

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>QUAD CITIES COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>42-6122716</b>
	Doing business as		<b>E</b> Telephone number <b>563-326-2840</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>60,206,733.</b>
	<b>852 MIDDLE ROAD</b>	<b>100</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>BETTENDORF, IA 52722</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SUE HAFKEMEYER</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.QCCOMMUNITYFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>IA</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>QUAD CITIES COMMUNITY FOUNDATION IS A COLLECTION OF ENDOWMENTS AND OTHER CHARITABLE FUNDS. 4.5% OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>168</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>79,154.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>18,351.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>9,935,371.</b>	<b>19,262,457.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,039,349.</b>	<b>8,335,764.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>124,236.</b>	<b>128,946.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,098,956.</b>	<b>27,727,167.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>14,451,389.</b>	<b>8,079,400.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,025,095.</b>	<b>1,122,794.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>390,874.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,093,452.</b>	<b>1,205,129.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,569,936.</b>	<b>10,407,323.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,470,980.</b>	<b>17,319,844.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>165,771,747.</b>	<b>End of Year</b> <b>196,603,796.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,574,073.</b>	<b>2,108,472.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>163,197,674.</b>	<b>194,495,324.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>SUE HAFKEMEYER, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENIFER L. CHASE</b>	Preparer's signature <b>JENIFER L. CHASE</b>	Date <b>10/31/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01306883</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's address ▶ <b>4650 EAST 53RD STREET</b> <b>DAVENPORT, IA 52807-3479</b>	Firm's EIN ▶ <b>42-0714325</b>	Phone no. <b>563-888-4000</b>	

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 [X]

1 Briefly describe the organization's mission: TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,033,032. including grants of \$ 5,031,908. ) (Revenue \$ ) UNRESTRICTED AND DESIGNATED GRANTS - GRANTS ARE ALLOCATED THROUGH BOTH RESPONSIVE AND PROACTIVE METHODS. A COMMITTEE MADE UP OF BOTH BOARD AND COMMUNITY MEMBERS MEETS TWICE EACH YEAR TO REVIEW GRANT APPLICATIONS AND AWARD RESPONSIVE GRANTS. A BOARD COMMITTEE FOR STRATEGIC GRANTMAKING REVIEWS CURRENT COMMUNITY ISSUES TO IDENTIFY LARGER SCALE PROJECTS AND PARTNERSHIPS. STAFF PROVIDES COMMUNITY LEADERSHIP AND FACILITATES CONVENING OF NATURAL STAKEHOLDERS TO ADDRESS BOARD IDENTIFIED PRIORITIES. LARGER MULTI-YEAR GRANTS ARE CONSIDERED AND AWARDED BY THE BOARD APPOINTED COMMITTEE AND MONITORED FOR IMPACT. THE MAJOR ISSUES CURRENTLY BEING ADDRESSED ARE BASED ON OUR COMMUNITIES' REGIONAL VISION PLAN THAT INCLUDES ICONIC NATURAL ASSETS SUCH AS THE MISSISSIPPI RIVER, CULTURAL AMENITIES, WORKFORCE DEVELOPMENT, CRADLE -

4b (Code: ) (Expenses \$ 3,047,492. including grants of \$ 3,047,492. ) (Revenue \$ ) DONOR ADVISED GRANTS - THE QUAD CITIES COMMUNITY FOUNDATION OPERATES DONOR ADVISED FUNDS TO FULFILL ITS MISSION OF "TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS." DONORS ADVISE STAFF OF REQUESTED GRANTS, AND STAFF PERFORM DUE DILIGENCE ON SUCH REQUESTS. IF THE GRANT IS DEEMED APPROPRIATE BY STAFF IT IS AWARDED. THE BOARD OF DIRECTORS IS GIVEN A LIST AT EACH BOARD MEETING FOR APPROVAL. EXPENSES IN EXCESS OF GRANTS INCLUDE DISTRIBUTIONS TO NON-CHARITABLE ENTITIES FOR A CHARITABLE PURPOSE. FOR EXAMPLE, PAYING A RETAILER DIRECTLY FOR THE LUMBER TO BUILD PLAYGROUND EQUIPMENT RATHER THAN PAYING A NON-PROFIT ORGANIZATION TO GO PURCHASE THE LUMBER OR TO PROVIDE FUNDS TO A MEMBERSHIP SERVICE ORGANIZATION FOR A CHARITABLE PROJECT. QCCF ADHERES TO EXPENDITURE RESPONSIBILITY RULES WHEN NECESSARY.

4c (Code: ) (Expenses \$ 276,097. including grants of \$ ) (Revenue \$ ) ADMINISTRATIVE SUPPORT FOR GRANT AND SCHOLARSHIP PROGRAM - THIS SUPPORT CONSISTS OF PROCESSING ALL GRANT AND SCHOLARSHIP APPLICATIONS INCLUDING PERFORMING DUE DILIGENCE, SUPPORTING THE GRANTS COMMITTEE, PREPARING THE CHECKS AND ANY REQUIRED FOLLOW UP. THIS ALSO INCLUDES STAFF TIME FOR CONVENING KEY COMMUNITY STAKEHOLDERS FOR DISCUSSION ON LARGER, MORE STRATEGIC COMMUNITY ISSUES.

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

4e Total program service expenses 8,356,621.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 **▶**  
**MICHELLE PAYNE - 563-326-2840**  
**852 MIDDLE ROAD, 100, BETTENDORF, IA 52722**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERRY RISTAU FORMER PRESIDENT & CEO	39.00 1.00			X				129,797.	0.	24,456.
(2) ANNE CALDER VP OF DEVELOPMENT	40.00					X		110,009.	0.	14,233.
(3) MICHELLE PAYNE VP OF FINANCE	40.00					X		113,257.	0.	9,499.
(4) KELLY THOMPSON VP OF GRANTMAKING & COMMUNITY INITIA	40.00					X		105,762.	0.	13,363.
(5) DEB ANSELM BOARD MEMBER	5.00	X						0.	0.	0.
(6) EDNA (DENISE) GARRETT BOARD MEMBER	5.00	X						0.	0.	0.
(7) JANET MASAMOTO BOARD MEMBER	5.00	X						0.	0.	0.
(8) RANDY MOORE BOARD CHAIR	5.00	X		X				0.	0.	0.
(9) JEAN MORAN PAST BOARD CHAIR	10.00	X		X				0.	0.	0.
(10) KENT PILCHER VICE BOARD CHAIR	5.00	X		X				0.	0.	0.
(11) MARK SCHWIEBERT BOARD MEMBER	5.00	X						0.	0.	0.
(12) JOHN STAVNES BOARD MEMBER	5.00 1.00	X						0.	0.	0.
(13) CRISTY TACKET-HUNT SECRETARY	5.00	X		X				0.	0.	0.
(14) THOMAS THOMS BOARD TREASURER	5.00	X		X				0.	0.	0.
(15) SCOTT TINSMAN BOARD MEMBER	5.00 1.00	X						0.	0.	0.
(16) JEFFREY TRAHAN BOARD MEMBER	5.00	X						0.	0.	0.
(17) LADRINA WILSON BOARD MEMBER	5.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>	53,000.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	173,147.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	19,036,310.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,569,117.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		19,262,457.			
	Program Service Revenue	<b>2 a</b>		<b>Business Code</b>			
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		4,143,801.		4143801.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	32,479,566.			
<b>c</b>	Gain or (loss)	<b>7c</b>	4,191,963.				
<b>d</b>	Net gain or (loss)		4,191,963.		4191963.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>	900001	128,946.	49,792.	79,154.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			128,946.		
<b>12</b>	<b>Total revenue.</b> See instructions			27,727,167.	49,792.	79,154.	8335764.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,552,584.	7,552,584.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	526,816.	526,816.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	129,797.		129,797.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	816,634.	201,486.	387,230.	227,918.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,965.	7,770.	19,494.	7,701.
<b>9</b> Other employee benefits .....	66,123.	13,000.	38,133.	14,990.
<b>10</b> Payroll taxes .....	75,275.	18,037.	41,302.	15,936.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	225,851.	9,609.	212,930.	3,312.
<b>b</b> Legal .....	21,737.		21,737.	
<b>c</b> Accounting .....	33,624.		33,624.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	422,228.		422,228.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	104,947.	848.		104,099.
<b>13</b> Office expenses .....	43,685.	6,330.	37,319.	36.
<b>14</b> Information technology .....	81,139.		81,139.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	143,481.		143,481.	
<b>17</b> Travel .....	2,803.	276.	1,363.	1,164.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	62,851.	19,865.	27,268.	15,718.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	32,921.		32,921.	
<b>23</b> Insurance .....	18,314.		18,314.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BANK SERVICE FEES</b>	6,273.		6,273.	
<b>b</b> <b>INCOME TAX EXPENSE</b>	5,275.		5,275.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,407,323.	8,356,621.	1,659,828.	390,874.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,729,451.	<b>1</b>	825,789.
	<b>2</b> Savings and temporary cash investments .....	5,407,917.	<b>2</b>	13,434,348.
	<b>3</b> Pledges and grants receivable, net .....	12,206.	<b>3</b>	1,996.
	<b>4</b> Accounts receivable, net .....	1,688.	<b>4</b>	2,703.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	74,203.	<b>7</b>	60,585.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	70,367.	<b>9</b>	62,845.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 469,495.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 404,089.		
	<b>11</b> Investments - publicly traded securities .....	155,148,487.	<b>11</b>	179,123,709.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,235,072.	<b>15</b>	3,026,415.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	165,771,747.	<b>16</b>	196,603,796.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	275,125.	<b>17</b>	64,869.
	<b>18</b> Grants payable .....	299,433.	<b>18</b>	295,051.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,999,515.	<b>25</b>	1,748,552.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,574,073.	<b>26</b>	2,108,472.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	157,469,475.	<b>27</b>	188,461,800.
	<b>28</b> Net assets with donor restrictions .....	5,728,199.	<b>28</b>	6,033,524.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	163,197,674.	<b>32</b>	194,495,324.
<b>33</b> Total liabilities and net assets/fund balances .....	165,771,747.	<b>33</b>	196,603,796.	

**Part XI Reconciliation 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	27,727,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,407,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,319,844.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163,197,674.
5	Net unrealized gains (losses) on investments	5	13,055,216.
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 on Schedule O)	9	922,590.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	194,495,324.

**Part XII Financial Statements and Reporting**

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

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15746085.	9415618.	17390922.	9935371.	19262457.	71750453.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15746085.	9415618.	17390922.	9935371.	19262457.	71750453.
<b>5</b> 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) .....						15488063.
<b>6 Public support.</b> Subtract line 5 from line 4.						56262390.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	15746085.	9415618.	17390922.	9935371.	19262457.	71750453.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3647617.	4511467.	4508904.	3286259.	4143801.	20098048.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	19,165.	17,312.	6,871.	23,622.	61,754.	128,724.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						91977225.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	61.17 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	60.91 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



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

2021

Open to Public Inspection

Name of the organization: QUAD CITIES COMMUNITY FOUNDATION Employer identification number: 42-6122716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.

**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 make 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 program
  - 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 on 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	140,512,575.	132,315,264.	108,493,344.	119,076,429.	100,655,699.
b Contributions	6,036,646.	5,906,111.	10,401,469.	5,635,394.	11,526,676.
c Net investment earnings, gains, and losses	19,592,631.	13,715,966.	25,142,078.	-8,008,179.	14,281,300.
d Grants or scholarships	5,132,411.	10,021,941.	10,359,260.	6,591,000.	6,223,538.
e Other expenditures for facilities and programs	17,038.	10,593.	3,059.	34,221.	6,574.
f Administrative expenses	1,756,656.	1,392,232.	1,359,308.	1,585,079.	1,157,134.
g End of year balance	159,235,747.	140,512,575.	132,315,264.	108,493,344.	119,076,429.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  99.3810 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .6190 %
- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		256,132.	204,797.	51,335.
d Equipment		213,363.	199,292.	14,071.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>65,406.</b>

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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	
(2) DUE UNDER ANNUITY & TRUST	
(3) AGREEMENTS	1,633,005.
(4) DEFERRED COMPENSATION	115,547.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,748,552.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

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

**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.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO GRANT FUNDS TO NONPROFIT ORGANIZATIONS ACCORDING TO THE FOUNDATION'S SPENDING POLICY AND THE DONOR'S WISHES. SOME ENDOWMENT FUNDS ARE DESIGNATED TO SPECIFIC ORGANIZATIONS AND OTHERS ARE DONOR ADVISED.

**PART X, LINE 2:**

QUAD CITIES COMMUNITY FOUNDATION (THE FOUNDATION) AND REALTY HOLDINGS, INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION AND REALTY HOLDINGS, INC. MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION AND REALTY HOLDINGS, INC. FILE FORM



**Part XIII** Supplemental Information *(continued)*

990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS TAXABLE INCOME (UBTI) IS REPORTED ON THE 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBTI. AS OF DECEMBER 31, 2021 AND 2020, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY. FORMS 990 AND 990-T FILED BY THE FOUNDATION AND REALTY HOLDINGS, INC. ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE FISCAL YEARS ENDED DECEMBER 31, 2017 AND PRIOR.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A.T. STILL UNIVERSITY - DEVELOPMENT OFFICE - 800 W JEFFERSON ST - KIRKSVILLE, MO 63501	43-0356250	501 (C ) (3)	26,200.	0.			ANNUAL GRANT FOR SCHOLARSHIPS FOR OSTEOPATHIC MEDICAL STUDENTS
ABUNDANT LIFE RANCHERS PO BOX 2618 DAVENPORT, IA 52809	27-0951762	501 (C ) (3)	5,750.	0.			GENERAL SUPPORT
ALBANY PUBLIC LIBRARY DISTRICT 302 S MAIN ST ALBANY, IL 61230-0516	36-3283168	CITY OF ALBANY	8,500.	0.			GENERAL SUPPORT
ALLEMAN HIGH SCHOOL 1103 40TH ST ROCK ISLAND, IL 61201	61-1445942	501 (C ) (3)	27,865.	0.			GENERAL SUPPORT
ALTERNATIVES FOR THE OLDER ADULT 1803 7TH ST. MOLINE, IL 61265	42-1231219	501 (C ) (3)	33,400.	0.			STUDENT CHROMEBOOKS FOR THE FRESHMEN CLASS OF 2021-2022
AMERICAN RED CROSS OF THE QCA 1100 RIVER DR MOLINE, IL 61265	53-0196605	501 (C ) (3)	39,555.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 212.

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

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSUMPTION FOUNDATION FOR K-12 SCHOOLS - 1020 W CENTRAL PARK AVE - DAVENPORT, IA 52804	23-7311256	501 (C ) (3)	7,850.	0.			TUITION ASSISTANCE, SCHOLARSHIPS
ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804	23-7311256	501 (C ) (3)	15,057.	0.			TO PROVIDE CATHOLIC EDUCATION IN EASTERN IOWA, IN HONOR OF SARAH K. MOON, CLASS OF 2012
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE MINNEAPOLIS, MN 55454-1351	41-0694721	501 (C ) (3)	15,000.	0.			TO SUPPORT THE SCHOLARSHIP TO THE STEP UP PROGRAM
AUGUSTANA COLLEGE - ADVANCEMENT OFFICE - 639 38TH ST - ROCK ISLAND, IL 61201	36-2166962	501 (C ) (3)	41,780.	0.			GENERAL SUPPORT, INTERNSHIP & SCHOLARSHIP SUPPORT
AZUBUIKE AFRICAN AMERICAN COUNCIL FOR THE ARTS - PO BOX 4051 - DAVENPORT, IA 52808	47-2113430	501 (C ) (3)	30,000.	0.			THE URBAN EXPOSURE INDEPENDENT FILM PROJECT AND FILM PRODUCTION INCUBATOR.
BALLET QUAD CITIES 613 17TH ST ROCK ISLAND, IL 61201	42-1366753	501 (C ) (3)	6,750.	0.			GENERAL SUPPORT
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET, MA1-225-04-02 - BOSTON, MA 02110	04-6010342	501 (C ) (3)	7,289.	0.			GRANT TO CHARITABLE GIVING FUND
BETHANY FOR CHILDREN & FAMILIES 1830 6TH AVE MOLINE, IL 61266-0697	36-2166973	501 (C ) (3)	151,500.	0.			ONGOING FINANCIAL NEEDS TO HELP YOUNG PEOPLE WHO ARE AGING OUT OF FOSTER CARE
BETTENDORF CHRISTIAN CHURCH 3487 TOWNE POINTE DR BETTENDORF, IA 52722	42-0924273	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTENDORF COMMUNITY SCHOOLS FOUNDATION - PO BOX 1150 - BETTENDORF, IA 52722	42-1251037	501 (C ) (3)	28,900.	0.			GENERAL SUPPORT
BETTENDORF ROTARY CLUB FOUNDATION PO BOX 133 BETTENDORF, IA 52722	37-1449334	501 (C ) (3)	7,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY - 3247 E 35TH ST CT - DAVENPORT, IA 52807	42-1320908	501 (C ) (3)	90,760.	0.			GENERAL SUPPORT, YOUTH MENTORING, MATCHFORCE/SALESFORCE INTEGRATION PROJECT
BLACK HAWK COLLEGE FOUNDATION 6600 34TH AVENUE MOLINE, IL 61265	36-3240562	501 (C ) (3)	5,500.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA - ILLOWA COUNCIL - 4412 N BRADY ST - DAVENPORT, IA 52806	36-2616917	501 (C ) (3)	7,500.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE MISSISSIPPI VALLEY - 338 6TH ST - MOLINE, IL 61265	36-3838421	501 (C ) (3)	50,900.	0.			GENERAL SUPPORT
CAFE ON VINE PO BOX 3375 DAVENPORT, IA 52808	43-2072739	501 (C ) (3)	16,200.	0.			GENERAL SUPPORT
CAMP HERTKO HOLLOW 4200 UNIVERSITY AVE STE 320 WEST DES MOINES, IA 50266	76-0717999	501 (C ) (3)	5,250.	0.			GENERAL SUPPORT
CAMP SHALOM, INC. 960 E 53RD ST STE 1B DAVENPORT, IA 52806	42-1458061	501 (C ) (3)	9,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANINE COMPANIONS FOR INDEPENDENCE 7480 NEW ALBANY-CONDIT ROAD NEW ALBANY, OH 43054	94-2494324	501 (C ) (3)	11,150.	0.			GENERAL SUPPORT
CATHOLIC FOUNDATION FOR THE DIOCESE OF DAVENPORT - 780 W CENTRAL PARK AVE - DAVENPORT, IA 52804	26-4267643	501 (C ) (3)	6,200.	0.			GENERAL SUPPORT
CENTER FOR ACTIVE SENIORS, INC. 1035 W KIMBERLY RD DAVENPORT, IA 52806	42-1011267	501 (C ) (3)	25,055.	0.			GENERAL SUPPORT
CENTER FOR ALCOHOL AND DRUG SERVICES, INC. - 4600 3RD ST - MOLINE, IL 61265	42-1134273	501 (C ) (3)	13,900.	0.			GENERAL SUPPORT
CENTRAL COMMUNITY SCHOOLS PO BOX 110 DEWITT, IA 52742	42-6040381	501 (C ) (3)	8,300.	0.			DEVELOPMENT OF EDUCATIONAL CURRICULUM, QUEST ROBOTS AND VIRTUAL LEARNING
CHILDREN'S THERAPY CENTER OF THE QUAD CITIES - 4450 48TH AVE CT - ROCK ISLAND, IL 61201	36-2207922	501 (C ) (3)	14,255.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH - DAVENPORT - 2330 W 41ST ST - DAVENPORT, IA 52806	42-0945608	501 (C ) (3)	21,100.	0.			GENERAL SUPPORT
CHRISTIAN CARE PO BOX 4176 ROCK LSLAND, IL 61204	36-3146523	501 (C ) (3)	25,670.	0.			GENERAL SUPPORT, TECHNOLOGY UPGRADES
CHRISTIAN FRIENDLINESS - YOUTHHOPE 3928 12TH AVE MOLINE, IL 61265-2103	36-2193602	501 (C ) (3)	32,674.	0.			STRATEGIC PLANNING AND TECHNOLOGY UPGRADES, CONTRUCTION PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST THE KING CATHOLIC CHURCH 3209 60TH ST MOLINE, IL 61265	36-2274386	501 (C ) (3)	6,000.	0.			GENERAL SUPPORT
CHURCHES UNITED OF THE QUAD CITY AREA - 2535 TECH DR STE 205 - BETTENDORF, IA 52722	36-2480784	501 (C ) (3)	8,317.	0.			ANNUAL GRANT FOR CHURCHES UNITED'S HUNGER MINISTRY
CITY OF FARMINGTON PO BOX 477 FARMINGTON, IA 52626	42-6004661	CITY OF FARMINGT	10,000.	0.			EXPANSION OF CAMPING AT INDIAN LAKE PARK
CITY OF FULTON 415 11TH AVE FULTON, IL 61252	36-6005887	CITY OF FULTON	12,200.	0.			ANNUAL GRANT TO SUPPORT THE MISSION OF THE MARTIN MUSEUM
CITY OF TIPTON 407 LYNN ST TIPTON, IA 52772	42-6005280	CITY OF TIPTON	9,000.	0.			4TH STREET PLAZA POCKET PARK
CLARENCE PARK BOARD PO BOX 55 CLARENCE, IA 52216	42-6004376	501 (C ) (3)	93,506.	0.			FOR COSTS ASSOCIATED WITH THE CONSTRUCTION OF THE BUNN PAVILION
CLOCK, INC 4102 46TH AVE ROCK ISLAND, IL 61201	83-2945356	501 (C ) (3)	12,400.	0.			GENERAL SUPPORT
COMFORT ZONE CAMP 6606 WEST BROAD STE 401 RICHMOND, VA 23230	54-1916517	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
CONGREGATION OF THE HUMILITY OF MARY (CHM) - 820 W CENTRAL PARK AVE - DAVENPORT, IA 52804-1900	42-0681059	501 (C ) (3)	32,400.	0.			GENERAL SUPPORT, MINISTRY FUND, RETIREMENT FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COUNCIL ON FOUNDATIONS - WASHINGTON, DC - 1255 23RD ST NW, STE 200 - WASHINGTON, DC 20037	13-6068327	501 (C ) (3)	9,000.	0.			PORTION OF 2021 DUES PAID AS GRANT
DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 52801	42-6004463	CITY OF DAVENPOR	11,490.	0.			GENERAL SUPPORT, SPECIAL COLLECTIONS
DAVENPORT SCHOOLS FOUNDATION 1702 N MAIN ST DAVENPORT, IA 52803	42-1304688	501 (C ) (3)	18,450.	0.			CAREER AND COLLEGE READINESS PROGRAMS, EXPERIENTIAL SCHOLARSHIP PROGRAM
DES MOINES UNIVERSITY 3200 GRAND AVENUE DES MOINES, IA 50312-4198	42-0730347	501 (C ) (3)	26,200.	0.			ANNUAL GRANT FOR SCHOLARSHIPS FOR OSTEOPATHIC MEDICAL STUDENTS
DIOCESE OF DAVENPORT 780 W CENTRAL PARK AVE DAVENPORT, IA 52804-1901	42-0680472	501 (C ) (3)	12,900.	0.			GENERAL SUPPORT
DOMESTIC VIOLENCE INTERVENTION PROGRAM - 1105 S. GILBERT CT STE. 300 - IOWA CITY, IA 52240	42-1124902	501 (C ) (3)	5,900.	0.			GENERAL SUPPORT
DOUDS HISTORIC PRESERVATION ASSOCIATION, INC. - 301 HENRY STREET - KEOSAUQUA, IA 52565	42-1479517	501 (C ) (3)	8,500.	0.			DOUDS-LEANDO SIDEWALK PROJECT
DRESS FOR SUCCESS QUAD CITIES 423 E 32ND ST DAVENPORT, IA 52803	45-1825338	501 (C ) (3)	27,300.	0.			GENERAL SUPPORT
EVERYCHILD 524 15TH ST MOLINE, IL 61265	36-2937848	501 (C ) (3)	46,550.	0.			GENERAL SUPPORT, NAME CHANGE STUDY, PREVENTION EDUCATION SPECIALIST SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAMILY ENRICHMENT CENTER OF DAVENPORT - 6236 BRADY ST - DAVENPORT, IA 52806	30-0510008	501 (C ) (3)	8,000.	0.			AFTER SCHOOL TUTORING PROGRAM SUPPORT
FAMILY RESOURCES, INC. - DAVENPORT 2800 EASTERN AVE DAVENPORT, IA 52803	42-0698225	501 (C ) (3)	208,186.	0.			GENERAL SUPPORT, VICTIM OF CRIME ACT (VOCA) PROGRAM
FIGGE ART MUSEUM 225 W 2ND ST DAVENPORT, IA 52801	42-6090398	501 (C ) (3)	107,349.	0.			GENERAL SUPPORT, DIGITALIZATION AND MICROSITE OF COLLECTION
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 815 S CONCORD RD - OCONOMOWOC, WI 53066	39-0816883	501 (C ) (3)	11,300.	0.			GENERAL SUPPORT, HVAC REPAIR
FIRST PRESBYTERIAN CHURCH - DAVENPORT - 1702 IOWA ST - DAVENPORT, IA 52803	42-0707098	501 (C ) (3)	18,520.	0.			GENERAL SUPPORT
FIRST TEE OF THE QUAD CITIES 2430 RIVER DR MOLINE, IL 61265	42-1510940	501 (C ) (3)	15,000.	0.			FIRST TEE CLASSROOM AT HIGHLAND SPRINGS
FOOD BANK OF IOWA 2220 E 17TH ST DES MOINES, IA 50316	42-1177880	501 (C ) (3)	8,000.	0.			GENERAL SUPPORT
FREEDOM HOMES MINISTRIES OF THE QCA - 720 E LOCUST ST - DAVENPORT, IA 52803	43-2083544	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
FRIENDLY HOUSE 1221 MYRTLE ST DAVENPORT, IA 52804	42-0733466	501 (C ) (3)	10,850.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FRIENDS OF BETTENDORF PARKS FOUNDATION - 1609 STATE ST - BETTENDORF, IA 52722	23-7436443	501 (C ) (3)	5,250.	0.			GENERAL SUPPORT
FRIENDS OF BIRMINGHAM/CITY OF BIRMINGHAM - PO BOX 100 - BIRMINGHAM, IA 52535	42-0988733	CITY OF BIRMINGH	8,500.	0.			FRIENDS OF BIRMINGHAM LOG CABIN RESTORATION PROJECT PHASE II
FRIENDS OF THE DAVENPORT PUBLIC LIBRARY - 321 MAIN ST - DAVENPORT, IA 52801-1490	42-1204594	501 (C ) (3)	19,348.	0.			GENERAL SUPPORT
FRIENDS OF THE FULTON WINDMILL 20152 ACKER RD FULTON, IL 61252	36-4290403	501 (C ) (3)	8,750.	0.			GENERAL SUPPORT, 10TH AVENUE PARK
FRIENDS OF VANDER VEER 214 W CENTRAL PARK AVE DAVENPORT, IA 52803	42-1394989	501 (C ) (3)	5,788.	0.			GENERAL SUPPORT
FULLER CEMETERY 3258 MORNINGSIDE DR GALESBURG, IL 61401	37-6030334	501 (C ) (13)	7,125.	0.			GENERAL SUPPORT
FULTON TOWNSHIP PO BOX 162 FULTON, IL 61252	36-6006285	CITY OF FULTON	5,200.	0.			FULTON TOWNSHIP CEMETARY, CALVARY HILL CEMETARY, MEDICAL LOAN EQUIPMENT AND PARTS
GENESE0 EDUCATION FOUNDATION PO BOX 211 GENESE0, IL 61254	36-3748560	501 (C ) (3)	69,850.	0.			GENERAL SUPPORT
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501 (C ) (3)	701,886.	0.			GENERAL SUPPORT, OSTEOPATHIC RESIDENCY PROGRAM, CLARISSA C. COOK HOSPICE HOUSE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GENESIUS THEATRE FOUNDATION, INC. 1120 40TH ST ROCK ISLAND, IL 61201-3113	36-3852749	501 (C ) (3)	8,550.	0.			GENERAL SUPPORT
GERMAN AMERICAN HERITAGE CENTER 712 W 2ND ST DAVENPORT, IA 52802	42-1424418	501 (C ) (3)	10,800.	0.			GENERAL SUPPORT
GILDA'S CLUB QUAD CITIES 1351 WEST CENTRAL PARK AVE, STE 200 DAVENPORT, IA 52804	42-1446989	501 (C ) (3)	30,400.	0.			GENERAL SUPPORT
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS - 940 GOLDEN VALLEY DR - BETTENDORF, IA 52722	42-1008848	501 (C ) (3)	17,450.	0.			GENERAL SUPPORT, MODERNIZE ACCOUNTING SOFTWARE
GOOD SHEPHERD PRESBYTERIAN CHURCH 2324 18TH AVE ROCK ISLAND, IL 61201-3615	23-6393377	501 (C ) (3)	6,825.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY - COLLIER COUNTY - 11145 TAMiami TRAIL E - NAPLES, FL 34113	59-1834379	501 (C ) (3)	7,640.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1404937	501 (C ) (3)	74,565.	0.			GENERAL SUPPORT, DESK CONSTRUCTION & DISTRIBUTION
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE RD DAVENPORT, IA 52806	42-0947868	501 (C ) (3)	15,137.	0.			GENERAL SUPPORT
HAND IN HAND 3860 MIDDLE RD BETTENDORF, IA 52722	42-1508508	501 (C ) (3)	60,725.	0.			GENERAL SUPPORT, PRE K EXPANSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVLIFE FOUNDATION 230 E 2ND ST DAVENPORT, IA 52801	20-2614547	501 (C ) (3)	11,550.	0.			TO SUPPORT THE MISSION OF THE CLARISSA C. COOK HOSPICE HOUSE
HERITAGE WESLEYAN CHURCH 4801 44TH ST ROCK ISLAND, IL 61201	36-3309659	501 (C ) (3)	19,549.	0.			GENERAL SUPPORT
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501 (C ) (3)	8,000.	0.			GENERAL SUPPORT, STUDENT GRANT & LOAN FUND
HILLTOP CAMPUS VILLAGE CORP. 122 E 15TH ST DAVENPORT, IA 52803	27-0761714	501 (C ) (3)	9,700.	0.			EXTERNAL CASE STATEMENT AND FUNDING FEASIBILITY FOR A LEARNING AND PROBLEM-SOLVING CENTER
HOLY FAMILY PARISH 1111 AVE E FORT MADISON, IA 52627	90-0478240	501 (C ) (3)	58,185.	0.			ANNUAL GRANT TO SUPPORT SS. MARY AND JOSEPH CHURCH IN FORT MADISON
HOLY TRINITY CATHOLIC SCHOOLS EDUCATIONAL FOUNDATION - PO BOX 66 - WEST POINT, IA 52656	42-1330855	501 (C ) (3)	6,450.	0.			GENERAL SUPPORT
HOLY TRINITY CATHOLIC SCHOOLS, INC. - 413 AVE C - WEST POINT, IA 52656	20-3063265	501 (C ) (3)	71,900.	0.			GENERAL SUPPORT, SCHOLARSHIP FOR GRADUATING SENIORS
HOPE HAVEN AREA DEVELOPMENT CENTER CORPORATION - 828 N 7TH ST - BURLINGTON, IA 52601	42-1000580	501 (C ) (3)	293,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF HENRY COUNTY-KEWANEE - PO BOX 659 - KEWANEE, IL 61443	36-3055921	501 (C ) (3)	7,360.	0.			VETERINARY CARE OF ANIMALS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HUMANE SOCIETY OF SCOTT COUNTY 2802 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0801836	501 (C ) (3)	15,782.	0.			GENERAL SUPPORT
HUMILITY HOMES AND SERVICES, INC. 519 FILLMORE ST DAVENPORT, IA 52802	01-0916973	501 (C ) (3)	108,325.	0.			GENERAL SUPPORT, COVID PANDEMIC RESPONSE
IOWA JOBS FOR AMERICA'S GRADUATES - IJAG - 1111 9TH ST - DES MOINES, IA 50314	42-1492988	501 (C ) (3)	15,000.	0.			PROGRAM SUPPORT
IOWA LEGAL AID 736 FEDERAL ST STE 1401 DAVENPORT, IA 52803	42-1079227	501 (C ) (3)	38,450.	0.			GENERAL SUPPORT, SCOTT COUNTY HOUSING STABILIZATION PROGRAM SUPPORT
IOWA NEWSPAPER ASSOCIATION 319 E 5TH ST 2ND FLOOR DES MOINES, IA 50309	42-1233011	501 (C ) (3)	14,277.	0.			GENERAL SUPPORT
IOWA OSTEOPATHIC MEDICAL ASSOCIATION - 6919 VISTA DR - WEST DES MOINES, IA 50266	42-0334865	501 (C ) (6)	26,200.	0.			TO SUPPORT THE SPRING CONTINUING MEDICAL EDUCATION CONFERENCE
IOWA PBS FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501 (C ) (3)	10,573.	0.			GENERAL SUPPORT
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010-8644	42-1143702	501 (C ) (3)	60,044.	0.			SCHOLARSHIPS
KAABA SHRINERS PO BOX 3627 DAVENPORT, IA 52808	51-0171597	501 (C ) (10)	66,080.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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KEWANEE PUBLIC LIBRARY 102 SOUTH TREMONT STREET KEWANEE, IL 61443	36-6005948	CITY OF KEWANEE	12,880.	0.			GENERAL SUPPORT
KING'S HARVEST 5837 WISCONSIN AVENUE DAVENPORT, IA 52806	42-1519570	501 (C ) (3)	5,003.	0.			GENERAL SUPPORT, SPAY & NEUTER PROGRAM FOR CATS AND DOGS
LECLAIRE FIREFIGHTERS ASSOCIATION 201 N 15TH ST LECLAIRE, IA 52753	20-2440544	501 (C ) (3)	8,000.	0.			9/11 MEMORIAL
LOUD THUNDER FOREST PRESERVE 19406 LOUD THUNDER RD ILLINOIS CITY, IL 61259	46-3206576	CITY OF ILLINOIS	72,500.	0.			LOUD THUNDER FOREST PRESERVE CAPITAL IMPROVEMENTS, LAKE GEORGE WELL IMPROVEMENTS
LUTHERAN SOCIAL SERVICES OF ILLINOIS (LSSI) - STERLING - 1901 FIRST AVE - STERLING, IL 61081	36-2584799	501 (C ) (3)	5,500.	0.			GENERAL SUPPORT
MARRIAGE AND FAMILY COUNSELING SERVICE - 1800 3RD AVE STE 512 - ROCK ISLAND, IL 61201	36-2606683	501 (C ) (3)	6,800.	0.			GENERAL SUPPORT
MARTIN LUTHER KING JR. CENTER, INC. - 630 9TH STREET - ROCK ISLAND, IL 61201	36-3100490	501 (C ) (3)	90,000.	0.			GENERAL SUPPORT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C ) (3)	6,500.	0.			GENERAL SUPPORT
MERCADO ON FIFTH, INC. 3707 AVENUE OF THE CITIES MOLINE, IL 61265	81-5377245	501 (C ) (3)	50,000.	0.			GENERAL SUPPORT

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MERCY VINEYARD CHURCH PO BOX 1654 MOLINE, IL 61266	27-4544181	501 (C ) (3)	15,000.	0.			ROYAL CAMP KIDS
MIDWEST ANIMAL ASSISTED THERAPY AND EDUCATION ORGANIZATION - 1643 W. 64TH ST. - DAVENPORT, IA 52806	84-3564088	501 (C ) (3)	19,594.	0.			GENERAL SUPPORT, STAFF TRAINING
MOLINE PARK DEPARTMENT 3635 4TH AVE MOLINE, IL 61265	36-6005999	CITY OF MOLINE	10,000.	0.			PICKLE BALL COURT
MOLINE-COAL VALLEY SCHOOL DISTRICT NO. 40 - 1619 11TH AVENUE - MOLINE, IL 61265	36-6005356	501 (C ) (3)	12,369.	0.			MOLINE HIGH SCHOOL WRESTING & SHIPLEY TRACK
NAHANT MARSH EDUCATION CENTER 4220 S WAPELLO AVE DAVENPORT, IA 52802	38-3667579	501 (C ) (3)	21,900.	0.			GENERAL SUPPORT, LAND ACQUISITION
NAMI GREATER MISSISSIPPI VALLEY 1035 W KIMBERLY RD STE 4 DAVENPORT, IA 52806	42-1188963	501 (C ) (3)	38,300.	0.			BOARD TRAINING, TECHNOLOGY UPGRADES, FRONT DOOR OUTREACH PROGRAM
NARRATIVES 111 PERRY ST DAVENPORT, IA 52801	35-2668391	501 (C ) (3)	9,500.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - NATIONAL OFFICE - 2829 UNIVERSITY AVE. SE #900 - MINNEAPOLIS, MN 55415	13-5661935	501 (C ) (3)	10,000.	0.			WALK MS SCHOLARSHIP
NEST CAFE 830 43RD ST ROCK ISLAND, IL 61201	84-4424697	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT

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NEWMAN CENTRAL CATHOLIC HIGH SCHOOL - DEVELOPMENT OFFICE - STERLING, IL 61081	36-2385216	501 (C ) (3)	12,500.	0.			GENERAL SUPPORT, SCHOLARSHIPS
NIABI ZOO AND FOREST PRESERVES OF ROCK ISLAND COUNTY FOUNDATION - 12908 NIABI ZOO RD. - COAL VALLEY, IL 61240	85-0713063	501 (C ) (3)	27,600.	0.			WHITE RHINO PROJECT
NIABI ZOOLOGICAL SOCIETY PO BOX 317 ELDRIDGE, IA 52748-0317	36-3293641	501 (C ) (3)	11,500.	0.			GENERAL SUPPORT
NORTH CEDAR COMMUNITY SCHOOL DISTRICT - PO BOX 247 - STANWOOD, IA 52337	42-1430236	501 (C ) (3)	29,253.	0.			TEACHER GRANTS
NORTH SCOTT EDUCATIONAL FOUNDATION PO BOX 16 ELDRIDGE, IA 52748	42-1255950	501 (C ) (3)	7,500.	0.			SCHOLARSHIPS
ODELL PUBLIC LIBRARY 307 S MADISON ST MORRISON, IL 61270	75-3224835	CITY OF MORRISON	9,800.	0.			GENERAL SUPPORT
ONE EIGHTY 601 N MARQUETTE ST DAVENPORT, IA 52802	32-0100540	501 (C ) (3)	42,600.	0.			GENERAL SUPPORT, WOMEN'S STABILITY PROGRAM
ORION HIGH SCHOOL 1100 13TH AVE ORION, IL 61273	36-3465188	501 (C ) (3)	45,000.	0.			SCHOLARSHIPS
PALMER COLLEGE OF CHIROPRACTIC 1000 BRADY ST DAVENPORT, IA 52803	42-6081293	501 (C ) (3)	5,500.	0.			GENERAL SUPPORT, SCHOLARSHIPS, STUDENT HOUSING PROJECT

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PEACE CHURCH OF CHRIST UNITED, UCC - BENNETT, IA - 414 MAPLE ST - BENNETT, IA 52721	42-0815852	501 (C ) (3)	45,278.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND - 818 5TH AVE STE 200 - DES MOINES, IA 50309	42-0727488	501 (C ) (3)	9,000.	0.			GENERAL SUPPORT
PLAYCRAFTERS BARN THEATRE, INC. PO BOX 926 MOLINE, IL 61265	36-2598823	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
PLEASANT VALLEY SCHOOLS EDUCATIONAL FOUNDATION - 525 BELMONT RD - BETTENDORF, IA 52722	42-1368149	501 (C ) (3)	74,211.	0.			SCHOLARSHIPS
PROJECT NOW, CAA 418 19TH ST ROCK ISLAND, IL 61201	36-2654175	501 (C ) (3)	20,000.	0.			CONSULTING FOR A CAPITAL CAMPAIGN FEASIBILITY STUDY AND RELATED SERVICES, SENIOR CENTER
PROJECT RENEWAL INC. 906 W 5TH ST DAVENPORT, IA 52802	13-4292017	501 (C ) (3)	11,500.	0.			GENERAL SUPPORT
PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH ST DAVENPORT, IA 52804	42-0680474	501 (C ) (3)	51,350.	0.			GENERAL SUPPORT, PATHWAYS ACADEMY
QC CLOSET2CLOSET PO BOX 6838 ROCK ISLAND, IL 61204	47-3814442	501 (C ) (3)	15,000.	0.			GENERAL SUPPORT
QUAD CITIES ALLIANCE FOR IMMIGRANTS AND REFUGEES - 1411 BRADY ST - DAVENPORT, IA 52803	46-0538091	501 (C ) (3)	8,863.	0.			TECHNOLOGY AND SOFTWARE UPGRADE TO SUPPORT SERVICES EXPANSION

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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QUAD CITIES CHAMBER FOUNDATION (IA) - 331 W 3RD ST - DAVENPORT, IA 52801	42-1292789	501 (C ) (3)	16,000.	0.			LEAD MEMBER DUES, CONTRIBUTION TO COMMUNITY LEADERSHIP EFFORTS
QUAD CITIES CULTURAL TRUST NORTHWEST OFFICENTER BETTENDORF, IA 52722	26-1114466	501 (C ) (3)	152,030.	0.			GENERAL SUPPORT
QUAD CITIES HOUSING COUNCIL 1212 W 3RD STE A DAVENPORT, IA 52802	42-1496268	501 (C ) (3)	150,000.	0.			IMPLEMENTATION OF THE QUAD CITIES AFFORDABLE HOUSING VISION
QUAD CITIES INTERFAITH 3420 JERSEY RIDGE RD DAVENPORT, IA 52807	36-3411095	501 (C ) (3)	20,000.	0.			GENERAL SUPPORT
QUAD CITIES OPEN NETWORK 1411 BRADY STREET DAVENPORT, IA 52803	84-3550907	501 (C ) (3)	106,122.	0.			GENERAL SUPPORT
QUAD CITIES REGIONAL VISION - Q2030 - 2550 MIDDLE RD. STE. 300 - BETTENDORF, IA 52722	86-1972292	501 (C ) (3)	186,175.	0.			REGIONAL LEADERSHIP GRANT FOR BACKBONE SUPPORT OF Q2030
QUAD CITIES YOUTH SPORTS FOUNDATION - 1540 W 12TH STREET - DAVENPORT, IA 52803	47-5185689	501 (C ) (3)	20,000.	0.			GENERAL SUPPORT
QUAD CITY ANIMAL WELFARE CENTER 724 W 2ND AVE MILAN, IL 61264	36-2952894	501 (C ) (3)	6,261.	0.			GENERAL SUPPORT
QUAD CITY BOTANICAL CENTER 2525 4TH AVE ROCK ISLAND, IL 61201	36-3496537	501 (C ) (3)	5,300.	0.			GENERAL SUPPORT, OUTSIDE GARDEN, QUILTS OF VALOR PRESENTATION

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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QUAD CITY GOLF CLASSIC CHARITABLE FOUNDATION (DBA JOHN DEERE CLASSIC) - 15623 COALTOWN RD - EAST MOLINE, IL 61244	93-1332421	501 (C ) (3)	327,515.	0.			GENERAL SUPPORT
QUAD CITY MINORITY PARTNERSHIP 102 E KIMBERLY RD STE I PMB 137 DAVENPORT, IA 52806	26-0785883	501 (C ) (3)	10,000.	0.			QUAD CITY MINORITY PARTNERSHIP YOUTH LEADERSHIP CONFERENCE
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY ST DAVENPORT, IA 52801	42-6017663	501 (C ) (3)	40,623.	0.			GENERAL SUPPORT
RIVER ACTION INC. 822 E. RIVER DR. DAVENPORT, IA 52803	42-1267366	501 (C ) (3)	34,650.	0.			PHASE ONE OF BIKE PATH, PRIORITY CONSERVATION PROJECTS
RIVER BEND CUSD #2 1110 3RD ST FULTON, IL 61252	36-2661586	501 (C ) (3)	10,250.	0.			TECHNOLOGY TOOLS FOR THE CLASSROOM, EXPANSION OF STEM
RIVER BEND EDUCATIONAL FOUNDATION 1110 3RD ST FULTON, IL 61252	36-3428777	501 (C ) (3)	25,050.	0.			SCHOLARSHIPS
RIVER BEND FOOD BANK 4010 KIMMEL DR DAVENPORT, IA 52802	36-3147342	501 (C ) (3)	150,781.	0.			GENERAL SUPPORT, BACKPACK PROGRAM SUPPORT
RIVER MUSIC EXPERIENCE (RME) 129 N MAIN ST DAVENPORT, IA 52801	43-2005678	501 (C ) (3)	30,700.	0.			THE HEIGHTS OF THE ERA EVENT
RIVERMONT COLLEGIATE 1821 SUNSET DR BETTENDORF, IA 52722	42-0703279	501 (C ) (3)	11,200.	0.			RIVERMONT ROCKS

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ROBERT YOUNG CENTER 4600 3RD ST MOLINE, IL 61265	36-3678909	501 (C ) (3)	42,000.	0.			GENERAL SUPPORT
ROCK ISLAND-MILAN EDUCATION FOUNDATION - 2101 6TH AVE - ROCK ISLAND, IL 61201	36-3504459	501 (C ) (3)	29,000.	0.			DALE OWEN BE THE LIGHT MEMORIAL SCHOLARSHIP
RONALD MCDONALD HOUSE OF ROCHESTER, MINNESOTA, INC. - 850 2ND ST. SW - ROCHESTER, MN 55902	41-1344744	501 (C ) (3)	25,925.	0.			GENERAL SUPPORT
ROTARY CLUB OF EAST MOLINE/SILVIS 3801 7TH ST EAST MOLINE, IL 61244	36-3245072	501 (C ) (3)	25,000.	0.			GENERAL SUPPORT, POLIO PLUS
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1 ROTARY CENTER - EVANSTON, IL 60201	36-3245072	501 (C ) (3)	12,500.	0.			GENERAL SUPPORT
SACRED HEART CATHEDRAL 422 E 10TH ST DAVENPORT, IA 52803	42-6005490	501 (C ) (3)	36,100.	0.			GENERAL SUPPORT, BOILER SYSTEM
SAFER FOUNDATION - QUAD CITIES 1702 N MAIN ST DAVENPORT, IA 52803	36-2762168	501 (C ) (3)	20,750.	0.			YOUTH EMPOWERMENT PROGRAM, I-MATTER PROGRAM
SAVANNA FOOD PANTRY PO BOX 181 SAVANNA, IL 61074	36-3309779	501 (C ) (3)	12,000.	0.			GENERAL SUPPORT
SCHOOL HEALTH LINK, INC. 2508 25TH ST STE A ROCK ISLAND, IL 61201	36-4109801	501 (C ) (3)	15,000.	0.			GENERAL SUPPORT

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SCHMALING MEMORIAL PUBLIC LIBRARY 1306 10TH AVE FULTON, IL 61252	36-2806494	CITY OF FULTON	10,700.	0.			GENERAL SUPPORT, SUMMER READING PROGRAM
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DR. ORLANDO, FL 32810	31-1640316	501 (C ) (3)	57,162.	0.			GENERAL SUPPORT, FINAL GRANTS
SCOTT COMMUNITY COLLEGE FOUNDATION 500 BELMONT RD BETTENDORF, IA 52722	42-1255106	501 (C ) (3)	13,450.	0.			NURSING AND CULINARY ARTS SCHOLARSHIPS
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607-1460	36-2193608	501 (C ) (3)	6,962.	0.			GENERAL SUPPORT
SOCIETY OF AMERICAN MILITARY ENGINEERS - ROCK ISLAND POST - 1450 ROCK ISLAND DR - CLOCK TOWER ANNEX BLDG - ROCK ISLAND, IL 61201	36-6164995	501 (C ) (3)	12,800.	0.			GENERAL SUPPORT
SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND, IL 61201	45-0561173	501 (C ) (3)	55,000.	0.			GENERAL SUPPORT, SUCCESSION PLANNING
ST. AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	501 (C ) (3)	27,500.	0.			GENERAL SUPPORT, ST. VINCENT CENTER STADIUM
ST. ANNE CATHOLIC CHURCH - EAST MOLINE, IL - 555 18TH AVE - EAST MOLINE, IL 61244	36-2167862	501 (C ) (3)	12,000.	0.			GENERAL SUPPORT
ST. ANTHONY CATHOLIC CHURCH - DAVENPORT - 417 MAIN ST - DAVENPORT, IA 52801	42-0698840	501 (C ) (3)	50,179.	0.			CAPITAL REPAIRS & MAINTENANCE

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ST. CATHERINE UNIVERSITY OFFICE OF DEVELOPMENT, MAIL #F-12 MINNEAPOLIS, MN 55105-1789	41-0695509	501 (C ) (3)	6,500.	0.			GENERAL SUPPORT
ST. JOHN LUTHERAN CHURCH 402 LAKE AVENUE STORM LAKE, IA 50588	42-0948561	501 (C ) (3)	6,000.	0.			GENERAL SUPPORT
ST. JOHN VIANNEY CATHOLIC CHURCH 4097 18TH ST BETTENDORF, IA 52722	23-7287959	501 (C ) (3)	22,000.	0.			GENERAL SUPPORT
ST. JOHN'S LUTHERAN CHURCH, EAST MOLINE - 1450 30TH AVE - EAST MOLINE, IL 61244	36-6094581	501 (C ) (3)	8,700.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PL - MEMPHIS, TN 38105	62-0646012	501 (C ) (3)	11,150.	0.			GENERAL SUPPORT
ST. MALACHY'S CHURCH 595 E OGDEN AVE GENESEO, IL 61254	36-2200253	501 (C ) (3)	11,000.	0.			GENERAL SUPPORT
ST. MARK'S PRESCHOOL 2363 W 3RD ST DAVENPORT, IA 52803	42-0698235	501 (C ) (3)	7,395.	0.			TO PURCHASE AR SAND TABLE
ST. MARY'S COLLEGE OF NOTRE DAME OFFICE OF DEVELOPMENT NOTRE DAME, IN 46556	53-0196617	501 (C ) (3)	14,750.	0.			SCHOLARSHIPS
ST. PAUL LUTHERAN CHURCH - DAVENPORT, IA - 2136 N BRADY ST - DAVENPORT, IA 52803	42-0752625	501 (C ) (3)	11,500.	0.			GENERAL SUPPORT

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STEAM ON WHEELS 2967 STATE ST BETTENDORF, IA 52722	83-2758163	501 (C ) (3)	10,500.	0.			GENERAL SUPPORT
STERLING ROCK FALLS COMMUNITY TRUST - C/O MIDLAND STATES BANK - STERLING, IL 61081	36-6217952	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
STERLING ROCK FALLS FAMILY YMCA 2505 YMCA WAY STERLING, IL 61081	36-2225496	501 (C ) (3)	13,200.	0.			GENERAL SUPPORT
STOCKPORT HERITAGE SOCIETY 110 MILL STREET STOCKPORT, IA 52651	42-1203451	501 (C ) (3)	7,000.	0.			PEAVINE LINE DEPOT MUSEUM RESTORATION PROJECT
TAPESTRY FARMS PO BOX 2332 DAVENPORT, IA 52803	82-1925820	501 (C ) (3)	30,000.	0.			GENERAL SUPPORT, STRATEGIC AND FUNDRAISING PLANNING
TESTIMONIES OF HOPE PO BOX 3812 DAVENPORT, IA 52808	47-2446305	501 (C ) (3)	32,143.	0.			GENERAL SUPPORT, CRITICAL EQUIPMENT
THE CONSERVANCY OF SOUTHWEST FLORIDA - 1450 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501 (C ) (3)	5,062.	0.			GENERAL SUPPORT
TOGETHER MAKING A BETTER COMMUNITY (TMBC) - 318 E 7TH ST - DAVENPORT, IA 52803	81-2252531	501 (C ) (3)	19,000.	0.			TMBC CONNECTS
TRINITY EPISCOPAL CATHEDRAL 121 W 12TH ST DAVENPORT, IA 52803	42-0718465	501 (C ) (3)	6,400.	0.			GENERAL SUPPORT

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TRINITY HEALTH FOUNDATION 2560 24TH ST STE 206 ROCK ISLAND, IL 61201	36-3321751	501 (C ) (3)	8,950.	0.			GENERAL SUPPORT
TWO RIVERS UNITED METHODIST CHURCH 1820 5TH AVE ROCK ISLAND, IL 61201	36-2170858	501 (C ) (3)	14,000.	0.			GENERAL SUPPORT
TWO RIVERS YMCA 2040 53RD ST MOLINE, IL 61265-3698	36-2169199	501 (C ) (3)	141,120.	0.			GENERAL SUPPORT, SUMMER ENRICHMENT INITIATIVE AT EAST MOLINE SITE
UNITARIAN UNIVERSALIST CONGREGATION OF THE QUAD CITIES - 3707 EASTERN AVE - DAVENPORT, IA 52807	42-6062306	501 (C ) (3)	8,800.	0.			GENERAL SUPPORT
UNITED EDUCATION FOUNDATION C/O UNITED TOWNSHIP HIGH SCHOOL EAST MOLINE, IL 61244	36-3868297	501 (C ) (3)	17,700.	0.			METALWORKING LAB UPGRADE PROJECT
UNITED WAY OF WHITESIDE COUNTY PO BOX 806 STERLING, IL 61081	36-6009102	501 (C ) (3)	22,296.	0.			GENERAL SUPPORT
UNITED WAY QUAD CITIES 852 MIDDLE RD STE 401 BETTENDORF, IA 52722	36-2725960	501 (C ) (3)	197,678.	0.			GENERAL SUPPORT, WOMEN'S UNITED, BOOKS BEFORE KINDERGARTEN, KEEP THE LIGHTS ON PROGRAM
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN ST URBANA, IL 61801	37-6006007	501 (C ) (3)	5,238.	0.			SCHOLARSHIPS, COLLEGE OF LIBERAL ARTS & SCIENCES
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	501 (C ) (3)	82,137.	0.			GENERAL SUPPORT, SCHOLARSHIPS, PEDIATRIC OPHTHALMOLOGY FUND FOR V/R PROJECT

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UNIVERSITY OF MICHIGAN - LEGAL 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501 (C ) (3)	6,961.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 204 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	501 (C ) (3)	51,121.	0.			SCHOLARSHIPS
UNIVERSITY OF NOTRE DAME - DEVELOPMENT OFFICE - DEVELOPMENT OFFICE - NOTRE DAME, IN 46556-5612	35-0868188	501 (C ) (3)	29,500.	0.			SORIN SOCIETY
VAN BUREN COUNTY 404 DODGE ST KEOSAUQUA, IA 52565	42-6004834	CITY OF KEOSAUQUA	7,500.	0.			VAN BUREN COUNTY PUBLIC HEALTH SERVER PROJECT
VAN BUREN COUNTY AGRICULTURAL ASSOCIATION - BOX 174 - KEOSAUQUA, IA 52565	42-1337369	501 (C ) (3)	10,000.	0.			COMMUNITY AGRICULTURAL AND EDUCATIONAL YOUTH BUILDING
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA, IA 52565	42-6037829	501 (C ) (3)	12,408.	0.			VAN BUREN COUNTY HOSPITAL CHILD CARE CENTER (VBCH CCC) EARLY LEARNING CENTER - CONTINUATION
VAN BUREN COUNTY TRAILS ASSOCIATION, INC. - PO BOX 397 - KEOSAUQUA, IA 52565	32-0063079	501 (C ) (3)	6,000.	0.			ENGINEERING DESIGN FOR THE LOWER DES MOINES WATER TRAIL IMPROVEMENTS, KEOSAUQUA, IOWA
VERA FRENCH FOUNDATION 1441 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-1256448	501 (C ) (3)	38,092.	0.			GENERAL SUPPORT
VERA FRENCH HOUSING CORPORATION 211 E 37TH ST DAVENPORT, IA 52806	42-1427313	501 (C ) (3)	5,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGES FOLK SCHOOL PO BOX 532 KEOSAUQUA, IA 52565	26-4249445	501 (C ) (3)	7,300.	0.			FACE TO FACE: REOPENING A RURAL ART-BASED SCHOOL IN THE WAKE OF COVID-19
VILLAGES OF VAN BUREN, INC. PO BOX 9 KEOSAUQUA, IA 52565	42-0988485	501 (C ) (4)	6,500.	0.			2021 VISITORS GUIDE
WASHINGTON COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 311 - WASHINGTON, IA 52353	42-1423094	501 (C ) (3)	10,000.	0.			SCHOLARSHIPS
WESTERN MICHIGAN UNIVERSITY FOUNDATION - 1903 W MICHIGAN AVE - KALAMAZOO, MI 49008	38-2138856	501 (C ) (3)	25,000.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 2821 N BELL SCHOOL RD ROCKFORD, IL 61107	36-2264403	501 (C ) (3)	7,500.	0.			GENERAL SUPPORT
WETHERSFIELD ACADEMIC FOUNDATION 439 WILLARD ST KEWANEE, IL 61443	26-2801522	501 (C ) (3)	12,880.	0.			SCHOLARSHIPS
WGTV - QUAD CITIES COMMUNITY BROADCASTING GROUP INC - 1800 3RD AVE STE 420 - ROCK ISLAND, IL 61201	32-0066891	501 (C ) (3)	60,000.	0.			TECHNOLOGY/SOFTWARE ADVANCEMENTS, ACCESS TO OPPORTUNITY PROGRAM
WOMEN'S CHOICE CENTER (LIFE & FAMILY EDUCATIONAL TRUST) - 2740 HAPPY JOE DR STE 2 - BETTENDORF, IA 52722	37-6358005	501 (C ) (3)	12,850.	0.			GENERAL SUPPORT
WORLD RELIEF QUAD CITIES 1852 16TH ST MOLINE, IL 61265	23-6393344	501 (C ) (3)	39,046.	0.			GENERAL SUPPORT, BILINGUAL STAFF SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WVIK QUAD CITIES NPR 639 38TH ST ROCK ISLAND, IL 61201	36-2166962	501 (C ) (3)	39,039.	0.			WVIK NEWS BROADCAST FELLOWSHIP, HEIGHTS OF THE ERA EVENT
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 E 4TH ST - DAVENPORT, IA 52801	42-0703278	501 (C ) (3)	137,040.	0.			GENERAL SUPPORT, CAMP ABE LINCOLN
YOUTH SERVICE BUREAU OF RI COUNTY 2610 41 ST MOLINE, IL 61265	36-2866503	501 (C ) (3)	23,370.	0.			CRITICAL EQUIPMENT/TECHNOLOGY UPGRADES, FAMILY THERAPY PROGRAM

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	190	526,816.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

FOR COMMITTEE AWARDED GRANTS, GRANTEEES ARE REQUIRED TO SUBMIT A FINAL REPORT DETAILING HOW THE FUNDS WERE SPENT IN THE COMMUNITY. DONOR ADVISED GRANTS ARE MONITORED INDIRECTLY BY STAFF INVOLVEMENT IN THE COMMUNITY.

FOR COMMITTEE AWARDED SCHOLARSHIPS, STUDENTS MUST CONFIRM ENROLLMENT AND PROVIDE REQUIRED INFORMATION BEFORE THE AWARD IS DISTRIBUTED DIRECTLY TO THE UNIVERSITY OR COLLEGE. IN THE CASE OF RENEWAL SCHOLARSHIPS, RECIPIENTS MUST CONFIRM THAT THEY MEET THE RENEWAL CRITERA BEFORE THAT YEAR'S AWARD IS



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERRY RISTAU FORMER PRESIDENT & CEO	(i)	129,118.	0.	679.	19,738.	4,718.	154,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

DISCRETIONARY BONUSES ARE NOT A STANDARD COMPONENT OF THE COMPENSATION PLAN AT THE QUAD CITIES COMMUNITY FOUNDATION. DISCRETIONARY BONUSES ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE OF THE BOARD BASED ON SPECIFIC CIRCUMSTANCES, INDIVIDUAL OR COLLECTIVE PERFORMANCE, AND BUDGET SURPLUS FOR A GIVEN FISCAL YEAR. THE EXECUTIVE COMMITTEE RECOMMENDS SUCH BONUSES TO THE FULL BOARD WHO HAS THE FINAL AUTHORITY TO APPROVE OR DENY AS PROPOSED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	9,569,117.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE QUAD CITIES COMMUNITY FOUNDATION USES VARIOUS BANKS AND BROKERS TO LIQUIDATE MARKETABLE SECURITIES.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ROLLING 20 QUARTER AVERAGE BALANCE IS DISTRIBUTED TO NONPROFIT  
ORGANIZATIONS IN OUR REGION WITH A GOAL OF "TRANSFORMING OUR REGION  
THROUGH THE GENEROSITY OF OUR DONORS."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CAREER DEVELOPMENT, DIVERSITY, EQUITY AND INCLUSION, COMMUNITY  
COLLABORATION AND ECONOMIC DEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990, EXCLUDING SCHEDULE B, IS REVIEWED AND APPROVED BY THE  
ORGANIZATION'S AUDIT COMMITTEE. AFTER THE COMMITTEE'S APPROVAL, THE FORM  
990, EXCLUDING SCHEDULE B, IS PRESENTED TO THE BOARD OF DIRECTORS FOR  
REVIEW. FOUNDATION BOARD MEMBERS ARE ASKED TO REVIEW THE ENTIRE FORM AND TO  
NOTIFY THE PRESIDENT/CEO VIA EMAIL OF ANY QUESTIONS OR CONCERNS WITHIN ONE  
WEEK, AFTER WHICH TIME THE 990 IS FILED. IN BOTH PRESENTATIONS, KEY  
ELEMENTS ARE HIGHLIGHTED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD AND COMMITTEE MEMBERS SIGN A CONFLICT OF INTEREST FORM EACH YEAR  
WHERE THEY ARE ASKED TO LIST THE ORGANIZATIONS WHERE THERE IS A CONFLICT.  
AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY  
DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE COMMUNITY  
FOUNDATION BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT  
OF INTEREST IS DISCUSSED AND VOTED UPON. THE BOARD SHALL DETERMINE WHETHER  
A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING

Name of the organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE COMMUNITY FOUNDATION. THE DECISION OF THE COMMUNITY FOUNDATION BOARD ON THESE MATTERS WILL REST IN THE BOARD'S SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF THE COMMUNITY FOUNDATION AND THE ADVANCEMENT OF ITS PURPOSE AND WILL BE DOCUMENTED IN THE MINUTES.

A LIST IS THEN KEPT OF THE NECESSARY ABSTENTIONS FOR EACH VOTE. THOSE ABSTENTIONS ARE LISTED IN THE APPROPRIATE MINUTES. BECAUSE WE LIVE IN A SMALLER COMMUNITY, STAFF IS ALWAYS MINDFUL OF THE BUSINESS RELATIONSHIPS OUR BOARD AND COMMITTEE MEMBERS HAVE AND HOW THOSE RELATIONSHIPS COULD BE PERCEIVED AS A CONFLICT FOR THE QUAD CITIES COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE, A SUBCOMMITTEE OF THE QUAD CITIES COMMUNITY FOUNDATION, REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO. THE EXECUTIVE COMMITTEE IS PROVIDED WITH COMPARATIVE SALARY INFORMATION FROM THE COUNCIL ON FOUNDATIONS SALARY SURVEY. THE SURVEY IS LOOKED AT AS A WHOLE AS WELL AS REGIONALLY. LOCAL NONPROFITS OF LIKE SIZE AND SCOPE ARE ALSO REVIEWED. RESULTS AND SUMMARY ARE SHARED WITH THE EXECUTIVE COMMITTEE AND THE PRESIDENT/CEO PRIOR TO THE EXECUTIVE COMMITTEE MEETING. THE MEETING CONCLUDES WITH AN EXECUTIVE SESSION TO DISCUSS THE ANNUAL PERFORMANCE REVIEW AND DETERMINE COMPENSATION. THE BOARD CHAIR DOCUMENTS THE PROCESS AND COMMUNICATES THE COMPENSATION DECISION DIRECTLY TO THE VICE PRESIDENT OF FINANCE AND THE OPERATIONS MANAGER VIA EMAIL. THIS EMAIL IS MAINTAINED IN A SECURE PAYROLL FOLDER.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6122716</b>
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GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S CURRENT AUDIT AND 990 AS WELL AS THE TWO PRIOR YEARS OF EACH ARE AVAILABLE ON ITS WEBSITE. THEY ARE ALSO AVAILABLE IN HARD COPY UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	922,590.
--	----------

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.

MISCELLANEOUS INFORMATION:

THE QUAD CITIES COMMUNITY FOUNDATION IS AN ACCREDITED COMMUNITY FOUNDATION BY THE NATIONAL STANDARDS FOR U.S. COMMUNITY FOUNDATIONS. ACCREDITED COMMUNITY FOUNDATIONS HAVE MET THE HIGHEST STANDARDS OF OPERATIONAL EFFECTIVENESS TO FOSTER EXCELLENCE IN COMMUNITY PHILANTHROPY. THEY DO SO BY DEMONSTRATING EXCELLENCE IN STEWARDING THE DOLLARS GIVEN TO THEM FOR CHARITABLE PURPOSES, LEGAL AND ETHICAL ACCOUNTABILITY, COMMUNITY IMPACT, AND DISTINCTION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REALTY HOLDINGS, INC OF THE QUAD CITIES COMMUNITY FOUNDATION - 42-1513946, 852 MIDDLE ROAD, SUITE 100, BETTENDORF, IA	FACILITATE REAL ESTATE GIFTS	IOWA	501(C)(3)	LINE 12A, I	QUAD CITIES COMMUNITY FOUNDATION	X	

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
REALTY HOLDINGS, INC. QUAD CITIES (1) COMMUNITY FOUNDATION	C	53,000.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

REALTY HOLDINGS, INC OF THE QUAD CITIES COMMUNITY  
FOUNDATION

EIN: 42-1513946

852 MIDDLE ROAD, SUITE 100

BETTENDORF, IA 52722







Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/16	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2010	1,052.	1,052.	1,052.							
B	2011	6,449.	6,449.	3,201.	3,248.						
C	2012	1,188.	1,188.		1,188.						
D	2013	6,829.	6,829.		6,829.						
E	2014	3,140.	3,140.		3,140.						
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>QUAD CITIES COMMUNITY FOUNDATION</b>	EIN or SSN <b>42-6122716</b>
Name and title of officer or person subject to tax <b>SUE HAFKEMEYER PRESIDENT &amp; CEO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>3,854.</u>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize RSM US LLP to enter my PIN 22716  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**42396853721**  
 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RSM US LLP Date ▶ 10/31/22

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN)  <b>42-6122716</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>852 MIDDLE ROAD, 100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BETTENDORF, IA 52722</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MICHELLE PAYNE**

- The books are in the care of ▶ **852 MIDDLE ROAD, 100 - BETTENDORF, IA 52722**

Telephone No. ▶ **563-326-2840** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	35,000.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	5,000.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	30,000.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

2021

For calendar year 2021 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

A Check box if address changed.

Name of organization ( Check box if name changed and see instructions.)

D Employer identification number

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529A

QUAD CITIES COMMUNITY FOUNDATION

42-6122716

852 MIDDLE ROAD, 100

E Group exemption number (see instructions)

BETTENDORF, IA 52722

F Check box if an amended return.

C Book value of all assets at end of year 196,602,831.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

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

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

Part I Total Unrelated Business Taxable Income

Table with 11 rows and 2 columns: Line number, Description, Amount. Total unrelated business taxable income: 18,351.

Part II Tax Computation

Table with 7 rows and 2 columns: Line number, Description, Amount. Total tax computation: 3,854.

LHA For Paperwork Reduction Act Notice, see instructions.



<b>Part III Tax and Payments</b>				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
b Other credits (see instructions) .....	<b>1b</b>			
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>			
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>			3,854.
3 Other amounts due. 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) .....	<b>3</b>			
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>			3,854.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>			0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		5,000.	
c Tax deposited with Form 8868 .....	<b>6c</b>		30,000.	
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
e Backup withholding (see instructions) .....	<b>6e</b>			
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>			
<input type="checkbox"/> Form 4136 .....				
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>			35,000.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>			17.
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>			
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>			31,129.
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....	<b>11</b>			31,129.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 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
			X
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
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
541200	\$ 1,933.		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.			
		Date	PRESIDENT & CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JENIFER L. CHASE	JENIFER L. CHASE	10/31/22	PTIN P01306883
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325		
	Firm's address ▶ 4650 EAST 53RD STREET DAVENPORT, IA 52807-3479	Phone no. 563-888-4000		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

**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](http://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).

1  
OMB No. 1545-0047

**2021**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>79,154.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>79,154.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>79,154.</b>		<b>79,154.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>79,154.</b>		<b>79,154.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>		<b>5,192.</b>	
<b>2</b> Salaries and wages .....	<b>2</b>		<b>51,594.</b>	
<b>3</b> Repairs and maintenance .....	<b>3</b>			
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>	<b>2,710.</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>		<b>2,710.</b>	
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>		<b>1,399.</b>	
<b>11</b> Employee benefit programs .....	<b>11</b>		<b>5,656.</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 1</b> .....	<b>14</b>		<b>44,531.</b>	
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>		<b>111,082.</b>	
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>		<b>-31,928.</b>	
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>		<b>0.</b>	
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>		<b>-31,928.</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> 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? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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) <span style="float: right;">▶</span>	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>	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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span>	0.			
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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 1

DESCRIPTION	AMOUNT
INSURANCE	1,285.
DUES	1,899.
POSTAGE	374.
SUPPLIES	684.
TELEPHONE	821.
OCCUPANCY	10,986.
TRAVEL	84.
CONFERENCES, CONVENTIONS, & MEETINGS	2,725.
EQUIPMENT RENTAL & MAINTENANCE	939.
CONTRACT HELP	6,060.
COMPUTER SOFTWARE SUPPORT	6,214.
WEBSITE	466.
CONSULTING	11,994.
<b>TOTAL TO SCHEDULE A, PART II, LINE 14</b>	<b>44,531.</b>

FORM 990-T SCHEDULE A DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY STATEMENT 2

ADMINISTRATIVE SERVICES FOR A PRIVATE FOUNDATION

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	1,933.	0.	1,933.	1,933.
NOL CARRYOVER AVAILABLE THIS YEAR			1,933.	1,933.

**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](http://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).

**2021**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4a</b>	8,687.		8,687.
<b>c</b> Capital loss deduction for trusts	<b>4b</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b>	<b>4c</b>			
<b>6</b> Rent income (Part IV)	<b>5</b>	60,915.		60,915.
<b>7</b> Unrelated debt-financed income (Part V)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>7</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>9</b>			
<b>11</b> Advertising income (Part IX)	<b>10</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>11</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>12</b>	69,602.		69,602.
	<b>13</b>			

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				1,126.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b>				49,125.
<b>15 Total deductions.</b> Add lines 1 through 14				50,251.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				19,351.
<b>17</b> Deduction for net operating loss. See instructions				0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				19,351.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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 <b>Total deductions.</b> 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			



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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - ORDINARY BUSINESS INCOME (LOSS)		7,960.
FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - OTHER NET RENTAL INCOME (LOSS)		210.
FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP - ROYALTIES		203.
RCP SECONDARY OPPORTUNITY FUND - ORDINARY BUSINESS INCOME (LOSS)		52,542.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		60,915.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
PRIVATE EQUITY INVESTMENT EXPENSES		49,125.
TOTAL TO SCHEDULE A, PART II, LINE 14		49,125.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name  <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Employer identification number  <b>42-6122716</b>
---	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> 8,687.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> 8,687.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>		
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>		8,687.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>		8,687.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
Sequence No. **27**

Name(s) shown on return <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Identifying number <b>42-6122716</b>
--	---

1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....	<b>1b</b>
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>FALCON PRIVATE CREDIT OPPORTUNITIES VI,</b>						<b>8,687.</b>

3 Gain, if any, from Form 4684, line 39 .....	<b>3</b>
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>
6 Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>

**8,687.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>

**8,687.**

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							

11 Loss, if any, from line 7 .....	<b>11</b> ( )
12 Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>
13 Gain, if any, from line 31 .....	<b>13</b>
14 Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>
17 Combine lines 10 through 16 .....	<b>17</b>

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the <b>smaller</b> of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6122716</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> 8,687.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> 8,687.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	8,687.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	8,687.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

**2021**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6122716</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>3,854.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>3,854.</b>
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>4,961.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>3,854.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>04/15/21</b>	<b>06/15/21</b>	<b>09/15/21</b>	<b>12/15/21</b>
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	<b>964.</b>	<b>963.</b>	<b>964.</b>	<b>963.</b>
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>			<b>3,800.</b>	<b>1,200.</b>
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				<b>909.</b>
13 Add lines 11 and 12 .....	<b>13</b>			<b>3,800.</b>	<b>2,109.</b>
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>964.</b>	<b>1,927.</b>	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0.</b>	<b>0.</b>	<b>1,873.</b>	<b>2,109.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>964.</b>	<b>0.</b>	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>964.</b>	<b>963.</b>		
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>			<b>909.</b>	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>17.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**QUAD CITIES COMMUNITY FOUNDATION**

**ADMINISTRATIVE SERVICES  
FOR A PRIVATE FOUNDATION 42-6122716**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	2,710.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,710.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2021 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2021 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**QUAD CITIES COMMUNITY FOUNDATION**

**42-6122716**

<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>FALCON PRIVATE CREDIT OPPORTUNITIES VI,</b>						<b>8,687.</b>

<b>3</b> Gain, if any, from Form 4684, line 39 .....	<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>

**8,687.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>

**8,687.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b> Loss, if any, from line 7 .....	<b>11</b>
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>

**11** ( )

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the <b>smaller</b> of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

**FOR THE YEAR ENDING**  
DECEMBER 31, 2021

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**PREPARED FOR:**

QUAD CITIES COMMUNITY FOUNDATION  
852 MIDDLE ROAD 100  
BETTENDORF, IA 52722

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**PREPARED BY:**

RSM US LLP  
4650 EAST 53RD STREET  
DAVENPORT, IA 52807-3479

---

**AMOUNT OF TAX:**

NO PAYMENT IS REQUIRED.

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUST BUREAU  
100 WEST RANDOLPH ST., 11TH FLOOR  
CHICAGO, IL 60601-3175

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**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL BY NOVEMBER 15, 2022.

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**SPECIAL INSTRUCTIONS:**

NO PAYMENT IS REQUIRED.

THE RETURN SHOULD BE SIGNED AND DATED BY TWO AUTHORIZED INDIVIDUALS.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN, WE SUGGEST 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.

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General KWAME RAOUL State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-037887**

**Report for the Fiscal Period:**

**Beginning** 01/01/2021

**& Ending** 12/31/2021  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee

Federal ID # 42-6122716

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 11/01/1964  
MO DAY YR

LEGAL NAME <b>QUAD CITIES COMMUNITY FOUNDATION</b>	Year-end amounts	
MAIL ADDRESS <b>852 MIDDLE ROAD, 100</b>	A) ASSETS	A) \$ <b>196,603,796.</b>
CITY, STATE <b>BETTENDORF, IA</b>	B) LIABILITIES	B) \$ <b>2,108,472.</b>
ZIP CODE <b>52722</b>	C) NET ASSETS	C) \$ <b>194,495,324.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>68.847 %</b>	D) \$ <b>19,089,310.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<b>0.624 %</b>	E) \$ <b>173,147.</b>
F) OTHER REVENUES	<b>30.529 %</b>	F) \$ <b>8,464,710.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	<b>100 %</b>	G) \$ <b>27,727,167.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>2.664 %</b>	H) \$ <b>277,221.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	<b>%</b>	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>2.664 %</b>	J) \$ <b>277,221.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>77.632 %</b>	K) \$ <b>8,079,400.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>80.296 %</b>	L) \$ <b>8,356,621.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>15.949 %</b>	M) \$ <b>1,659,828.</b>
N) FUNDRAISING EXPENSE	<b>3.756 %</b>	N) \$ <b>390,874.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	<b>100 %</b>	O) \$ <b>10,407,323.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	<b>100 %</b>	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	<b>%</b>	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	<b>%</b>	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>SHERRY RISTAU, PRESIDENT &amp; CEO</b>		T) \$ <b>154,253.</b>
U) NAME, TITLE: <b>ANNE CALDER, VICE PRESIDENT OF DEVELOPMENT</b>		U) \$ <b>124,242.</b>
V) NAME, TITLE: <b>MICHELLE PAYNE, VP OF FINANCE</b>		V) \$ <b>122,756.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <b>GRANTS TO OTHER CHARITABLE ORGANIZATIONS</b>		W) # <b>150</b>
X) DESCRIPTION: <b>SCHOLARSHIPS AND STUDENT LOANS</b>		X) # <b>200</b>
Y) DESCRIPTION:		Y) #



**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  _____  _____  _____		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>MICHELLE PAYNE - 563-326-2840</b>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**SUE HAFKEMEYER**

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**THOMAS THOMS**

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**JENIFER L. CHASE**

PREPARER (PRINT NAME)

SIGNATURE

DATE

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>QUAD CITIES COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>42-6122716</b>
	Doing business as		<b>E</b> Telephone number <b>563-326-2840</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>60,206,733.</b>
	<b>852 MIDDLE ROAD</b>	<b>100</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>BETTENDORF, IA 52722</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SUE HAFKEMEYER</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.QCCOMMUNITYFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>IA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>QUAD CITIES COMMUNITY FOUNDATION IS A COLLECTION OF ENDOWMENTS AND OTHER CHARITABLE FUNDS. 4.5% OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>168</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>79,154.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>18,351.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>9,935,371.</b>	<b>Current Year</b> <b>19,262,457.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,039,349.</b>	<b>8,335,764.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>124,236.</b>	<b>128,946.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,098,956.</b>	<b>27,727,167.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>14,451,389.</b>	<b>8,079,400.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,025,095.</b>	<b>1,122,794.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>390,874.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,093,452.</b>	<b>1,205,129.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,569,936.</b>	<b>10,407,323.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,470,980.</b>	<b>17,319,844.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>165,771,747.</b>	<b>End of Year</b> <b>196,603,796.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,574,073.</b>	<b>2,108,472.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>163,197,674.</b>	<b>194,495,324.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>SUE HAFKEMEYER, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JENIFER L. CHASE</b>	<b>JENIFER L. CHASE</b>	<b>10/31/22</b>	<input type="checkbox"/>	<b>P01306883</b>
Firm's name ▶ <b>RSM US LLP</b>			Firm's EIN ▶ <b>42-0714325</b>		
Firm's address ▶ <b>4650 EAST 53RD STREET</b> <b>DAVENPORT, IA 52807-3479</b>			Phone no. <b>563-888-4000</b>		

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 [X]

1 Briefly describe the organization's mission: TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,033,032. including grants of \$ 5,031,908. ) (Revenue \$ ) UNRESTRICTED AND DESIGNATED GRANTS - GRANTS ARE ALLOCATED THROUGH BOTH RESPONSIVE AND PROACTIVE METHODS. A COMMITTEE MADE UP OF BOTH BOARD AND COMMUNITY MEMBERS MEETS TWICE EACH YEAR TO REVIEW GRANT APPLICATIONS AND AWARD RESPONSIVE GRANTS. A BOARD COMMITTEE FOR STRATEGIC GRANTMAKING REVIEWS CURRENT COMMUNITY ISSUES TO IDENTIFY LARGER SCALE PROJECTS AND PARTNERSHIPS. STAFF PROVIDES COMMUNITY LEADERSHIP AND FACILITATES CONVENING OF NATURAL STAKEHOLDERS TO ADDRESS BOARD IDENTIFIED PRIORITIES. LARGER MULTI-YEAR GRANTS ARE CONSIDERED AND AWARDED BY THE BOARD APPOINTED COMMITTEE AND MONITORED FOR IMPACT. THE MAJOR ISSUES CURRENTLY BEING ADDRESSED ARE BASED ON OUR COMMUNITIES' REGIONAL VISION PLAN THAT INCLUDES ICONIC NATURAL ASSETS SUCH AS THE MISSISSIPPI RIVER, CULTURAL AMENITIES, WORKFORCE DEVELOPMENT, CRADLE -

4b (Code: ) (Expenses \$ 3,047,492. including grants of \$ 3,047,492. ) (Revenue \$ ) DONOR ADVISED GRANTS - THE QUAD CITIES COMMUNITY FOUNDATION OPERATES DONOR ADVISED FUNDS TO FULFILL ITS MISSION OF "TRANSFORMING OUR REGION THROUGH THE GENEROSITY OF OUR DONORS." DONORS ADVISE STAFF OF REQUESTED GRANTS, AND STAFF PERFORM DUE DILIGENCE ON SUCH REQUESTS. IF THE GRANT IS DEEMED APPROPRIATE BY STAFF IT IS AWARDED. THE BOARD OF DIRECTORS IS GIVEN A LIST AT EACH BOARD MEETING FOR APPROVAL. EXPENSES IN EXCESS OF GRANTS INCLUDE DISTRIBUTIONS TO NON-CHARITABLE ENTITIES FOR A CHARITABLE PURPOSE. FOR EXAMPLE, PAYING A RETAILER DIRECTLY FOR THE LUMBER TO BUILD PLAYGROUND EQUIPMENT RATHER THAN PAYING A NON-PROFIT ORGANIZATION TO GO PURCHASE THE LUMBER OR TO PROVIDE FUNDS TO A MEMBERSHIP SERVICE ORGANIZATION FOR A CHARITABLE PROJECT. QCCF ADHERES TO EXPENDITURE RESPONSIBILITY RULES WHEN NECESSARY.

4c (Code: ) (Expenses \$ 276,097. including grants of \$ ) (Revenue \$ ) ADMINISTRATIVE SUPPORT FOR GRANT AND SCHOLARSHIP PROGRAM - THIS SUPPORT CONSISTS OF PROCESSING ALL GRANT AND SCHOLARSHIP APPLICATIONS INCLUDING PERFORMING DUE DILIGENCE, SUPPORTING THE GRANTS COMMITTEE, PREPARING THE CHECKS AND ANY REQUIRED FOLLOW UP. THIS ALSO INCLUDES STAFF TIME FOR CONVENING KEY COMMUNITY STAKEHOLDERS FOR DISCUSSION ON LARGER, MORE STRATEGIC COMMUNITY ISSUES.

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

4e Total program service expenses 8,356,621.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	13
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 **▶**  
**MICHELLE PAYNE - 563-326-2840**  
**852 MIDDLE ROAD, 100, BETTENDORF, IA 52722**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERRY RISTAU FORMER PRESIDENT & CEO	39.00 1.00			X			129,797.	0.	24,456.	
(2) ANNE CALDER VP OF DEVELOPMENT	40.00				X		110,009.	0.	14,233.	
(3) MICHELLE PAYNE VP OF FINANCE	40.00				X		113,257.	0.	9,499.	
(4) KELLY THOMPSON VP OF GRANTMAKING & COMMUNITY INITIA	40.00				X		105,762.	0.	13,363.	
(5) DEB ANSELM BOARD MEMBER	5.00	X					0.	0.	0.	
(6) EDNA (DENISE) GARRETT BOARD MEMBER	5.00	X					0.	0.	0.	
(7) JANET MASAMOTO BOARD MEMBER	5.00	X					0.	0.	0.	
(8) RANDY MOORE BOARD CHAIR	5.00	X		X			0.	0.	0.	
(9) JEAN MORAN PAST BOARD CHAIR	10.00	X		X			0.	0.	0.	
(10) KENT PILCHER VICE BOARD CHAIR	5.00	X		X			0.	0.	0.	
(11) MARK SCHWIEBERT BOARD MEMBER	5.00	X					0.	0.	0.	
(12) JOHN STAVNES BOARD MEMBER	5.00 1.00	X					0.	0.	0.	
(13) CRISTY TACKET-HUNT SECRETARY	5.00	X		X			0.	0.	0.	
(14) THOMAS THOMS BOARD TREASURER	5.00	X		X			0.	0.	0.	
(15) SCOTT TINSMAN BOARD MEMBER	5.00 1.00	X					0.	0.	0.	
(16) JEFFREY TRAHAN BOARD MEMBER	5.00	X					0.	0.	0.	
(17) LADRINA WILSON BOARD MEMBER	5.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>	53,000.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	173,147.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	19,036,310.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,569,117.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		19,262,457.			
	Program Service Revenue	<b>2 a</b>		<b>Business Code</b>			
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f					
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		4,143,801.		4143801.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				36,671,529.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		32,479,566.			
	<b>7 c</b>	Gain or (loss)		4,191,963.			
	<b>d</b>	Net gain or (loss)		4,191,963.		4191963.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		<b>8 a</b>					
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9 a</b>					
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10 a</b>					
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	900001	128,946.	49,792.	79,154.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		128,946.			
<b>12</b>	<b>Total revenue.</b> See instructions		27,727,167.	49,792.	79,154.	8335764.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,552,584.	7,552,584.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	526,816.	526,816.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	129,797.		129,797.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	816,634.	201,486.	387,230.	227,918.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,965.	7,770.	19,494.	7,701.
<b>9</b> Other employee benefits .....	66,123.	13,000.	38,133.	14,990.
<b>10</b> Payroll taxes .....	75,275.	18,037.	41,302.	15,936.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	225,851.	9,609.	212,930.	3,312.
<b>b</b> Legal .....	21,737.		21,737.	
<b>c</b> Accounting .....	33,624.		33,624.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	422,228.		422,228.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	104,947.	848.		104,099.
<b>13</b> Office expenses .....	43,685.	6,330.	37,319.	36.
<b>14</b> Information technology .....	81,139.		81,139.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	143,481.		143,481.	
<b>17</b> Travel .....	2,803.	276.	1,363.	1,164.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	62,851.	19,865.	27,268.	15,718.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	32,921.		32,921.	
<b>23</b> Insurance .....	18,314.		18,314.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BANK SERVICE FEES</b>	6,273.		6,273.	
<b>b</b> <b>INCOME TAX EXPENSE</b>	5,275.		5,275.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,407,323.	8,356,621.	1,659,828.	390,874.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,729,451.	<b>1</b>	825,789.
	<b>2</b> Savings and temporary cash investments .....	5,407,917.	<b>2</b>	13,434,348.
	<b>3</b> Pledges and grants receivable, net .....	12,206.	<b>3</b>	1,996.
	<b>4</b> Accounts receivable, net .....	1,688.	<b>4</b>	2,703.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	74,203.	<b>7</b>	60,585.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	70,367.	<b>9</b>	62,845.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 469,495.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 404,089.		
	<b>11</b> Investments - publicly traded securities .....	155,148,487.	<b>11</b>	179,123,709.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,235,072.	<b>15</b>	3,026,415.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	165,771,747.	<b>16</b>	196,603,796.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	275,125.	<b>17</b>	64,869.
	<b>18</b> Grants payable .....	299,433.	<b>18</b>	295,051.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,999,515.	<b>25</b>	1,748,552.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,574,073.	<b>26</b>	2,108,472.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	157,469,475.	<b>27</b>	188,461,800.
	<b>28</b> Net assets with donor restrictions .....	5,728,199.	<b>28</b>	6,033,524.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	163,197,674.	<b>32</b>	194,495,324.
<b>33</b> Total liabilities and net assets/fund balances .....	165,771,747.	<b>33</b>	196,603,796.	

**Part XI Reconciliation 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	27,727,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,407,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,319,844.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163,197,674.
5	Net unrealized gains (losses) on investments	5	13,055,216.
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 on Schedule O)	9	922,590.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	194,495,324.

**Part XII Financial Statements and Reporting**

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

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15746085.	9415618.	17390922.	9935371.	19262457.	71750453.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15746085.	9415618.	17390922.	9935371.	19262457.	71750453.
<b>5</b> 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) .....						15488063.
<b>6 Public support.</b> Subtract line 5 from line 4.						56262390.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	15746085.	9415618.	17390922.	9935371.	19262457.	71750453.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3647617.	4511467.	4508904.	3286259.	4143801.	20098048.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	19,165.	17,312.	6,871.	23,622.	61,754.	128,724.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						91977225.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	61.17 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	60.91 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2021**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ESTATE OF EDITH UNTERKIRCHER	3,740,943.	1,901,398.
DENNIS AND LYNN QUINN	1,900,250.	60,705.
ROBERT AND BLEND A ONTIVEROS	4,778,511.	2,938,966.
ESTATE OF DR GILBERT SCHMIEDEL	2,800,000.	960,455.
DEERE & COMPANY	3,005,000.	1,165,455.
ESTATE OF HENRY TREFZ	2,363,165.	523,620.
QUAD CITY OSTEOPATHIC FOUNDATION	2,232,940.	393,395.
ESTATE OF CAROL E WILLARD	3,047,740.	1,208,195.
REGIONAL DEVELOPMENT AUTHORITY	3,100,000.	1,260,455.
HUNT AND DIANE HARRIS FAMILY FOUNDATION	6,914,964.	5,075,419.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		15,488,063.

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

2021

Open to Public Inspection

Name of the organization: QUAD CITIES COMMUNITY FOUNDATION; Employer identification number: 42-6122716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b) regarding art and historical treasures, including requirements for reporting revenue and assets.

**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 make 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 program
  - 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 on 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	140,512,575.	132,315,264.	108,493,344.	119,076,429.	100,655,699.
b Contributions	6,036,646.	5,906,111.	10,401,469.	5,635,394.	11,526,676.
c Net investment earnings, gains, and losses	19,592,631.	13,715,966.	25,142,078.	-8,008,179.	14,281,300.
d Grants or scholarships	5,132,411.	10,021,941.	10,359,260.	6,591,000.	6,223,538.
e Other expenditures for facilities and programs	17,038.	10,593.	3,059.	34,221.	6,574.
f Administrative expenses	1,756,656.	1,392,232.	1,359,308.	1,585,079.	1,157,134.
g End of year balance	159,235,747.	140,512,575.	132,315,264.	108,493,344.	119,076,429.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  99.3810 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .6190 %
- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		256,132.	204,797.	51,335.
d Equipment		213,363.	199,292.	14,071.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>65,406.</b>



**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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	
(2) DUE UNDER ANNUITY & TRUST	
(3) AGREEMENTS	1,633,005.
(4) DEFERRED COMPENSATION	115,547.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,748,552.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

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

**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.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO GRANT FUNDS TO NONPROFIT ORGANIZATIONS ACCORDING TO THE FOUNDATION'S SPENDING POLICY AND THE DONOR'S WISHES. SOME ENDOWMENT FUNDS ARE DESIGNATED TO SPECIFIC ORGANIZATIONS AND OTHERS ARE DONOR ADVISED.

**PART X, LINE 2:**

QUAD CITIES COMMUNITY FOUNDATION (THE FOUNDATION) AND REALTY HOLDINGS, INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION AND REALTY HOLDINGS, INC. MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION AND REALTY HOLDINGS, INC. FILE FORM

**Part XIII** Supplemental Information *(continued)*

990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS TAXABLE INCOME (UBTI) IS REPORTED ON THE 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBTI. AS OF DECEMBER 31, 2021 AND 2020, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY. FORMS 990 AND 990-T FILED BY THE FOUNDATION AND REALTY HOLDINGS, INC. ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE FISCAL YEARS ENDED DECEMBER 31, 2017 AND PRIOR.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A.T. STILL UNIVERSITY - DEVELOPMENT OFFICE - 800 W JEFFERSON ST - KIRKSVILLE, MO 63501	43-0356250	501 (C ) (3)	26,200.	0.			ANNUAL GRANT FOR SCHOLARSHIPS FOR OSTEOPATHIC MEDICAL STUDENTS
ABUNDANT LIFE RANCHERS PO BOX 2618 DAVENPORT, IA 52809	27-0951762	501 (C ) (3)	5,750.	0.			GENERAL SUPPORT
ALBANY PUBLIC LIBRARY DISTRICT 302 S MAIN ST ALBANY, IL 61230-0516	36-3283168	CITY OF ALBANY	8,500.	0.			GENERAL SUPPORT
ALLEMAN HIGH SCHOOL 1103 40TH ST ROCK ISLAND, IL 61201	61-1445942	501 (C ) (3)	27,865.	0.			GENERAL SUPPORT
ALTERNATIVES FOR THE OLDER ADULT 1803 7TH ST. MOLINE, IL 61265	42-1231219	501 (C ) (3)	33,400.	0.			STUDENT CHROMEBOOKS FOR THE FRESHMEN CLASS OF 2021-2022
AMERICAN RED CROSS OF THE QCA 1100 RIVER DR MOLINE, IL 61265	53-0196605	501 (C ) (3)	39,555.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **212.**

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

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSUMPTION FOUNDATION FOR K-12 SCHOOLS - 1020 W CENTRAL PARK AVE - DAVENPORT, IA 52804	23-7311256	501 (C ) (3)	7,850.	0.			TUITION ASSISTANCE, SCHOLARSHIPS
ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804	23-7311256	501 (C ) (3)	15,057.	0.			TO PROVIDE CATHOLIC EDUCATION IN EASTERN IOWA, IN HONOR OF SARAH K. MOON, CLASS OF 2012
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE MINNEAPOLIS, MN 55454-1351	41-0694721	501 (C ) (3)	15,000.	0.			TO SUPPORT THE SCHOLARSHIP TO THE STEP UP PROGRAM
AUGUSTANA COLLEGE - ADVANCEMENT OFFICE - 639 38TH ST - ROCK ISLAND, IL 61201	36-2166962	501 (C ) (3)	41,780.	0.			GENERAL SUPPORT, INTERNSHIP & SCHOLARSHIP SUPPORT
AZUBUIKE AFRICAN AMERICAN COUNCIL FOR THE ARTS - PO BOX 4051 - DAVENPORT, IA 52808	47-2113430	501 (C ) (3)	30,000.	0.			THE URBAN EXPOSURE INDEPENDENT FILM PROJECT AND FILM PRODUCTION INCUBATOR.
BALLET QUAD CITIES 613 17TH ST ROCK ISLAND, IL 61201	42-1366753	501 (C ) (3)	6,750.	0.			GENERAL SUPPORT
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET, MA1-225-04-02 - BOSTON, MA 02110	04-6010342	501 (C ) (3)	7,289.	0.			GRANT TO CHARITABLE GIVING FUND
BETHANY FOR CHILDREN & FAMILIES 1830 6TH AVE MOLINE, IL 61266-0697	36-2166973	501 (C ) (3)	151,500.	0.			ONGOING FINANCIAL NEEDS TO HELP YOUNG PEOPLE WHO ARE AGING OUT OF FOSTER CARE
BETTENDORF CHRISTIAN CHURCH 3487 TOWNE POINTE DR BETTENDORF, IA 52722	42-0924273	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTENDORF COMMUNITY SCHOOLS FOUNDATION - PO BOX 1150 - BETTENDORF, IA 52722	42-1251037	501 (C ) (3)	28,900.	0.			GENERAL SUPPORT
BETTENDORF ROTARY CLUB FOUNDATION PO BOX 133 BETTENDORF, IA 52722	37-1449334	501 (C ) (3)	7,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY - 3247 E 35TH ST CT - DAVENPORT, IA 52807	42-1320908	501 (C ) (3)	90,760.	0.			GENERAL SUPPORT, YOUTH MENTORING, MATCHFORCE/SALESFORCE INTEGRATION PROJECT
BLACK HAWK COLLEGE FOUNDATION 6600 34TH AVENUE MOLINE, IL 61265	36-3240562	501 (C ) (3)	5,500.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA - ILLOWA COUNCIL - 4412 N BRADY ST - DAVENPORT, IA 52806	36-2616917	501 (C ) (3)	7,500.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE MISSISSIPPI VALLEY - 338 6TH ST - MOLINE, IL 61265	36-3838421	501 (C ) (3)	50,900.	0.			GENERAL SUPPORT
CAFE ON VINE PO BOX 3375 DAVENPORT, IA 52808	43-2072739	501 (C ) (3)	16,200.	0.			GENERAL SUPPORT
CAMP HERTKO HOLLOW 4200 UNIVERSITY AVE STE 320 WEST DES MOINES, IA 50266	76-0717999	501 (C ) (3)	5,250.	0.			GENERAL SUPPORT
CAMP SHALOM, INC. 960 E 53RD ST STE 1B DAVENPORT, IA 52806	42-1458061	501 (C ) (3)	9,300.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANINE COMPANIONS FOR INDEPENDENCE 7480 NEW ALBANY-CONDIT ROAD NEW ALBANY, OH 43054	94-2494324	501 (C ) (3)	11,150.	0.			GENERAL SUPPORT
CATHOLIC FOUNDATION FOR THE DIOCESE OF DAVENPORT - 780 W CENTRAL PARK AVE - DAVENPORT, IA 52804	26-4267643	501 (C ) (3)	6,200.	0.			GENERAL SUPPORT
CENTER FOR ACTIVE SENIORS, INC. 1035 W KIMBERLY RD DAVENPORT, IA 52806	42-1011267	501 (C ) (3)	25,055.	0.			GENERAL SUPPORT
CENTER FOR ALCOHOL AND DRUG SERVICES, INC. - 4600 3RD ST - MOLINE, IL 61265	42-1134273	501 (C ) (3)	13,900.	0.			GENERAL SUPPORT
CENTRAL COMMUNITY SCHOOLS PO BOX 110 DEWITT, IA 52742	42-6040381	501 (C ) (3)	8,300.	0.			DEVELOPMENT OF EDUCATIONAL CURRICULUM, QUEST ROBOTS AND VIRTUAL LEARNING
CHILDREN'S THERAPY CENTER OF THE QUAD CITIES - 4450 48TH AVE CT - ROCK ISLAND, IL 61201	36-2207922	501 (C ) (3)	14,255.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH - DAVENPORT - 2330 W 41ST ST - DAVENPORT, IA 52806	42-0945608	501 (C ) (3)	21,100.	0.			GENERAL SUPPORT
CHRISTIAN CARE PO BOX 4176 ROCK LSLAND, IL 61204	36-3146523	501 (C ) (3)	25,670.	0.			GENERAL SUPPORT, TECHNOLOGY UPGRADES
CHRISTIAN FRIENDLINESS - YOUTHHOPE 3928 12TH AVE MOLINE, IL 61265-2103	36-2193602	501 (C ) (3)	32,674.	0.			STRATEGIC PLANNING AND TECHNOLOGY UPGRADES, CONTRUCTION PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST THE KING CATHOLIC CHURCH 3209 60TH ST MOLINE, IL 61265	36-2274386	501 (C ) (3)	6,000.	0.			GENERAL SUPPORT
CHURCHES UNITED OF THE QUAD CITY AREA - 2535 TECH DR STE 205 - BETTENDORF, IA 52722	36-2480784	501 (C ) (3)	8,317.	0.			ANNUAL GRANT FOR CHURCHES UNITED'S HUNGER MINISTRY
CITY OF FARMINGTON PO BOX 477 FARMINGTON, IA 52626	42-6004661	CITY OF FARMINGT	10,000.	0.			EXPANSION OF CAMPING AT INDIAN LAKE PARK
CITY OF FULTON 415 11TH AVE FULTON, IL 61252	36-6005887	CITY OF FULTON	12,200.	0.			ANNUAL GRANT TO SUPPORT THE MISSION OF THE MARTIN MUSEUM
CITY OF TIPTON 407 LYNN ST TIPTON, IA 52772	42-6005280	CITY OF TIPTON	9,000.	0.			4TH STREET PLAZA POCKET PARK
CLARENCE PARK BOARD PO BOX 55 CLARENCE, IA 52216	42-6004376	501 (C ) (3)	93,506.	0.			FOR COSTS ASSOCIATED WITH THE CONSTRUCTION OF THE BUNN PAVILION
CLOCK, INC 4102 46TH AVE ROCK ISLAND, IL 61201	83-2945356	501 (C ) (3)	12,400.	0.			GENERAL SUPPORT
COMFORT ZONE CAMP 6606 WEST BROAD STE 401 RICHMOND, VA 23230	54-1916517	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
CONGREGATION OF THE HUMILITY OF MARY (CHM) - 820 W CENTRAL PARK AVE - DAVENPORT, IA 52804-1900	42-0681059	501 (C ) (3)	32,400.	0.			GENERAL SUPPORT, MINISTRY FUND, RETIREMENT FUND

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON FOUNDATIONS - WASHINGTON, DC - 1255 23RD ST NW, STE 200 - WASHINGTON, DC 20037	13-6068327	501 (C ) (3)	9,000.	0.			PORTION OF 2021 DUES PAID AS GRANT
DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 52801	42-6004463	CITY OF DAVENPOR	11,490.	0.			GENERAL SUPPORT, SPECIAL COLLECTIONS
DAVENPORT SCHOOLS FOUNDATION 1702 N MAIN ST DAVENPORT, IA 52803	42-1304688	501 (C ) (3)	18,450.	0.			CAREER AND COLLEGE READINESS PROGRAMS, EXPERIENTIAL SCHOLARSHIP PROGRAM
DES MOINES UNIVERSITY 3200 GRAND AVENUE DES MOINES, IA 50312-4198	42-0730347	501 (C ) (3)	26,200.	0.			ANNUAL GRANT FOR SCHOLARSHIPS FOR OSTEOPATHIC MEDICAL STUDENTS
DIOCESE OF DAVENPORT 780 W CENTRAL PARK AVE DAVENPORT, IA 52804-1901	42-0680472	501 (C ) (3)	12,900.	0.			GENERAL SUPPORT
DOMESTIC VIOLENCE INTERVENTION PROGRAM - 1105 S. GILBERT CT STE. 300 - IOWA CITY, IA 52240	42-1124902	501 (C ) (3)	5,900.	0.			GENERAL SUPPORT
DOUDS HISTORIC PRESERVATION ASSOCIATION, INC. - 301 HENRY STREET - KEOSAUQUA, IA 52565	42-1479517	501 (C ) (3)	8,500.	0.			DOUDS-LEANDO SIDEWALK PROJECT
DRESS FOR SUCCESS QUAD CITIES 423 E 32ND ST DAVENPORT, IA 52803	45-1825338	501 (C ) (3)	27,300.	0.			GENERAL SUPPORT
EVERYCHILD 524 15TH ST MOLINE, IL 61265	36-2937848	501 (C ) (3)	46,550.	0.			GENERAL SUPPORT, NAME CHANGE STUDY, PREVENTION EDUCATION SPECIALIST SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY ENRICHMENT CENTER OF DAVENPORT - 6236 BRADY ST - DAVENPORT, IA 52806	30-0510008	501 (C ) (3)	8,000.	0.			AFTER SCHOOL TUTORING PROGRAM SUPPORT
FAMILY RESOURCES, INC. - DAVENPORT 2800 EASTERN AVE DAVENPORT, IA 52803	42-0698225	501 (C ) (3)	208,186.	0.			GENERAL SUPPORT, VICTIM OF CRIME ACT (VOCA) PROGRAM
FIGGE ART MUSEUM 225 W 2ND ST DAVENPORT, IA 52801	42-6090398	501 (C ) (3)	107,349.	0.			GENERAL SUPPORT, DIGITALIZATION AND MICROSITE OF COLLECTION
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 815 S CONCORD RD - OCONOMOWOC, WI 53066	39-0816883	501 (C ) (3)	11,300.	0.			GENERAL SUPPORT, HVAC REPAIR
FIRST PRESBYTERIAN CHURCH - DAVENPORT - 1702 IOWA ST - DAVENPORT, IA 52803	42-0707098	501 (C ) (3)	18,520.	0.			GENERAL SUPPORT
FIRST TEE OF THE QUAD CITIES 2430 RIVER DR MOLINE, IL 61265	42-1510940	501 (C ) (3)	15,000.	0.			FIRST TEE CLASSROOM AT HIGHLAND SPRINGS
FOOD BANK OF IOWA 2220 E 17TH ST DES MOINES, IA 50316	42-1177880	501 (C ) (3)	8,000.	0.			GENERAL SUPPORT
FREEDOM HOMES MINISTRIES OF THE QCA - 720 E LOCUST ST - DAVENPORT, IA 52803	43-2083544	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
FRIENDLY HOUSE 1221 MYRTLE ST DAVENPORT, IA 52804	42-0733466	501 (C ) (3)	10,850.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FRIENDS OF BETTENDORF PARKS FOUNDATION - 1609 STATE ST - BETTENDORF, IA 52722	23-7436443	501 (C ) (3)	5,250.	0.			GENERAL SUPPORT
FRIENDS OF BIRMINGHAM/CITY OF BIRMINGHAM - PO BOX 100 - BIRMINGHAM, IA 52535	42-0988733	CITY OF BIRMINGH	8,500.	0.			FRIENDS OF BIRMINGHAM LOG CABIN RESTORATION PROJECT PHASE II
FRIENDS OF THE DAVENPORT PUBLIC LIBRARY - 321 MAIN ST - DAVENPORT, IA 52801-1490	42-1204594	501 (C ) (3)	19,348.	0.			GENERAL SUPPORT
FRIENDS OF THE FULTON WINDMILL 20152 ACKER RD FULTON, IL 61252	36-4290403	501 (C ) (3)	8,750.	0.			GENERAL SUPPORT, 10TH AVENUE PARK
FRIENDS OF VANDER VEER 214 W CENTRAL PARK AVE DAVENPORT, IA 52803	42-1394989	501 (C ) (3)	5,788.	0.			GENERAL SUPPORT
FULLER CEMETERY 3258 MORNINGSIDE DR GALESBURG, IL 61401	37-6030334	501 (C ) (13)	7,125.	0.			GENERAL SUPPORT
FULTON TOWNSHIP PO BOX 162 FULTON, IL 61252	36-6006285	CITY OF FULTON	5,200.	0.			FULTON TOWNSHIP CEMETARY, CALVARY HILL CEMETARY, MEDICAL LOAN EQUIPMENT AND PARTS
GENESE0 EDUCATION FOUNDATION PO BOX 211 GENESE0, IL 61254	36-3748560	501 (C ) (3)	69,850.	0.			GENERAL SUPPORT
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501 (C ) (3)	701,886.	0.			GENERAL SUPPORT, OSTEOPATHIC RESIDENCY PROGRAM, CLARISSA C. COOK HOSPICE HOUSE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GENESIUS THEATRE FOUNDATION, INC. 1120 40TH ST ROCK ISLAND, IL 61201-3113	36-3852749	501 (C ) (3)	8,550.	0.			GENERAL SUPPORT
GERMAN AMERICAN HERITAGE CENTER 712 W 2ND ST DAVENPORT, IA 52802	42-1424418	501 (C ) (3)	10,800.	0.			GENERAL SUPPORT
GILDA'S CLUB QUAD CITIES 1351 WEST CENTRAL PARK AVE, STE 200 DAVENPORT, IA 52804	42-1446989	501 (C ) (3)	30,400.	0.			GENERAL SUPPORT
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS - 940 GOLDEN VALLEY DR - BETTENDORF, IA 52722	42-1008848	501 (C ) (3)	17,450.	0.			GENERAL SUPPORT, MODERNIZE ACCOUNTING SOFTWARE
GOOD SHEPHERD PRESBYTERIAN CHURCH 2324 18TH AVE ROCK ISLAND, IL 61201-3615	23-6393377	501 (C ) (3)	6,825.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY - COLLIER COUNTY - 11145 TAMiami TRAIL E - NAPLES, FL 34113	59-1834379	501 (C ) (3)	7,640.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1404937	501 (C ) (3)	74,565.	0.			GENERAL SUPPORT, DESK CONSTRUCTION & DISTRIBUTION
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE RD DAVENPORT, IA 52806	42-0947868	501 (C ) (3)	15,137.	0.			GENERAL SUPPORT
HAND IN HAND 3860 MIDDLE RD BETTENDORF, IA 52722	42-1508508	501 (C ) (3)	60,725.	0.			GENERAL SUPPORT, PRE K EXPANSION

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HAVLIFE FOUNDATION 230 E 2ND ST DAVENPORT, IA 52801	20-2614547	501 (C ) (3)	11,550.	0.			TO SUPPORT THE MISSION OF THE CLARISSA C. COOK HOSPICE HOUSE
HERITAGE WESLEYAN CHURCH 4801 44TH ST ROCK ISLAND, IL 61201	36-3309659	501 (C ) (3)	19,549.	0.			GENERAL SUPPORT
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501 (C ) (3)	8,000.	0.			GENERAL SUPPORT, STUDENT GRANT & LOAN FUND
HILLTOP CAMPUS VILLAGE CORP. 122 E 15TH ST DAVENPORT, IA 52803	27-0761714	501 (C ) (3)	9,700.	0.			EXTERNAL CASE STATEMENT AND FUNDING FEASIBILITY FOR A LEARNING AND PROBLEM-SOLVING CENTER
HOLY FAMILY PARISH 1111 AVE E FORT MADISON, IA 52627	90-0478240	501 (C ) (3)	58,185.	0.			ANNUAL GRANT TO SUPPORT SS. MARY AND JOSEPH CHURCH IN FORT MADISON
HOLY TRINITY CATHOLIC SCHOOLS EDUCATIONAL FOUNDATION - PO BOX 66 - WEST POINT, IA 52656	42-1330855	501 (C ) (3)	6,450.	0.			GENERAL SUPPORT
HOLY TRINITY CATHOLIC SCHOOLS, INC. - 413 AVE C - WEST POINT, IA 52656	20-3063265	501 (C ) (3)	71,900.	0.			GENERAL SUPPORT, SCHOLARSHIP FOR GRADUATING SENIORS
HOPE HAVEN AREA DEVELOPMENT CENTER CORPORATION - 828 N 7TH ST - BURLINGTON, IA 52601	42-1000580	501 (C ) (3)	293,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF HENRY COUNTY-KEWANEE - PO BOX 659 - KEWANEE, IL 61443	36-3055921	501 (C ) (3)	7,360.	0.			VETERINARY CARE OF ANIMALS

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HUMANE SOCIETY OF SCOTT COUNTY 2802 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0801836	501 (C ) (3)	15,782.	0.			GENERAL SUPPORT
HUMILITY HOMES AND SERVICES, INC. 519 FILLMORE ST DAVENPORT, IA 52802	01-0916973	501 (C ) (3)	108,325.	0.			GENERAL SUPPORT, COVID PANDEMIC RESPONSE
IOWA JOBS FOR AMERICA'S GRADUATES - IJAG - 1111 9TH ST - DES MOINES, IA 50314	42-1492988	501 (C ) (3)	15,000.	0.			PROGRAM SUPPORT
IOWA LEGAL AID 736 FEDERAL ST STE 1401 DAVENPORT, IA 52803	42-1079227	501 (C ) (3)	38,450.	0.			GENERAL SUPPORT, SCOTT COUNTY HOUSING STABILIZATION PROGRAM SUPPORT
IOWA NEWSPAPER ASSOCIATION 319 E 5TH ST 2ND FLOOR DES MOINES, IA 50309	42-1233011	501 (C ) (3)	14,277.	0.			GENERAL SUPPORT
IOWA OSTEOPATHIC MEDICAL ASSOCIATION - 6919 VISTA DR - WEST DES MOINES, IA 50266	42-0334865	501 (C ) (6)	26,200.	0.			TO SUPPORT THE SPRING CONTINUING MEDICAL EDUCATION CONFERENCE
IOWA PBS FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501 (C ) (3)	10,573.	0.			GENERAL SUPPORT
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010-8644	42-1143702	501 (C ) (3)	60,044.	0.			SCHOLARSHIPS
KAABA SHRINERS PO BOX 3627 DAVENPORT, IA 52808	51-0171597	501 (C ) (10)	66,080.	0.			GENERAL SUPPORT

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KEWANEE PUBLIC LIBRARY 102 SOUTH TREMONT STREET KEWANEE, IL 61443	36-6005948	CITY OF KEWANEE	12,880.	0.			GENERAL SUPPORT
KING'S HARVEST 5837 WISCONSIN AVENUE DAVENPORT, IA 52806	42-1519570	501 (C ) (3)	5,003.	0.			GENERAL SUPPORT, SPAY & NEUTER PROGRAM FOR CATS AND DOGS
LECLAIRE FIREFIGHTERS ASSOCIATION 201 N 15TH ST LECLAIRE, IA 52753	20-2440544	501 (C ) (3)	8,000.	0.			9/11 MEMORIAL
LOUD THUNDER FOREST PRESERVE 19406 LOUD THUNDER RD ILLINOIS CITY, IL 61259	46-3206576	CITY OF ILLINOIS	72,500.	0.			LOUD THUNDER FOREST PRESERVE CAPITAL IMPROVEMENTS, LAKE GEORGE WELL IMPROVEMENTS
LUTHERAN SOCIAL SERVICES OF ILLINOIS (LSSI) - STERLING - 1901 FIRST AVE - STERLING, IL 61081	36-2584799	501 (C ) (3)	5,500.	0.			GENERAL SUPPORT
MARRIAGE AND FAMILY COUNSELING SERVICE - 1800 3RD AVE STE 512 - ROCK ISLAND, IL 61201	36-2606683	501 (C ) (3)	6,800.	0.			GENERAL SUPPORT
MARTIN LUTHER KING JR. CENTER, INC. - 630 9TH STREET - ROCK ISLAND, IL 61201	36-3100490	501 (C ) (3)	90,000.	0.			GENERAL SUPPORT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C ) (3)	6,500.	0.			GENERAL SUPPORT
MERCADO ON FIFTH, INC. 3707 AVENUE OF THE CITIES MOLINE, IL 61265	81-5377245	501 (C ) (3)	50,000.	0.			GENERAL SUPPORT

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MERCY VINEYARD CHURCH PO BOX 1654 MOLINE, IL 61266	27-4544181	501 (C ) (3)	15,000.	0.			ROYAL CAMP KIDS
MIDWEST ANIMAL ASSISTED THERAPY AND EDUCATION ORGANIZATION - 1643 W. 64TH ST. - DAVENPORT, IA 52806	84-3564088	501 (C ) (3)	19,594.	0.			GENERAL SUPPORT, STAFF TRAINING
MOLINE PARK DEPARTMENT 3635 4TH AVE MOLINE, IL 61265	36-6005999	CITY OF MOLINE	10,000.	0.			PICKLE BALL COURT
MOLINE-COAL VALLEY SCHOOL DISTRICT NO. 40 - 1619 11TH AVENUE - MOLINE, IL 61265	36-6005356	501 (C ) (3)	12,369.	0.			MOLINE HIGH SCHOOL WRESTING & SHIPLEY TRACK
NAHANT MARSH EDUCATION CENTER 4220 S WAPELLO AVE DAVENPORT, IA 52802	38-3667579	501 (C ) (3)	21,900.	0.			GENERAL SUPPORT, LAND ACQUISITION
NAMI GREATER MISSISSIPPI VALLEY 1035 W KIMBERLY RD STE 4 DAVENPORT, IA 52806	42-1188963	501 (C ) (3)	38,300.	0.			BOARD TRAINING, TECHNOLOGY UPGRADES, FRONT DOOR OUTREACH PROGRAM
NARRATIVES 111 PERRY ST DAVENPORT, IA 52801	35-2668391	501 (C ) (3)	9,500.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - NATIONAL OFFICE - 2829 UNIVERSITY AVE. SE #900 - MINNEAPOLIS, MN 55415	13-5661935	501 (C ) (3)	10,000.	0.			WALK MS SCHOLARSHIP
NEST CAFE 830 43RD ST ROCK ISLAND, IL 61201	84-4424697	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT

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NEWMAN CENTRAL CATHOLIC HIGH SCHOOL - DEVELOPMENT OFFICE - STERLING, IL 61081	36-2385216	501 (C ) (3)	12,500.	0.			GENERAL SUPPORT, SCHOLARSHIPS
NIABI ZOO AND FOREST PRESERVES OF ROCK ISLAND COUNTY FOUNDATION - 12908 NIABI ZOO RD. - COAL VALLEY, IL 61240	85-0713063	501 (C ) (3)	27,600.	0.			WHITE RHINO PROJECT
NIABI ZOOLOGICAL SOCIETY PO BOX 317 ELDRIDGE, IA 52748-0317	36-3293641	501 (C ) (3)	11,500.	0.			GENERAL SUPPORT
NORTH CEDAR COMMUNITY SCHOOL DISTRICT - PO BOX 247 - STANWOOD, IA 52337	42-1430236	501 (C ) (3)	29,253.	0.			TEACHER GRANTS
NORTH SCOTT EDUCATIONAL FOUNDATION PO BOX 16 ELDRIDGE, IA 52748	42-1255950	501 (C ) (3)	7,500.	0.			SCHOLARSHIPS
ODELL PUBLIC LIBRARY 307 S MADISON ST MORRISON, IL 61270	75-3224835	CITY OF MORRISON	9,800.	0.			GENERAL SUPPORT
ONE EIGHTY 601 N MARQUETTE ST DAVENPORT, IA 52802	32-0100540	501 (C ) (3)	42,600.	0.			GENERAL SUPPORT, WOMEN'S STABILITY PROGRAM
ORION HIGH SCHOOL 1100 13TH AVE ORION, IL 61273	36-3465188	501 (C ) (3)	45,000.	0.			SCHOLARSHIPS
PALMER COLLEGE OF CHIROPRACTIC 1000 BRADY ST DAVENPORT, IA 52803	42-6081293	501 (C ) (3)	5,500.	0.			GENERAL SUPPORT, SCHOLARSHIPS, STUDENT HOUSING PROJECT

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PEACE CHURCH OF CHRIST UNITED, UCC - BENNETT, IA - 414 MAPLE ST - BENNETT, IA 52721	42-0815852	501 (C ) (3)	45,278.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND - 818 5TH AVE STE 200 - DES MOINES, IA 50309	42-0727488	501 (C ) (3)	9,000.	0.			GENERAL SUPPORT
PLAYCRAFTERS BARN THEATRE, INC. PO BOX 926 MOLINE, IL 61265	36-2598823	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
PLEASANT VALLEY SCHOOLS EDUCATIONAL FOUNDATION - 525 BELMONT RD - BETTENDORF, IA 52722	42-1368149	501 (C ) (3)	74,211.	0.			SCHOLARSHIPS
PROJECT NOW, CAA 418 19TH ST ROCK ISLAND, IL 61201	36-2654175	501 (C ) (3)	20,000.	0.			CONSULTING FOR A CAPITAL CAMPAIGN FEASIBILITY STUDY AND RELATED SERVICES, SENIOR CENTER
PROJECT RENEWAL INC. 906 W 5TH ST DAVENPORT, IA 52802	13-4292017	501 (C ) (3)	11,500.	0.			GENERAL SUPPORT
PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH ST DAVENPORT, IA 52804	42-0680474	501 (C ) (3)	51,350.	0.			GENERAL SUPPORT, PATHWAYS ACADEMY
QC CLOSET2CLOSET PO BOX 6838 ROCK ISLAND, IL 61204	47-3814442	501 (C ) (3)	15,000.	0.			GENERAL SUPPORT
QUAD CITIES ALLIANCE FOR IMMIGRANTS AND REFUGEES - 1411 BRADY ST - DAVENPORT, IA 52803	46-0538091	501 (C ) (3)	8,863.	0.			TECHNOLOGY AND SOFTWARE UPGRADE TO SUPPORT SERVICES EXPANSION

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QUAD CITIES CHAMBER FOUNDATION (IA) - 331 W 3RD ST - DAVENPORT, IA 52801	42-1292789	501 (C ) (3)	16,000.	0.			LEAD MEMBER DUES, CONTRIBUTION TO COMMUNITY LEADERSHIP EFFORTS
QUAD CITIES CULTURAL TRUST NORTHWEST OFFICENTER BETTENDORF, IA 52722	26-1114466	501 (C ) (3)	152,030.	0.			GENERAL SUPPORT
QUAD CITIES HOUSING COUNCIL 1212 W 3RD STE A DAVENPORT, IA 52802	42-1496268	501 (C ) (3)	150,000.	0.			IMPLEMENTATION OF THE QUAD CITIES AFFORDABLE HOUSING VISION
QUAD CITIES INTERFAITH 3420 JERSEY RIDGE RD DAVENPORT, IA 52807	36-3411095	501 (C ) (3)	20,000.	0.			GENERAL SUPPORT
QUAD CITIES OPEN NETWORK 1411 BRADY STREET DAVENPORT, IA 52803	84-3550907	501 (C ) (3)	106,122.	0.			GENERAL SUPPORT
QUAD CITIES REGIONAL VISION - Q2030 - 2550 MIDDLE RD. STE. 300 - BETTENDORF, IA 52722	86-1972292	501 (C ) (3)	186,175.	0.			REGIONAL LEADERSHIP GRANT FOR BACKBONE SUPPORT OF Q2030
QUAD CITIES YOUTH SPORTS FOUNDATION - 1540 W 12TH STREET - DAVENPORT, IA 52803	47-5185689	501 (C ) (3)	20,000.	0.			GENERAL SUPPORT
QUAD CITY ANIMAL WELFARE CENTER 724 W 2ND AVE MILAN, IL 61264	36-2952894	501 (C ) (3)	6,261.	0.			GENERAL SUPPORT
QUAD CITY BOTANICAL CENTER 2525 4TH AVE ROCK ISLAND, IL 61201	36-3496537	501 (C ) (3)	5,300.	0.			GENERAL SUPPORT, OUTSIDE GARDEN, QUILTS OF VALOR PRESENTATION

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QUAD CITY GOLF CLASSIC CHARITABLE FOUNDATION (DBA JOHN DEERE CLASSIC) - 15623 COALTOWN RD - EAST MOLINE, IL 61244	93-1332421	501 (C ) (3)	327,515.	0.			GENERAL SUPPORT
QUAD CITY MINORITY PARTNERSHIP 102 E KIMBERLY RD STE I PMB 137 DAVENPORT, IA 52806	26-0785883	501 (C ) (3)	10,000.	0.			QUAD CITY MINORITY PARTNERSHIP YOUTH LEADERSHIP CONFERENCE
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY ST DAVENPORT, IA 52801	42-6017663	501 (C ) (3)	40,623.	0.			GENERAL SUPPORT
RIVER ACTION INC. 822 E. RIVER DR. DAVENPORT, IA 52803	42-1267366	501 (C ) (3)	34,650.	0.			PHASE ONE OF BIKE PATH, PRIORITY CONSERVATION PROJECTS
RIVER BEND CUSD #2 1110 3RD ST FULTON, IL 61252	36-2661586	501 (C ) (3)	10,250.	0.			TECHNOLOGY TOOLS FOR THE CLASSROOM, EXPANSION OF STEM
RIVER BEND EDUCATIONAL FOUNDATION 1110 3RD ST FULTON, IL 61252	36-3428777	501 (C ) (3)	25,050.	0.			SCHOLARSHIPS
RIVER BEND FOOD BANK 4010 KIMMEL DR DAVENPORT, IA 52802	36-3147342	501 (C ) (3)	150,781.	0.			GENERAL SUPPORT, BACKPACK PROGRAM SUPPORT
RIVER MUSIC EXPERIENCE (RME) 129 N MAIN ST DAVENPORT, IA 52801	43-2005678	501 (C ) (3)	30,700.	0.			THE HEIGHTS OF THE ERA EVENT
RIVERMONT COLLEGIATE 1821 SUNSET DR BETTENDORF, IA 52722	42-0703279	501 (C ) (3)	11,200.	0.			RIVERMONT ROCKS

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ROBERT YOUNG CENTER 4600 3RD ST MOLINE, IL 61265	36-3678909	501 (C ) (3)	42,000.	0.			GENERAL SUPPORT
ROCK ISLAND-MILAN EDUCATION FOUNDATION - 2101 6TH AVE - ROCK ISLAND, IL 61201	36-3504459	501 (C ) (3)	29,000.	0.			DALE OWEN BE THE LIGHT MEMORIAL SCHOLARSHIP
RONALD MCDONALD HOUSE OF ROCHESTER, MINNESOTA, INC. - 850 2ND ST. SW - ROCHESTER, MN 55902	41-1344744	501 (C ) (3)	25,925.	0.			GENERAL SUPPORT
ROTARY CLUB OF EAST MOLINE/SILVIS 3801 7TH ST EAST MOLINE, IL 61244	36-3245072	501 (C ) (3)	25,000.	0.			GENERAL SUPPORT, POLIO PLUS
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1 ROTARY CENTER - EVANSTON, IL 60201	36-3245072	501 (C ) (3)	12,500.	0.			GENERAL SUPPORT
SACRED HEART CATHEDRAL 422 E 10TH ST DAVENPORT, IA 52803	42-6005490	501 (C ) (3)	36,100.	0.			GENERAL SUPPORT, BOILER SYSTEM
SAFER FOUNDATION - QUAD CITIES 1702 N MAIN ST DAVENPORT, IA 52803	36-2762168	501 (C ) (3)	20,750.	0.			YOUTH EMPOWERMENT PROGRAM, I-MATTER PROGRAM
SAVANNA FOOD PANTRY PO BOX 181 SAVANNA, IL 61074	36-3309779	501 (C ) (3)	12,000.	0.			GENERAL SUPPORT
SCHOOL HEALTH LINK, INC. 2508 25TH ST STE A ROCK ISLAND, IL 61201	36-4109801	501 (C ) (3)	15,000.	0.			GENERAL SUPPORT

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SCHMALING MEMORIAL PUBLIC LIBRARY 1306 10TH AVE FULTON, IL 61252	36-2806494	CITY OF FULTON	10,700.	0.			GENERAL SUPPORT, SUMMER READING PROGRAM
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DR. ORLANDO, FL 32810	31-1640316	501 (C ) (3)	57,162.	0.			GENERAL SUPPORT, FINAL GRANTS
SCOTT COMMUNITY COLLEGE FOUNDATION 500 BELMONT RD BETTENDORF, IA 52722	42-1255106	501 (C ) (3)	13,450.	0.			NURSING AND CULINARY ARTS SCHOLARSHIPS
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607-1460	36-2193608	501 (C ) (3)	6,962.	0.			GENERAL SUPPORT
SOCIETY OF AMERICAN MILITARY ENGINEERS - ROCK ISLAND POST - 1450 ROCK ISLAND DR - CLOCK TOWER ANNEX BLDG - ROCK ISLAND, IL 61201	36-6164995	501 (C ) (3)	12,800.	0.			GENERAL SUPPORT
SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND, IL 61201	45-0561173	501 (C ) (3)	55,000.	0.			GENERAL SUPPORT, SUCCESSION PLANNING
ST. AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	501 (C ) (3)	27,500.	0.			GENERAL SUPPORT, ST. VINCENT CENTER STADIUM
ST. ANNE CATHOLIC CHURCH - EAST MOLINE, IL - 555 18TH AVE - EAST MOLINE, IL 61244	36-2167862	501 (C ) (3)	12,000.	0.			GENERAL SUPPORT
ST. ANTHONY CATHOLIC CHURCH - DAVENPORT - 417 MAIN ST - DAVENPORT, IA 52801	42-0698840	501 (C ) (3)	50,179.	0.			CAPITAL REPAIRS & MAINTENANCE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CATHERINE UNIVERSITY OFFICE OF DEVELOPMENT, MAIL #F-12 MINNEAPOLIS, MN 55105-1789	41-0695509	501 (C ) (3)	6,500.	0.			GENERAL SUPPORT
ST. JOHN LUTHERAN CHURCH 402 LAKE AVENUE STORM LAKE, IA 50588	42-0948561	501 (C ) (3)	6,000.	0.			GENERAL SUPPORT
ST. JOHN VIANNEY CATHOLIC CHURCH 4097 18TH ST BETTENDORF, IA 52722	23-7287959	501 (C ) (3)	22,000.	0.			GENERAL SUPPORT
ST. JOHN'S LUTHERAN CHURCH, EAST MOLINE - 1450 30TH AVE - EAST MOLINE, IL 61244	36-6094581	501 (C ) (3)	8,700.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PL - MEMPHIS, TN 38105	62-0646012	501 (C ) (3)	11,150.	0.			GENERAL SUPPORT
ST. MALACHY'S CHURCH 595 E OGDEN AVE GENESEO, IL 61254	36-2200253	501 (C ) (3)	11,000.	0.			GENERAL SUPPORT
ST. MARK'S PRESCHOOL 2363 W 3RD ST DAVENPORT, IA 52803	42-0698235	501 (C ) (3)	7,395.	0.			TO PURCHASE AR SAND TABLE
ST. MARY'S COLLEGE OF NOTRE DAME OFFICE OF DEVELOPMENT NOTRE DAME, IN 46556	53-0196617	501 (C ) (3)	14,750.	0.			SCHOLARSHIPS
ST. PAUL LUTHERAN CHURCH - DAVENPORT, IA - 2136 N BRADY ST - DAVENPORT, IA 52803	42-0752625	501 (C ) (3)	11,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEAM ON WHEELS 2967 STATE ST BETTENDORF, IA 52722	83-2758163	501 (C ) (3)	10,500.	0.			GENERAL SUPPORT
STERLING ROCK FALLS COMMUNITY TRUST - C/O MIDLAND STATES BANK - STERLING, IL 61081	36-6217952	501 (C ) (3)	10,000.	0.			GENERAL SUPPORT
STERLING ROCK FALLS FAMILY YMCA 2505 YMCA WAY STERLING, IL 61081	36-2225496	501 (C ) (3)	13,200.	0.			GENERAL SUPPORT
STOCKPORT HERITAGE SOCIETY 110 MILL STREET STOCKPORT, IA 52651	42-1203451	501 (C ) (3)	7,000.	0.			PEAVINE LINE DEPOT MUSEUM RESTORATION PROJECT
TAPESTRY FARMS PO BOX 2332 DAVENPORT, IA 52803	82-1925820	501 (C ) (3)	30,000.	0.			GENERAL SUPPORT, STRATEGIC AND FUNDRAISING PLANNING
TESTIMONIES OF HOPE PO BOX 3812 DAVENPORT, IA 52808	47-2446305	501 (C ) (3)	32,143.	0.			GENERAL SUPPORT, CRITICAL EQUIPMENT
THE CONSERVANCY OF SOUTHWEST FLORIDA - 1450 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501 (C ) (3)	5,062.	0.			GENERAL SUPPORT
TOGETHER MAKING A BETTER COMMUNITY (TMBC) - 318 E 7TH ST - DAVENPORT, IA 52803	81-2252531	501 (C ) (3)	19,000.	0.			TMBC CONNECTS
TRINITY EPISCOPAL CATHEDRAL 121 W 12TH ST DAVENPORT, IA 52803	42-0718465	501 (C ) (3)	6,400.	0.			GENERAL SUPPORT



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH FOUNDATION 2560 24TH ST STE 206 ROCK ISLAND, IL 61201	36-3321751	501 (C ) (3)	8,950.	0.			GENERAL SUPPORT
TWO RIVERS UNITED METHODIST CHURCH 1820 5TH AVE ROCK ISLAND, IL 61201	36-2170858	501 (C ) (3)	14,000.	0.			GENERAL SUPPORT
TWO RIVERS YMCA 2040 53RD ST MOLINE, IL 61265-3698	36-2169199	501 (C ) (3)	141,120.	0.			GENERAL SUPPORT, SUMMER ENRICHMENT INITIATIVE AT EAST MOLINE SITE
UNITARIAN UNIVERSALIST CONGREGATION OF THE QUAD CITIES - 3707 EASTERN AVE - DAVENPORT, IA 52807	42-6062306	501 (C ) (3)	8,800.	0.			GENERAL SUPPORT
UNITED EDUCATION FOUNDATION C/O UNITED TOWNSHIP HIGH SCHOOL EAST MOLINE, IL 61244	36-3868297	501 (C ) (3)	17,700.	0.			METALWORKING LAB UPGRADE PROJECT
UNITED WAY OF WHITESIDE COUNTY PO BOX 806 STERLING, IL 61081	36-6009102	501 (C ) (3)	22,296.	0.			GENERAL SUPPORT
UNITED WAY QUAD CITIES 852 MIDDLE RD STE 401 BETTENDORF, IA 52722	36-2725960	501 (C ) (3)	197,678.	0.			GENERAL SUPPORT, WOMEN'S UNITED, BOOKS BEFORE KINDERGARTEN, KEEP THE LIGHTS ON PROGRAM
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN ST URBANA, IL 61801	37-6006007	501 (C ) (3)	5,238.	0.			SCHOLARSHIPS, COLLEGE OF LIBERAL ARTS & SCIENCES
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	501 (C ) (3)	82,137.	0.			GENERAL SUPPORT, SCHOLARSHIPS, PEDIATRIC OPHTHALMOLOGY FUND FOR V/R PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN - LEGAL 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501 (C ) (3)	6,961.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 204 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	501 (C ) (3)	51,121.	0.			SCHOLARSHIPS
UNIVERSITY OF NOTRE DAME - DEVELOPMENT OFFICE - DEVELOPMENT OFFICE - NOTRE DAME, IN 46556-5612	35-0868188	501 (C ) (3)	29,500.	0.			SORIN SOCIETY
VAN BUREN COUNTY 404 DODGE ST KEOSAUQUA, IA 52565	42-6004834	CITY OF KEOSAUQUA	7,500.	0.			VAN BUREN COUNTY PUBLIC HEALTH SERVER PROJECT
VAN BUREN COUNTY AGRICULTURAL ASSOCIATION - BOX 174 - KEOSAUQUA, IA 52565	42-1337369	501 (C ) (3)	10,000.	0.			COMMUNITY AGRICULTURAL AND EDUCATIONAL YOUTH BUILDING
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA, IA 52565	42-6037829	501 (C ) (3)	12,408.	0.			VAN BUREN COUNTY HOSPITAL CHILD CARE CENTER (VBCH CCC) EARLY LEARNING CENTER - CONTINUATION
VAN BUREN COUNTY TRAILS ASSOCIATION, INC. - PO BOX 397 - KEOSAUQUA, IA 52565	32-0063079	501 (C ) (3)	6,000.	0.			ENGINEERING DESIGN FOR THE LOWER DES MOINES WATER TRAIL IMPROVEMENTS, KEOSAUQUA, IOWA
VERA FRENCH FOUNDATION 1441 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-1256448	501 (C ) (3)	38,092.	0.			GENERAL SUPPORT
VERA FRENCH HOUSING CORPORATION 211 E 37TH ST DAVENPORT, IA 52806	42-1427313	501 (C ) (3)	5,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGES FOLK SCHOOL PO BOX 532 KEOSAUQUA, IA 52565	26-4249445	501 (C ) (3)	7,300.	0.			FACE TO FACE: REOPENING A RURAL ART-BASED SCHOOL IN THE WAKE OF COVID-19
VILLAGES OF VAN BUREN, INC. PO BOX 9 KEOSAUQUA, IA 52565	42-0988485	501 (C ) (4)	6,500.	0.			2021 VISITORS GUIDE
WASHINGTON COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 311 - WASHINGTON, IA 52353	42-1423094	501 (C ) (3)	10,000.	0.			SCHOLARSHIPS
WESTERN MICHIGAN UNIVERSITY FOUNDATION - 1903 W MICHIGAN AVE - KALAMAZOO, MI 49008	38-2138856	501 (C ) (3)	25,000.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 2821 N BELL SCHOOL RD ROCKFORD, IL 61107	36-2264403	501 (C ) (3)	7,500.	0.			GENERAL SUPPORT
WETHERSFIELD ACADEMIC FOUNDATION 439 WILLARD ST KEWANEE, IL 61443	26-2801522	501 (C ) (3)	12,880.	0.			SCHOLARSHIPS
WGTV - QUAD CITIES COMMUNITY BROADCASTING GROUP INC - 1800 3RD AVE STE 420 - ROCK ISLAND, IL 61201	32-0066891	501 (C ) (3)	60,000.	0.			TECHNOLOGY/SOFTWARE ADVANCEMENTS, ACCESS TO OPPORTUNITY PROGRAM
WOMEN'S CHOICE CENTER (LIFE & FAMILY EDUCATIONAL TRUST) - 2740 HAPPY JOE DR STE 2 - BETTENDORF, IA 52722	37-6358005	501 (C ) (3)	12,850.	0.			GENERAL SUPPORT
WORLD RELIEF QUAD CITIES 1852 16TH ST MOLINE, IL 61265	23-6393344	501 (C ) (3)	39,046.	0.			GENERAL SUPPORT, BILINGUAL STAFF SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WVIK QUAD CITIES NPR 639 38TH ST ROCK ISLAND, IL 61201	36-2166962	501 (C ) (3)	39,039.	0.			WVIK NEWS BROADCAST FELLOWSHIP, HEIGHTS OF THE ERA EVENT
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 E 4TH ST - DAVENPORT, IA 52801	42-0703278	501 (C ) (3)	137,040.	0.			GENERAL SUPPORT, CAMP ABE LINCOLN
YOUTH SERVICE BUREAU OF RI COUNTY 2610 41 ST MOLINE, IL 61265	36-2866503	501 (C ) (3)	23,370.	0.			CRITICAL EQUIPMENT/TECHNOLOGY UPGRADES, FAMILY THERAPY PROGRAM

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	190	526,816.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

FOR COMMITTEE AWARDED GRANTS, GRANTEEES ARE REQUIRED TO SUBMIT A FINAL REPORT DETAILING HOW THE FUNDS WERE SPENT IN THE COMMUNITY. DONOR ADVISED GRANTS ARE MONITORED INDIRECTLY BY STAFF INVOLVEMENT IN THE COMMUNITY.

FOR COMMITTEE AWARDED SCHOLARSHIPS, STUDENTS MUST CONFIRM ENROLLMENT AND PROVIDE REQUIRED INFORMATION BEFORE THE AWARD IS DISTRIBUTED DIRECTLY TO THE UNIVERSITY OR COLLEGE. IN THE CASE OF RENEWAL SCHOLARSHIPS, RECIPIENTS MUST CONFIRM THAT THEY MEET THE RENEWAL CRITERIA BEFORE THAT YEAR'S AWARD IS



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**QUAD CITIES COMMUNITY FOUNDATION**

Employer identification number

**42-6122716**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERRY RISTAU FORMER PRESIDENT & CEO	(i)	129,118.	0.	679.	19,738.	4,718.	154,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

**PART I, LINE 7:**

DISCRETIONARY BONUSES ARE NOT A STANDARD COMPONENT OF THE COMPENSATION PLAN  
 AT THE QUAD CITIES COMMUNITY FOUNDATION. DISCRETIONARY BONUSES ARE  
 RECOMMENDED BY THE EXECUTIVE COMMITTEE OF THE BOARD BASED ON SPECIFIC  
 CIRCUMSTANCES, INDIVIDUAL OR COLLECTIVE PERFORMANCE, AND BUDGET SURPLUS FOR  
 A GIVEN FISCAL YEAR. THE EXECUTIVE COMMITTEE RECOMMENDS SUCH BONUSES TO THE  
 FULL BOARD WHO HAS THE FINAL AUTHORITY TO APPROVE OR DENY AS PROPOSED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	9,569,117.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE QUAD CITIES COMMUNITY FOUNDATION USES VARIOUS BANKS AND BROKERS TO LIQUIDATE MARKETABLE SECURITIES.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ROLLING 20 QUARTER AVERAGE BALANCE IS DISTRIBUTED TO NONPROFIT  
ORGANIZATIONS IN OUR REGION WITH A GOAL OF "TRANSFORMING OUR REGION  
THROUGH THE GENEROSITY OF OUR DONORS."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CAREER DEVELOPMENT, DIVERSITY, EQUITY AND INCLUSION, COMMUNITY  
COLLABORATION AND ECONOMIC DEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990, EXCLUDING SCHEDULE B, IS REVIEWED AND APPROVED BY THE  
ORGANIZATION'S AUDIT COMMITTEE. AFTER THE COMMITTEE'S APPROVAL, THE FORM  
990, EXCLUDING SCHEDULE B, IS PRESENTED TO THE BOARD OF DIRECTORS FOR  
REVIEW. FOUNDATION BOARD MEMBERS ARE ASKED TO REVIEW THE ENTIRE FORM AND TO  
NOTIFY THE PRESIDENT/CEO VIA EMAIL OF ANY QUESTIONS OR CONCERNS WITHIN ONE  
WEEK, AFTER WHICH TIME THE 990 IS FILED. IN BOTH PRESENTATIONS, KEY  
ELEMENTS ARE HIGHLIGHTED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD AND COMMITTEE MEMBERS SIGN A CONFLICT OF INTEREST FORM EACH YEAR  
WHERE THEY ARE ASKED TO LIST THE ORGANIZATIONS WHERE THERE IS A CONFLICT.  
AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY  
DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE COMMUNITY  
FOUNDATION BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT  
OF INTEREST IS DISCUSSED AND VOTED UPON. THE BOARD SHALL DETERMINE WHETHER  
A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING

Name of the organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE COMMUNITY FOUNDATION. THE DECISION OF THE COMMUNITY FOUNDATION BOARD ON THESE MATTERS WILL REST IN THE BOARD'S SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF THE COMMUNITY FOUNDATION AND THE ADVANCEMENT OF ITS PURPOSE AND WILL BE DOCUMENTED IN THE MINUTES.

A LIST IS THEN KEPT OF THE NECESSARY ABSTENTIONS FOR EACH VOTE. THOSE ABSTENTIONS ARE LISTED IN THE APPROPRIATE MINUTES. BECAUSE WE LIVE IN A SMALLER COMMUNITY, STAFF IS ALWAYS MINDFUL OF THE BUSINESS RELATIONSHIPS OUR BOARD AND COMMITTEE MEMBERS HAVE AND HOW THOSE RELATIONSHIPS COULD BE PERCEIVED AS A CONFLICT FOR THE QUAD CITIES COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE, A SUBCOMMITTEE OF THE QUAD CITIES COMMUNITY FOUNDATION, REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO. THE EXECUTIVE COMMITTEE IS PROVIDED WITH COMPARATIVE SALARY INFORMATION FROM THE COUNCIL ON FOUNDATIONS SALARY SURVEY. THE SURVEY IS LOOKED AT AS A WHOLE AS WELL AS REGIONALLY. LOCAL NONPROFITS OF LIKE SIZE AND SCOPE ARE ALSO REVIEWED. RESULTS AND SUMMARY ARE SHARED WITH THE EXECUTIVE COMMITTEE AND THE PRESIDENT/CEO PRIOR TO THE EXECUTIVE COMMITTEE MEETING. THE MEETING CONCLUDES WITH AN EXECUTIVE SESSION TO DISCUSS THE ANNUAL PERFORMANCE REVIEW AND DETERMINE COMPENSATION. THE BOARD CHAIR DOCUMENTS THE PROCESS AND COMMUNICATES THE COMPENSATION DECISION DIRECTLY TO THE VICE PRESIDENT OF FINANCE AND THE OPERATIONS MANAGER VIA EMAIL. THIS EMAIL IS MAINTAINED IN A SECURE PAYROLL FOLDER.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S CURRENT AUDIT AND 990 AS WELL AS THE TWO PRIOR YEARS OF EACH ARE AVAILABLE ON ITS WEBSITE. THEY ARE ALSO AVAILABLE IN HARD COPY UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 922,590.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.

MISCELLANEOUS INFORMATION:

THE QUAD CITIES COMMUNITY FOUNDATION IS AN ACCREDITED COMMUNITY FOUNDATION BY THE NATIONAL STANDARDS FOR U.S. COMMUNITY FOUNDATIONS. ACCREDITED COMMUNITY FOUNDATIONS HAVE MET THE HIGHEST STANDARDS OF OPERATIONAL EFFECTIVENESS TO FOSTER EXCELLENCE IN COMMUNITY PHILANTHROPY. THEY DO SO BY DEMONSTRATING EXCELLENCE IN STEWARDING THE DOLLARS GIVEN TO THEM FOR CHARITABLE PURPOSES, LEGAL AND ETHICAL ACCOUNTABILITY, COMMUNITY IMPACT, AND DISTINCTION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **QUAD CITIES COMMUNITY FOUNDATION** Employer identification number **42-6122716**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REALTY HOLDINGS, INC OF THE QUAD CITIES COMMUNITY FOUNDATION - 42-1513946, 852 MIDDLE ROAD, SUITE 100, BETTENDORF, IA	FACILITATE REAL ESTATE GIFTS	IOWA	501(C)(3)	LINE 12A, I	QUAD CITIES COMMUNITY FOUNDATION	X	





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
REALTY HOLDINGS, INC. QUAD CITIES (1) COMMUNITY FOUNDATION	C	53,000.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

REALTY HOLDINGS, INC OF THE QUAD CITIES COMMUNITY  
FOUNDATION

EIN: 42-1513946

852 MIDDLE ROAD, SUITE 100

BETTENDORF, IA 52722