

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) QUAD CITIES COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 852 MIDDLE ROAD, NO. 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code BETTENDORF, IA 52722</p>	<p>D Employer identification number 42-6122716</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 165,710,933.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **MICHELLE PAYNE** Telephone number ▶ **563-326-2840**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	24,622.
2 Reserved	2	
3 Add lines 1 and 2	3	24,622.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	24,622.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	24,622.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	23,622.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	4,961.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	4,961.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			4,961.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			4,961.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a Payments: A 2019 overpayment credited to 2020	6a			
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		2,700.	
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g			
7 Total payments. Add lines 6a through 6g	7			2,700.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 3 ▶	9			2,261.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer ▶ _____	Date	PRESIDENT & CEO	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENIFER L. CHASE	JENIFER L. CHASE	09/07/21		P01306883
	Firm's name ▶ RSM US LLP	Firm's address ▶ 4650 E 53RD ST		Firm's EIN ▶ 42-0714325	
	Firm's address ▶ DAVENPORT, IA 52807-3479			Phone no. 563-888-4000	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization QUAD CITIES COMMUNITY FOUNDATION	B Employer identification number 42-6122716
C Unrelated business activity code (see instructions) ▶ 541200	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ **ADMINISTRATIVE SERVICES FOR A PRIVATE FOUNDAT**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>84,606.</u>			
b Less returns and allowances _____ c Balance ▶	1c 84,606.		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 84,606.		84,606.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 84,606.		84,606.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	7,765.
2 Salaries and wages	2	27,317.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	3,005.
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 3,005.
9 Depletion	9	
10 Contributions to deferred compensation plans	10	1,160.
11 Employee benefit programs	11	4,762.
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 4	14	42,530.
15 Total deductions. Add lines 1 through 14	15	86,539.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,933.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-1,933.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	AMOUNT
INSURANCE	1,406.
DUES	1,202.
POSTAGE	281.
SUPPLIES	1,210.
TELEPHONE	777.
OCCUPANCY	11,218.
TRAVEL	134.
CONFERENCES, CONVENTIONS, & MEETINGS	1,755.
EQUIPMENT RENTAL & MAINTENANCE	532.
CONTRACT HELP	6,389.
COMPUTER SOFTWARE SUPPORT	5,572.
MISCELLANEOUS	26.
WEBSITE	542.
CONSULTING	11,486.
TOTAL TO SCHEDULE A, PART II, LINE 14	42,530.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 5
--------------------------	--	-------------

ADMINISTRATIVE SERVICES FOR A PRIVATE FOUNDATION

TO FORM 990-T, SCHEDULE A, LINE E

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization QUAD CITIES COMMUNITY FOUNDATION	B Employer identification number 42-6122716
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 2 of 2

E Describe the unrelated trade or business ▶ **INVESTMENTS IN PASS-THROUGHS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance ▶	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6	5	26,035.		26,035.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	26,035.		26,035.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement) (see instructions)		5		
6 Taxes and licenses		6		1,413.
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement)		14		
15 Total deductions. Add lines 1 through 14		15		1,413.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		24,622.
17 Deduction for net operating loss (see instructions)		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		24,622.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

- 5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

Table with 4 columns (A, B, C, D) and 4 rows (lines 4, 5, 6, 7, 8)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business) and 5 rows (lines 1-4, Total)

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information input.

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 6

<u>DESCRIPTION</u>	<u>NET INCOME OR (LOSS)</u>
FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - ORDINARY BUSINESS INCOME (LOSS)	1,596.
FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - OTHER NET RENTAL INCOME (LOSS)	143.
FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - ROYALTIES	198.
RCP SECONDARY OPPORTUNITY FUND - ORDINARY BUSINESS INCOME (LOSS)	24,098.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	26,035.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor QUAD CITIES COMMUNITY FOUNDATION	Identifying number (see instructions) 42-6122716
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
RCP SECONDARY OPPORTUNITY FUND III LP	61-1855521

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) DIECAST BEACON HOLDINGS LTD	5a Identifying number, if any
--	-------------------------------

6 Address (including country) C/O MAPLES CORPORATE SERVICES, (BVI) LIMITED, ROAD TOWN BRITISH VIRGIN ISLANDS	5b Reference ID number BEACON01
---	---

7 Country code of country of incorporation or organization
VI

8 Foreign law characterization (see instructions)
CORPORATION

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities	03/31/2020	STOCKS/SECURIT	12,917.	5,171.	7,746.
Inventory					
Other property (not listed under another category)	03/31/2020	LOAN TO SUB	1,533.	1,533.	
Property with built-in loss					
Totals			14,450.	6,704.	7,746.

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .004 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Electronic Filing PDF Attachment

Quad Cities Community Foundation
42-6122716
Attachment to Form 926
Reporting Requirements of Section 6038B
For Taxable Year Ending in December 31, 2020

The following information is required with respect to certain transfers to foreign corporations pursuant to regulations § 1.6038B-1(c) and § 1.6038B-1T(c)

1.6038B-1T(c)(1) - Transferor:	Quad Cities Community Foundation 42-6122716 852 Middle Road, No. 100 Bettendorf, IA 52722
1.6038B-1T(c)(2) - Transfer:	
	(i) Transferee: DIECAST BEACON HOLDINGS LTD C/O MAPLES CORPORATE SERVICES, (BVI) LIMITED, ROAD TOWN TORTOLA, PO BOX 173, BRITISH VIRGIN ISLANDS VI
	(ii) Description of Transfer: \$1,533 LOAN TO SUB ON 03/31/20
1.6038B-1T(c)(3) - Consideration Received:	Ownership interest available upon request
1.6038B-1T(c)(4) - Property Transferred:	\$1,533 LOAN TO SUB ON 03/31/20
1.6038B-1T(c)(5) - Transfer of Foreign Branch With Previously Deducted Loss:	Not Applicable
1.6038B-1T(c)(6) - Application of §368(a)(5):	Not Applicable

**Statement Pursuant to Section 1.351-3(A) By
Quad Cities Community Foundation
42-6122716
A Significant Transferor**

**Statement Attached to and Made Part of Income Tax Return
For Taxable Year Ended December 31, 2020**

(1) Name and taxpayer identification number of every transferee:

DIECAST BEACON HOLDINGS LTD

(2) Date(s) of the transfer(s):

3/31/2020

(3) The aggregate fair market value and basis of the transferred property:

FMV: \$1,533

(4) Date and control number of any related private letter ruling(s): N/A

Quad Cities Community Foundation
42-6122716
Attachment to Form 926
Reporting Requirements of Section 6038B
For Taxable Year Ending in December 31, 2020

The following information is required with respect to certain transfers to foreign corporations pursuant to regulations § 1.6038B-1(c) and § 1.6038B-1T(c)

1.6038B-1T(c)(1) - Transferor:	Quad Cities Community Foundation 42-6122716 852 Middle Road, No. 100 Bettendorf, IA 52722
1.6038B-1T(c)(2) - Transfer:	
	(i) Transferee: DIECAST BEACON HOLDINGS LTD C/O MAPLES CORPORATE SERVICES, (BVI) LIMITED, ROAD TOWN TORTOLA, PO BOX 173, BRITISH VIRGIN ISLANDS VI
	(ii) Description of Transfer: Stock / securities transfer of \$12,917 on 3/31/20
1.6038B-1T(c)(3) - Consideration Received:	Ownership interest available upon request
1.6038B-1T(c)(4) - Property Transferred:	Stock / securities transfer of \$12,917 on 3/31/20
1.6038B-1T(c)(5) - Transfer of Foreign Branch With Previously Deducted Loss:	Not Applicable
1.6038B-1T(c)(6) - Application of §368(a)(5):	Not Applicable

**Statement Pursuant to Section 1.351-3(A) By
Quad Cities Community Foundation
42-6122716
A Significant Transferor**

**Statement Attached to and Made Part of Income Tax Return
For Taxable Year Ended December 31, 2020**

(1) Name and taxpayer identification number of every transferee:

DIECAST BEACON HOLDINGS LTD

(2) Date(s) of the transfer(s):

3/31/2020

(3) The aggregate fair market value and basis of the transferred property:

FMV: \$12,917

Basis: \$5,171

(4) Date and control number of any related private letter ruling(s): N/A

2020 TAX RETURN FILING INSTRUCTIONS

IOWA FORM IA 1120

FOR THE YEAR ENDING
DECEMBER 31, 2020

Prepared for	QUAD CITIES COMMUNITY FOUNDATION 852 MIDDLE ROAD NO. 100 BETTENDORF, IA 52722-4100
Prepared by	RSM US LLP 4650 E. 53RD STREET DAVENPORT, IA 52807
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 1,413.00 Less: payments and credits \$ 750.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 66.00 BALANCE DUE \$ 729.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	IOWA DEPARTMENT OF REVENUE
Mail tax return and check (if applicable) to	CORPORATION TAX RETURN PROCESSING IOWA DEPARTMENT OF REVENUE P.O. BOX 10468 DES MOINES, IA 50306-0468
Return must be mailed on or before	SEPTEMBER 15, 2021
Special Instructions	PAYMENT OF TAX SHOULD BE MADE SEPARATELY FROM THE FILING OF THE TAX RETURN. INCLUDE FORM IA 1120V CORPORATION PAYMENT VOUCHER WITH THE CHECK OR MONEY ORDER AND MAIL TO: CORPORATION TAX IOWA DEPARTMENT OF REVENUE P.O. BOX 10466 DES MOINES, IA 50306-0466 THIS RETURN SHOULD BE SIGNED AND DATED. TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN, WE SUGGEST

**Special
Instructions**

THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD.

2021 ESTIMATED TAX FILING INSTRUCTIONS

IOWA FORM IA 1120ES

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	QUAD CITIES COMMUNITY FOUNDATION 852 MIDDLE ROAD NO. 100 BETTENDORF, IA 52722-4100																											
Prepared by	RSM US LLP 4650 E. 53RD STREET DAVENPORT, IA 52807																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>1,500</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2021 estimate</td><td>\$</td><td>1,100</td></tr><tr><td>Balance due</td><td>\$</td><td>400</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 2</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 3</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 4</td><td>\$ 400</td><td>DECEMBER 31, 2021</td></tr></tbody></table>	Total Estimated Tax	\$	1,500	Less credit from prior year	\$	0	Less amount already paid on 2021 estimate	\$	1,100	Balance due	\$	400	Installment	Amount	Due Date	No. 1	\$ NOT APPLICABLE		No. 2	\$ NOT APPLICABLE		No. 3	\$ NOT APPLICABLE		No. 4	\$ 400	DECEMBER 31, 2021
Total Estimated Tax	\$	1,500																										
Less credit from prior year	\$	0																										
Less amount already paid on 2021 estimate	\$	1,100																										
Balance due	\$	400																										
Installment	Amount	Due Date																										
No. 1	\$ NOT APPLICABLE																											
No. 2	\$ NOT APPLICABLE																											
No. 3	\$ NOT APPLICABLE																											
No. 4	\$ 400	DECEMBER 31, 2021																										
Make check payable to	IOWA DEPARTMENT OF REVENUE																											
Mail voucher and check (if applicable) to	CORP. ESTIMATE PROCESSING IOWA DEPT. OF REVENUE P.O. BOX 10466 DES MOINES, IA 50306-0466																											
Special Instructions																												

Pay electronically using e-File & Pay on the Department's website: tax.iowa.gov

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens on checks. **Do not staple.**
2. **FEIN:** Enter the nine-digit Federal Employee Identification Number in the boxes provided below.
3. **Period ending:** Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2020, would be entered as: 123120.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:
Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

Note: Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

Failure to Timely File a Return: A penalty of 10% will be added to the tax due for failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency: A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

Penalty for Willful Failure to File: A penalty of 75% will be added to the tax due for willful failure to file a return or for filing with intent to evade tax.

If the amended payment is for the current tax year and payment is made after April 30, the tax due may be subject to penalty and interest. Additionally, amended payments for prior tax years may also be subject to penalty and interest.

051851 07-15-20

----- cut here -----

Iowa Department of Revenue

IA 1120V

Corporate Tax Payment Voucher

240242612271641231208208 1

Corporation name: QUAD CITIES COMMUNITY FOUNDATION

FEIN: 426122716

Address: 852 MIDDLE ROAD NO. 100

Period ending: 123120

City, state, ZIP: BETTENDORF IA 52722-4100

Phone: 563-326-2840

Payment amount: 729.00

Mail to:
Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

Make checks payable to:
Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 42-019 (06/18/2020) CCH



1. Net income from federal return	1.	\$	
2. 50% of federal tax refund	2.	\$	
3. Other additions	3.	\$	
4. Net income after additions. Add lines 1 through 3.	4.	\$	
5. 50% of federal tax paid or accrued	5.	\$	
6. Other reductions	6.	\$	
7. Total reductions. Add lines 5 and 6.	7.	\$	
8. Income before net operating loss. Subtract line 7 from line 4.	8.	\$	
9. Nonbusiness income	9.	\$	
10. Income subject to apportionment. Subtract line 9 from line 8.	10.	\$	
11. Business Activity Ratio	11.		%
12. Apportioned income. Multiply line 10 by line 11.	12.	\$	
13. Nonbusiness income allocable to Iowa	13.	\$	
14. Income before net operating loss: Add lines 12 and 13.	14.	\$	
15. Net operating loss deduction	15.	\$	
16. Income subject to tax. Subtract line 15 from line 14.	16.	\$	
17. Computed tax. Use Tax Rates below	17.	\$	0.
18. Estimated alternative minimum tax	18.	\$	
19. Total tax. Add lines 17 and 18.	19.	\$	
20. Total credits	20.	\$	
21. Tax after credits. Subtract line 20 from line 19.	21.	\$	1,500.
22. Payments previously made for current period estimate tax	22.	\$	1,100.
23. Unpaid balance. Subtract line 22 from line 21.	23.	\$	400.
24. Computation of installment. If first installment is to be filed on:			
• last day of the 4th month, enter 1/4 of line 23, or		\$	
• last day of the 6th month, enter 1/3 of line 23, or		\$	
• last day of the 9th month, enter 1/2 of line 23, or		\$	
• last day of the 12th month, enter all of line 23		\$	

Tax Rates

If income shown on line 16 is:

Under \$25,000:

- For tax years beginning before January 1, 2021, multiply line 16 by 6%.
- For tax years beginning on or after January 1, 2021, multiply line 16 by 5.5%.

\$25,000 to \$100,000:

- For tax years beginning before January 1, 2021, multiply line 16 by 8% and subtract \$500.
- For tax years beginning on or after January 1, 2021, multiply line 16 by 5.5%.

\$100,000 to \$250,000:

- For tax years beginning before January 1, 2021, multiply line 16 by 10% and subtract \$2,500.
- For tax years beginning on or after January 1, 2021, multiply line 16 by 9% and subtract \$3,500.

Over \$250,000:

- For tax years beginning before January 1, 2021, multiply line 16 by 12% and subtract \$7,500.
- For tax years beginning on or after January 1, 2021, multiply line 16 by 9.8% and subtract \$5,500.

Estimated Tax Payment Schedule

A Date	B Computed installment (line 24)	C Prior period overpayment	D Amount to be paid (column B less column C)
1. 04/30/21			0.
2. 06/30/21			0.
3. 09/30/21			0.
4. 12/31/21	400.		400.

400.

400.

051421 07-15-20

cut here

Iowa Department of Revenue

IA 1120ES

Corporate Estimate Tax Payment Voucher

240242612271641231216216 4

INSTALLMENT **4**

Due Date: Last day of the 12th month of the calendar or fiscal year

Corporation name: QUAD CITIES COMMUNITY FOUNDATION

FEIN: 426122716

Address: 852 MIDDLE ROAD NO. 100

Period ending: 123121

City, state, ZIP: BETTENDORF IA 52722-4100

Phone: 563-326-2840

Payment amount: 400.00

Mail to:
Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

Make checks payable to:
Iowa Department of Revenue. When you pay by
check, you authorize the Department of
Revenue to convert your check to a one-time
electronic banking transaction. 45-004 (06/18/2020) CCH



051422 07-15-20

cut here

Iowa Department of Revenue

IA 1120ES

Corporate Estimate Tax Payment Voucher

240242612271641231216216 4

INSTALLMENT **3**

Due Date: Last day of the 9th month of the calendar or fiscal year

Corporation name: QUAD CITIES COMMUNITY FOUNDATION

FEIN: 426122716

Address: 852 MIDDLE ROAD NO. 100

Period ending: 123121

City, state, ZIP: BETTENDORF IA 52722-4100

Phone: 563-326-2840

Payment amount: 0.00

Mail to:
Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

Make checks payable to:
Iowa Department of Revenue. When you pay by
check, you authorize the Department of
Revenue to convert your check to a one-time
electronic banking transaction. 45-004 (06/18/2020) CCH



051423 07-15-20

cut here

Iowa Department of Revenue

IA 1120ES

Corporate Estimate Tax Payment Voucher

240242612271641231216216 4

INSTALLMENT **2**

Due Date: Last day of the 6th month of the calendar or fiscal year

Corporation name: QUAD CITIES COMMUNITY FOUNDATION

FEIN: 426122716

Address: 852 MIDDLE ROAD NO. 100

Period ending: 123121

City, state, ZIP: BETTENDORF IA 52722-4100

Phone: 563-326-2840

Payment amount: 0.00

Mail to:
Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

Make checks payable to:
Iowa Department of Revenue. When you pay by
check, you authorize the Department of
Revenue to convert your check to a one-time
electronic banking transaction. 45-004 (06/18/2020) CCH



051424 07-15-20

cut here

Iowa Department of Revenue

IA 1120ES

Corporate Estimate Tax Payment Voucher

240242612271641231216216 4

INSTALLMENT **1**

Due Date: Last day of the 4th month of the calendar or fiscal year

Corporation name: QUAD CITIES COMMUNITY FOUNDATION

FEIN: 426122716

Address: 852 MIDDLE ROAD NO. 100

Period ending: 123121

City, state, ZIP: BETTENDORF IA 52722-4100

Phone: 563-326-2840

Payment amount: 0.00

Mail to:
Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

Make checks payable to:
Iowa Department of Revenue. When you pay by
check, you authorize the Department of
Revenue to convert your check to a one-time
electronic banking transaction. 45-004 (06/18/2020) CCH



Iowa Department of
REVENUE

2020 IA 1120
Iowa Corporation Income Tax Return
tax.iowa.gov

Step 1

Tax Period 010120 to 123120 ▲

Postmark ▲	Office Use Only
------------	-----------------

Check the box if Name/Address Change
Short Period ▲

Corporation Name and Address ▲
QUAD CITIES COMMUNITY FOUNDATION

852 MIDDLE ROAD NO. 100
BETTENDORF IA 52722-4100

Federal Employer Identification Number (FEIN) **42-6122716** ▲

County No **82** ▲ Business Code **813000** ▲

Is this a first or final return? If yes, check the appropriate box.
First Return ▲ New Business Successor Entering Iowa

Final Return ▲ Reorganized Merged Dissolved
Withdrawn Bankruptcy Other

Name of contact person **RANDY MOORE**
Phone **563-326-2840**

Step 2 Filing Status

Filing Status ▲ 1 Separate Iowa/Separate Federal 2 Separate Iowa/Consolidated Federal 3 Consolidated Iowa/Consolidated Federal
Type of Return ▲ 1 Regular Corporation 2 Cooperative 3 UBIT
Is this an inactive corporation? ▲ Yes No
Was federal income or tax changed for any prior period? ▲ Yes No Period(s) _____
Do you have property in Iowa? ▲ Yes No

Step 3

Net Income and Additions to Income	1. Net Income from federal return before federal Net Operating Loss	1.	24,622.	▲
	2. 50% of federal tax refund Accrual <input checked="" type="checkbox"/> Cash <input type="checkbox"/>	2.		▲
	3. Other additions from Schedule A	3.	1,413.	▲
	4. Net Income after additions. Add lines 1 through 3	4.	26,035.	

Step 4

Reductions to Income	5. 50% of federal tax paid or accrued Accrual <input checked="" type="checkbox"/> Cash <input type="checkbox"/> ▲	5.	2,480.	▲
	6. Other reductions from Schedule A	6.		▲
	7. Total reductions. Add lines 5 and 6	7.	2,480.	
	8. Net income after reductions. Subtract line 7 from line 4	8.	23,555.	

Step 5

Taxable Income	9. Nonbusiness income from Schedule D, line 17	9.		▲
	10. Income subject to apportionment. Subtract line 9 from line 8	10.	23,555.	
	11. Iowa percentage from Schedule E. See instructions	11.	100.000000 %	▲
	12. Income apportioned to Iowa. Multiply line 10 by line 11	12.	23,555.	
	13. Iowa nonbusiness income from Schedule D, line 8	13.		▲
	14. Income before Net Operating Loss. Add lines 12 and 13	14.	23,555.	
	15. Net Operating Loss carryforward from Schedule F. Include Schedule F	15.		▲
	16. Income subject to tax. Subtract line 15 from line 14. Do not enter an amount below \$0	16.	23,555.	

Step 6

Tax, Credits and Payments	17. Computed tax. For tax rates, see bottom of page 3. Check box if tax is annualized <input type="checkbox"/>	17.	1,413.	▲
	18. Alternative Minimum Tax from IA Corp. Form 4626. Check box if claiming small business exemption. <input type="checkbox"/>	18.	0.	▲
	19. Total tax. Add lines 17 and 18	19.	1,413.	
	20. Credits from Schedule C1, line 4. Do not include estimated tax credit	20.		▲
	21. Payments from Schedule C2, line 4	21.	750.	▲
	22. Total credits and payments. Add lines 20 and 21	22.	750.	
	23. Net amount. Subtract line 22 from line 19	23.	663.	

Step 7

Balance Due	24. Tax due if line 23 is greater than \$0	24.	663.	
	25. Penalty; underpayment of estimated tax. Include IA 2220	25.		▲
	26. Penalty; failure to timely pay or failure to timely file	26.	66.	▲
	27. Interest	27.		▲
	28. Total amount due. Add lines 24 through 27. Pay electronically, or submit payment with form IA 1120V	28.	729.	▲

Step 8

Over-Payment	29. Overpayment if line 23 is less than \$0	29.		▲
	30. Credit to next period's estimated tax	30.		▲
	31. Refund requested. Subtract line 30 from line 29	31.		▲



Corporation name: QUAD CITIES COMMUNITY FOUNDATION

FEIN: 42-6122716

Schedule A - Other Additions and Reductions

Type of Income	Other Additions	Other Reductions
1. Percentage Depletion		
2. TIP Credit from federal form 8846		
3. Capital Loss Adjustments for filing status 2 or 3		
4. Contribution Adjustments for filing status 2 or 3		
5. Safe Harbor Lease - Rent		
6. Safe Harbor Lease - Interest		
7. Safe Harbor Lease - Depreciation		
8. Expensing/Depreciation Adjustment from IA 4562A		
9. Tax Exempt Interest and Dividends. See instructions.		
10. Iowa Tax Expense/Refund	1,413.	
11. Work Opportunity Credit Wage Reduction from federal form 5884		
12. Alcohol & Cellulosic Biofuel Credit from federal form 6478		
13. Foreign Dividend Exclusion from Schedule B below		▲
14. Federal Securities Interest and Dividends. See instructions.		
15. Adjustments due to 2018 Nonconformity. See instructions.		
16. Other. Must include schedule.		▲
17. Totals	1,413.	▲

Enter total on page 1, line 3.

Enter total on page 1, line 6.

Schedule B - Foreign Dividend Exclusion

Type of Dividend Income	Total Dividend	Exclusion
1. Less than 20% owned	x 50%	
2. 20% owned	x 65%	
3. Small Business Investment Company	x 100%	
4. Qualifying Dividends	x 100%	

5. Total. Add lines 1 through 4. Enter on Schedule A, line 13

Schedule C1 - Credits

	Amount
1. Fuel Credit. Include IA 4136	▲
2. Total Nonrefundable Credits. Include IA 148	▲
3. Total Refundable Credits, excluding Fuel Credit. Include IA 148	▲
4. Total Credits. Add lines 1-3. Enter on page 1, line 20	

Schedule C2 - Payments

	Amount
1. Estimated Tax Payments	
a. Credit from prior period	
b. First quarter 04/27/20	250.
c. Second quarter 05/26/20	250.
d. Third quarter 07/28/20	250.
e. Fourth quarter	
f. Other	
2. Voucher Payment	
3. Other Payments. Include statement	
4. Total. Add lines 1-3. Enter on page 1, line 21	750.

Additional Information

- Year business was started in Iowa 1964
- Last period filed as S corporation (if any): _____
- Information from the prior period Iowa return

Corporation name QUAD CITIES COMMUNITY FOUNDATION

Income before Net Operating Loss, line 14 3,518. ▲

FEIN 42-6122716 ▲

- If part of a federal consolidated group, please provide information about the Corporate parent

Corporation name _____

FEIN _____ ▲



Corporation name: QUAD CITIES COMMUNITY FOUNDATION FEIN: 42-6122716

Schedule E - Business Activity Ratio (BAR) (see instructions)

Type of Income	Column A Iowa Receipts	Column B Receipts Everywhere
1. Gross Receipts	▲	▲ 1
2. Net Dividends. See instructions.		▲ 2
3. Exempt Interest from Schedule A, line 9.		▲ 3
4. Accounts Receivable Interest		▲ 4
5. Other Interest		▲ 5
6. Rent		▲ 6
7. Royalties		▲ 7
8. Capital Gain		▲ 8
9. Ordinary Gain		▲ 9
10. Partnership Gross Receipts. Include schedule.		▲ 10
11. Other. Must include schedule.	▲	▲ 11
12. Total. Add lines 1 -11.	▲	▲ 12
13. Divide column A total by column B total. Enter % on page 1, line 11. For example, 0.1234505 becomes 12.3451%		%

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For filing status 2 or 3, you must include pages 1-5 of your consolidated federal return, consolidating income statements, Iowa Schedule H and any other forms related to the Iowa return.

Tax Rates

If income shown on page 1, line 16 is:

- Under \$25,000; multiply line 16 by 6% (.06).
- \$25,000 to \$100,000; multiply line 16 by 8% (.08) and subtract \$500.
- \$100,000 to \$250,000; multiply line 16 by 10% (.10) and subtract \$2,500.
- Over \$250,000; multiply line 16 by 12% (.12) and subtract \$7,500.

If annualizing, include a schedule showing computation.

To obtain schedules and forms:

Website: tax.iowa.gov

Tax Research Library: itrl.idr.iowa.gov/

Questions:

515-281-3114 or 800-367-3388

Email: idr@iowa.gov

eFile or mail your return to:

Corporation Tax Return Processing
Iowa Department of Revenue
PO Box 10468
Des Moines, IA 50306-0468

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct and complete.

Officer's signature _____ Title PRESIDENT & CEO Date _____

Signature of preparer if other than taxpayer JENIFER L. CHASE Date 09/07/21

Name and address of preparer or preparer's employer

RSM US LLP
4650 E. 53RD STREET
DAVENPORT, IA 52807

Preparer's telephone No. 563-888-4000

Preparer's ID No. P01306883 ▲



Corporation or Financial Institution Name QUAD CITIES COMMUNITY FOUNDATION

Federal Employer Identification Number (FEIN) 42-6122716

Tax Period 12 31 20

Enter Whole Dollars

1. Income subject to apportionment from line 10, IA 1120 or line 7, IA 1120F	1.	<u>23,555.</u>
2. Adjustments and preferences:		
a. Depreciation of post-1986 property	2a.	_____
b. Amortization of certified pollution control facilities	2b.	_____
c. Amortization of mining exploration and development costs	2c.	_____
d. Amortization of circulation expenditures (personal holding companies only)	2d.	_____
e. Adjusted gain or loss	2e.	_____
f. Long-term contracts	2f.	_____
g. Merchant marine capital construction funds	2g.	_____
h. Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h.	_____
i. Tax shelter farm activities (personal service corporations only)	2i.	_____
j. Passive activities (closely held corporations and personal service corporations only)	2j.	_____
k. Loss limitations	2k.	_____
l. Intangible drilling costs	2l.	_____
m. Other adjustments and preferences	2m.	_____
3. Total adjustments and preferences. Add lines 2a-2m	3.	_____
4. Add lines 1 and 3	4.	<u>23,555.</u>
5. Adjusted Current Earnings Adjustment. See instructions	5.	_____
6. Add lines 4 and 5	6.	<u>23,555.</u>
7. Iowa Percentage from line 11, IA 1120 or line 8, IA 1120F	7.	<u>100.000000</u>
8. Income Apportioned to Iowa. Multiply line 6 by line 7	8.	<u>23,555.</u>
9. Iowa Nonbusiness Income from line 13, IA 1120	9.	_____
10. Add lines 8 and 9	10.	<u>23,555.</u>





QUAD CITIES COMMUNITY FOUNDATION

11. Iowa Alternative Minimum Tax Net Operating Loss. See instructions	11.	_____
12. Iowa Alternative Minimum Taxable Income before Exemption. Subtract line 11 from line 10	12.	<u>23,555.</u>
13. Exemption. See instructions	13.	<u>23,555.</u>
14. Iowa Alternative Minimum Taxable Income Subject to Tax. Subtract line 13 from line 12. If less than zero, enter zero	14.	<u>0.</u>
15. Iowa Tentative Minimum Tax. For IA 1120, multiply line 14 by 7.2%. For IA 1120F, multiply line 14 by 3%	15.	_____
16. Iowa Regular Tax from line 17, IA 1120 or line 13, IA 1120F	16.	<u>1,413.</u>
17. Iowa Alternative Minimum Tax. Subtract line 16 from line 15. If less than zero, enter zero. Enter on line 18, IA 1120 or line 14, IA 1120F	17.	<u>0.</u>

