURCH
FRIENDS OF STRAYS PO BOX 315 PRINCETON, IL 61356	36-3973645	501(C)(3)	7,376				NO-KILL ANIMAL SHELTER - RESCUE AND REHOME ABUSED AND UNWANTED CATS AND DOGS

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BIX BEIDERBECKE MEMORIAL SOCIETY 129 N MAIN ST DAVENPORT, IA 52801	42-0998308	501(C)(3)	7,187				PERPETUATE THE MUSIC AND MEMORY OF LEON "BIX" BEIDERBECKE THROUGH AN ANNUAL JAZZ FESTIVAL, JAZZ EDUCATION PROGRAMS, AND THE PRESERVATION OF TRADITIONAL JAZZ.
MIDWEST WRITING CENTER 401 - 19TH STREET ROCK ISLAND, IL 61201	42-1126078	501(C)(3)	7,124				FOSTERING THE APPRECIATION OF THE WRITTEN WORD, SUPPORTING AND EDUCATING IT CREATORS

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RIVERMONT COLLEGIATE 1821 SUNSET DRIVE BETTENDORF, IA 52722	42-0703279	501(C)(3)	7,009				PRE K - GRADE 12 EDUCATIONAL
QUAD CITY ANIMAL WELFARE CENTER 724 WEST 2ND AVENUE MILAN, IL 61264	36-2952894	501(C)(3)	6,972				THE MISSION OF THE QCAWC IS TO OPERATE OR SHELTER FOR HOMELESS

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THE CENTER FOR YOUTH AND FAMILY SOLUTIONS 4703 44TH STREET ROCK ISLAND, IL 61201	45-3251182	501(C)(3)	6,505				ENGAGES AND SERVES CHILDREN AND FAMILIES IN NEED WITH DIGNITY, COMPASSION, AND RESPECT BY BUILDING UPON INDIVIDUAL AND COMMUNITY STRENGTHS TO RESOLVE LIFE CHALLENGES TOGETHER.
NEW LIFE CRISIS PREGNANCY CENTER 240 NORTH BLUFF BLVD STE 105 CLINTON, IA 52732	42-1260047	501(C)(3)	6,489				THE PREGNANCY CENTER IS A CHRIST-CENTERED MINISTRY WHOSE GOALS ARE TO PRESERVE THE LIFE OF THE UNBORN CHILD AND OFFER DIRECTION TO YOUNG WOMEN.

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RIVER ACTION 822 E RIVER DRIVE DAVENPORT, IA 52803	42-1267366	501(C)(3)	6,423				WORKS TO PROTECT AND RESTORE THE MISSISSIPPI RIVER AND OUR SHARED RIVER WAY ENVIRONMENT
CHURCH OF PEACE 1525 35TH AVENUE ROCK ISLAND, IL 61201	99-8833840	501(C)(3)	6,216				VALUE OUR HISTORY & ENVISION OUR FUTURE. EFFORTS INCLUDE FOOD PANTRY, TUTORING, ESL CLASSES, & HELPING THE SURROUNDING NEIGHBORHOOD

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ROCK ISLAND ROTARY CLUB 1309 38TH AVENUE CT ROCK ISLAND, IL 61201	36-1707666	501(C)(3)	6,169				SERVICE CLUB THAT FOCUSES ON INTERNATIONAL SERVICE, COMMUNITY INVOLVEMENT AND YOUTH PROJECTS
QUAD CITY RIGHT TO LIFE 4768 BELLE AVENUE DAVENPORT, IA 52807	42-1494770	501(C)(3)	6,017				PROLIFE IS THE RADICAL IDEA THAT BABIES ARE PEOPLE. WE ARE DEDICATED TO SHARING THAT MESSAGE IN OUR EFFORT TO PROTECT BOTH MOTHER AND BABIES FROM THE PAIN OF ABORTION

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YWCATHE PLACE 2B 229 - 16TH STREET ROCK ISLAND, IL 61201	36-2171176	501(C)(3)	5,707				THE YWCA IS DRIVEN BY OUR MISSION OF EMPOWERING WOMEN AND ELIMINATING RACISM. THE YWCA PROVIDES CHILDCARE AND YOUTH PROGRAMMING TO ASSIST FAMILIES IN OUR COMMUNITY. AQUATIC AND RECREATIONAL PROGRAMS ARE ALSO PROVIDED FOR MEN AND WOMEN IN OUR COMMUNITY.
ST PAUL THE APOSTLE CHURCH - YOUTH GROUP 916 EAST RUSHOLME ST DAVENPORT, IA 52803	42-0794371	501(C)(3)	5,623				PROVIDE OPPORTUNITIES FOR YOUG PEOPLE TO BECOME INTENTIONAL DISCIPLES OF JESUS CHRIST

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HUMANE SOCIETY OF SCOTT COUNTY 2802 WEST CENTRAL PARK AVE DAVENPORT, IA 52804	42-0801836	501(C)(3)	5,607				TO GIVE EVERY ADOPTABLE PET A SECOND CHANCE IN A RESPONSIBLE, LOVING HOME
ROCK ISLAND PUBLIC LIBRARY FOUNDATION PO BOX 4723 ROCK ISLAND, IL 61201	36-3370264	501(C)(3)	5,560				TO SUPPLEMENT ACTIVITIES FOR THE ROCK ISLAND PUBLIC LIBRARY

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ST ANNE CATHOLIC CHURCH 555 - 18TH AVE EAST MOLINE, IL 61244	36-2167862	501(C)(3)	5,381				ROMAN CATHOLIC CHURCH
VIETNAM VETERANS SCHOLARSHIP ASSISTANCE MOLINE FOUNDATION / 1601 RIVER DRIVE STE 210 MOLINE, IL 61265	80-0664860	501(C)(3)	5,335				UTILIZED FOR UNDERGRADUATE & GRADUATE SCHOOL EXPENSE, TUITION, ROOM AND BOARD AND OTHER NECESSARY TOOLS AND RELATED EXPENSES FOR ANY YEAR OF STUDENT ENROLLMENT.

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FRIENDS OF VANDER VEER 214 WEST CENTRAL PARK AVENUE DAVENPORT, IA 52803	42-1394989	501(C)(3)	5,329				BOTANICAL PARK RESTORATION
KING'S HARVEST MINISTRIES 5837 WISCONSIN AVE DAVENPORT, IA 52806	42-1519570	501(C)(3)	5,329				FOOD BANK, MEAL SITE, HOMELESS SHELTER

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FIRST BAPTIST CHURCH OF DAVENPORT - ABY 1401 N PERRY STREET DAVENPORT, IA 52803	42-0716697	501(C)(3)	5,303				YOUTH ORGANIZATION THAT WORKS TOGETHER ON COMMUNITY SERVICE PROJECTS
FIRST UNITED METHODIST CHURCH 225 S 9TH STREET MONMOUTH, IL 61462	37-0681537	501(C)(3)	5,261				OUR CHURCH HAS MANY MISSION PROJECTS LOCALLY, AND THE BIRDIES FOR CHARITY HAS HELPED US CONTINUE THOSE THESE PAST 2 YEARS. HOPEFULLY WE CAN RECEIVE HELP AGAIN THIS YEAR.

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OUR LADY OF THE PRAIRIE RETREAT 2664 145TH AVE WHEATLAND, IA 52777	42-0681059	501(C)(3)	5,182				200 ACRE RETREAT CENTER, LOCATED IN RURAL WHEATLAND, IOWA, WHERE PEOPLE OF ALL FAITHS CAN FIND THE DIVINE THROUGH PEACE AND QUIET
UNITY CHRISTIAN SCHOOL 1748 SHUTTERS STREET THOMSON, IL 61285	36-2235151	501(C)(3)	5,082				IN COVENANT WITH CHRISTIAN FAMILIES, UNITY CHRISTIAN SCHOOLS TEACH STUDENTS TRUTH FROM A CHRIST CENTERED PRESPECTIVE FOR LIVES OF DISCIPLESHIP

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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

2019

Open to Public Inspection

Name of the organization
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION

Employer identification number
93-1332421

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	ONLY THE EXECUTIVE COMMITTEE DOCUMENTS MINUTES FOR MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE EXECUTIVE BOARD REVIEWS THE 990 BEFORE IT IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS BOARD MEMBERS DISCLOSE POSSIBLE CONFLICTS OF INTEREST THROUGH QUESTIONAIRES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	CLAIR PETERSON IS THE TOURNAMENT DIRECTOR AND IS EMPLOYED BY DEERE & COMPANY. THE ORGANIZA TION PAYS A MANAGEMENT FEE TO DEERE & COMPANY FOR HIS SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THIS INFORMATION AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	PROCESS HAS NOT CHANGED FROM PRIOR YEAR.