

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

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	C Name of organization QUAD CITIES COMMUNITY FOUNDATION		D Employer identification number 42-6122716
	Doing business as		E Telephone number 563-326-2840
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 39,110,016.
	852 MIDDLE ROAD		100
	City or town, state or province, country, and ZIP or foreign postal code BETTENDORF, IA 52722		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: SUSAN HAFKEMEYER SAME AS C ABOVE		H(c) Group exemption number	
I 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			
J Website: WWW.QCCOMMUNITYFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1964	M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: QUAD CITIES COMMUNITY FOUNDATION IS A COLLECTION OF ENDOWMENTS AND OTHER CHARITABLE FUNDS. 4.5% OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	163
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	138,204.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,262,457.	6,778,899.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,335,764.	5,096,449.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	128,946.	166,724.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,727,167.	12,042,072.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,079,400.	8,838,573.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,122,794.	1,117,090.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	425,438.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,205,129.	1,215,352.
19 Revenue less expenses. Subtract line 18 from line 12	10,407,323.	11,171,015.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,319,844.	871,057.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	196,603,796.	162,286,975.
		2,108,472.	1,845,527.
		194,495,324.	160,441,448.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SUSAN HAFKEMEYER, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENIFER L. CHASE	JENIFER L. CHASE	10/27/23	<input type="checkbox"/>	P01306883
	Firm's name	Firm's EIN			
	RSM US LLP	42-0714325			
	Firm's address	Phone no.			
	4650 EAST 53RD STREET DAVENPORT, IA 52807-3479	563-888-4000			

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 \$ 5,457,816. including grants of \$ 5,450,851.) (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 \$ 3,387,722. including grants of \$ 3,387,722.) (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 \$ 279,621. 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 9,125,159.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 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>	5	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>	6 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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 17	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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
PAUL TOMKINS - 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, box 6 of 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) ANNE CALDER VP OF DEVELOPMENT	40.00					X	109,007.	0.	15,654.	
(2) SUSAN HAFKEMEYER PRESIDENT & CEO	39.00 1.00			X			115,303.	0.	9,270.	
(3) KELLY THOMPSON VP OF GRANTMAKING & COMMUNITY INITIA	40.00					X	105,181.	0.	15,269.	
(4) MICHELLE PAYNE VP OF FINANCE	40.00					X	110,382.	0.	8,555.	
(5) DEB ANSELM BOARD MEMBER	5.00	X					0.	0.	0.	
(6) ELIZABETH CERVANTES BOARD MEMBER	5.00	X					0.	0.	0.	
(7) EDNA (DENISE) GARRETT BOARD MEMBER	5.00	X					0.	0.	0.	
(8) ESMERALDA JINEZ BOARD MEMBER	5.00	X					0.	0.	0.	
(9) LANCE LESLIE BOARD MEMBER	5.00	X					0.	0.	0.	
(10) JANET MASAMOTO BOARD MEMBER	5.00	X					0.	0.	0.	
(11) RANDY MOORE BOARD CHAIR	5.00	X		X			0.	0.	0.	
(12) JEAN MORAN PAST BOARD CHAIR	10.00	X		X			0.	0.	0.	
(13) KENT PILCHER VICE BOARD CHAIR	5.00	X		X			0.	0.	0.	
(14) MARK SCHWIEBERT BOARD MEMBER	5.00	X					0.	0.	0.	
(15) CRISTY TACKET-HUNT SECRETARY	5.00	X		X			0.	0.	0.	
(16) THOMAS THOMS BOARD TREASURER	5.00	X		X			0.	0.	0.	
(17) SCOTT TINSMAN BOARD MEMBER	5.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JEFFREY TRAHAN BOARD MEMBER	5.00	X						0.	0.	0.
(19) LADRINA WILSON BOARD MEMBER	5.00	X						0.	0.	0.
1b Subtotal								439,873.	0.	48,748.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								439,873.	0.	48,748.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE NUMAD GROUP PO BOX 230, HERMOSA, SD 57744	MARKETING, COMMUNICATIONS, STRA	117,487.
FUND EVALUATION GROUP, 201 E. 5TH ST., STE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING SERVIES	112,805.

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

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	33,000.			
	e	Government grants (contributions)	1e	321,340.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,424,559.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,704,198.			
	h	Total. Add lines 1a-1f		6,778,899.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,433,844.		3433844.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	28,730,549.			
	c	Gain or (loss)	7c	27,067,944.			
d	Net gain or (loss)		1,662,605.			1662605.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code	900001	166,724.	28,520.	138,204.
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			166,724.		
12	Total revenue. See instructions			12,042,072.	28,520.	138,204.	5096449.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,945,651.	7,945,651.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	892,922.	892,922.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,573.		124,573.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	798,053.	210,211.	376,265.	211,577.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,061.	7,439.	17,280.	7,342.
9 Other employee benefits	88,980.	19,769.	49,390.	19,821.
10 Payroll taxes	73,423.	17,044.	39,221.	17,158.
11 Fees for services (nonemployees):				
a Management	206,997.	6,800.	199,443.	754.
b Legal	24,697.		24,697.	
c Accounting	33,316.		33,316.	
d Lobbying	5,845.		5,845.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	348,155.		348,155.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	162,379.	2,576.	14,969.	144,834.
13 Office expenses	34,087.	607.	33,480.	
14 Information technology	97,679.	42.	91,948.	5,689.
15 Royalties				
16 Occupancy	147,827.		147,827.	
17 Travel	8,656.	4,389.	1,457.	2,810.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,267.	14,629.	8,735.	12,903.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,659.		33,659.	
23 Insurance	16,340.		16,340.	
24 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.)				
a INCOME TAX EXPENSE	34,271.		34,271.	
b DUES AND SUBSCRIPTIONS	21,168.	3,080.	15,538.	2,550.
c BANK SERVICE CHARGES	3,309.		3,309.	
d BAD DEBT EXPENSE	700.		700.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,171,015.	9,125,159.	1,620,418.	425,438.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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
Assets	1 Cash - non-interest-bearing	825,789.	1	1,910,089.
	2 Savings and temporary cash investments	13,434,348.	2	7,021,431.
	3 Pledges and grants receivable, net	1,996.	3	5,150.
	4 Accounts receivable, net	2,703.	4	870.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	60,585.	7	53,964.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	62,845.	9	77,095.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 465,646.		
	b Less: accumulated depreciation	10b 433,900.		
	11 Investments - publicly traded securities	179,123,709.	11	150,559,954.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,026,415.	15	2,626,676.
16 Total assets. Add lines 1 through 15 (must equal line 33)	196,603,796.	16	162,286,975.	
Liabilities	17 Accounts payable and accrued expenses	64,869.	17	138,419.
	18 Grants payable	295,051.	18	334,496.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,748,552.	25	1,372,612.
	26 Total liabilities. Add lines 17 through 25	2,108,472.	26	1,845,527.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	188,461,800.	27	155,436,166.
	28 Net assets with donor restrictions	6,033,524.	28	5,005,282.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	194,495,324.	32	160,441,448.
33 Total liabilities and net assets/fund balances	196,603,796.	33	162,286,975.	

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	12,042,072.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,171,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	871,057.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	194,495,324.
5	Net unrealized gains (losses) on investments	5	-34,122,205.
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	-802,728.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	160,441,448.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization QUAD CITIES COMMUNITY FOUNDATION	Employer identification number 42-6122716
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9415618.	17390922.	9935371.	19262457.	6778899.	62783267.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9415618.	17390922.	9935371.	19262457.	6778899.	62783267.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13277802.
6 Public support. Subtract line 5 from line 4.						49505465.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9415618.	17390922.	9935371.	19262457.	6778899.	62783267.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4511467.	4508904.	3286259.	4143801.	3433844.	19884275.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	17,312.	6,871.	23,622.	61,754.	138,204.	247,763.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						82915305.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	59.71	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	61.17	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization QUAD CITIES COMMUNITY FOUNDATION	Employer identification number 42-6122716
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,043,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>509,651.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>390,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>321,340.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>303,540.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization QUAD CITIES COMMUNITY FOUNDATION	Employer identification number 42-6122716
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 219,426.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 153,558.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization QUAD CITIES COMMUNITY FOUNDATION	Employer identification number 42-6122716
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 509,651.	12/02/22
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 390,000.	06/28/22
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 303,540.	12/20/22
7	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 219,426.	07/06/22
9	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 153,558.	09/30/22
	_____ _____ _____	\$ _____	

Name of organization QUAD CITIES COMMUNITY FOUNDATION	Employer identification number 42-6122716
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization

QUAD CITIES COMMUNITY FOUNDATION

Employer identification number

42-6122716

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,845.
j Total. Add lines 1c through 1i			5,845.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

QUAD CITIES COMMUNITY FOUNDATION ENGAGED WITH ITS IOWA COLLEAGUES TO HIRE DAVID ADELMAN WITH CORNERSTONE IN DES MOINES. ALL IOWA COMMUNITY FOUNDATIONS GO IN TOGETHER WITH THE IOWA COUNCIL ON FOUNDATIONS TO PAY THEM TO HELP US WITH ENDOW IOWA LEGISLATION. THE FOUNDATION ALSO ADVOCATED FOR LEGISLATION RELATED TO THE ILLINOIS GIVES LEGISLATION AS

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

2022

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 2a-2d, and yes/no options for 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, and 2 regarding art and historical treasures, including dollar amounts for 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	159,235,747.	140,512,575.	132,315,264.	108,493,344.	119,076,429.
b Contributions	2,647,442.	6,036,646.	5,906,111.	10,401,469.	5,635,394.
c Net investment earnings, gains, and losses	-24,973,719.	19,592,631.	13,715,966.	25,142,078.	-8,008,179.
d Grants or scholarships	6,168,035.	5,132,411.	10,021,941.	10,359,260.	6,591,000.
e Other expenditures for facilities and programs	2,700.	17,038.	10,593.	3,059.	34,221.
f Administrative expenses	1,682,797.	1,756,656.	1,392,232.	1,359,308.	1,585,079.
g End of year balance	129,055,938.	159,235,747.	140,512,575.	132,315,264.	108,493,344.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.3200 %
 - b Permanent endowment .0000 %
 - c Term endowment .6800 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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.	230,410.	25,722.
d Equipment		209,514.	203,490.	6,024.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,746.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE UNDER ANNUITY & TRUST	
(3) AGREEMENTS	1,285,962.
(4) DEFERRED COMPENSATION	86,650.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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 BOOK BY ME - UNDERSTANDING WORKS 194 LAKE WARREN DR MONMOUTH, IL 61462	83-1870843	501 (C) (3)	5,099.	0.			GENERAL SUPPORT
A.T. STILL UNIVERSITY - DEVELOPMENT OFFICE - 800 W JEFFERSON ST - KIRKSVILLE, MO 63501	43-0356250	501 (C) (3)	27,700.	0.			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	8,700.	0.			GENERAL SUPPORT
ALLEMAN HIGH SCHOOL 1103 40TH ST ROCK ISLAND, IL 61201	61-1445942	501 (C) (3)	25,799.	0.			STUDENT CHROMEBOOKS FOR THE FRESHMEN CLASS AND SMART BOARDS AND/OR ADDITIONAL TECHNOLOGY
AMANI COMMUNITY SERVICES 2800 EASTERN AVE BUILDING F DAVENPORT, IA 52803	81-1605092	501 (C) (3)	20,000.	0.			UNDERSTANDING THE BREAKTHROUGH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **215.**

3 Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
AMERICAN LEGION POST 104 - RIXE-LAUSEN - 242 MAIN ST BOX G - BENNETT, IA 52721	42-6073499	501 (C) (19)	7,500.	0.			"NOBODY LEFT OUT" HALL RENOVATION
AMERICAN RED CROSS OF THE QCA 1100 RIVER DR MOLINE, IL 61265	53-0196605	501 (C) (3)	23,580.	0.			DISASTER RELIEF UNRESTRICTED
ASSUMPTION HIGH SCHOOL 1020 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0810207	501 (C) (3)	11,634.	0.			GENERAL SUPPORT
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE MINNEAPOLIS, MN 55454-1351	41-0694721	501 (C) (3)	15,000.	0.			SCHOLARSHIP TO THE STEP UP PROGRAM
AUGUSTANA COLLEGE - ADVANCEMENT OFFICE - 639 38TH ST - ROCK ISLAND, IL 61201	36-2166962	501 (C) (3)	54,270.	0.			WATSON FUNDS, PRISON EDUCATION PROGRAM, SCHOLARSHIPS
AURORA UNIVERSITY - STUDENT ACCOUNTS - 347 S GLADSTONE AVE - AURORA, IL 60506	36-2166964	501 (C) (3)	13,732.	0.			GENERAL OPERATING SUPPORT OF GEORGE WILLIAMS COLLEGE CAMPUS
AZUBUIKE AFRICAN AMERICAN COUNCIL FOR THE ARTS - 318 E 7TH ST STE 112 - DAVENPORT, IA 52803	47-2113430	501 (C) (3)	21,000.	0.			STRATEGIC PLANNING & BOARD TRAINING TO IMPROVE MISSION, RESOURCE ALLOCATION, AND
BALLET QUAD CITIES 613 17TH ST ROCK ISLAND, IL 61201	42-1366753	501 (C) (3)	19,300.	0.			BUILDING FUND
BETHANY FOR CHILDREN & FAMILIES 1701 RIVER DR MOLINE, IL 61265	36-2166973	501 (C) (3)	101,800.	0.			MENTAL HEALTH ISSUES AND CONCERNS

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)	12,600.	0.			GENERAL SUPPORT
BETTENDORF PUBLIC LIBRARY 2950 LEARNING CAMPUS DR BETTENDORF, IA 52722	42-6004276	170(B)1(A)(V)	12,950.	0.			GENERAL SUPPORT
BETTENDORF PUBLIC LIBRARY FOUNDATION - 2950 LEARNING CAMPUS DR - BETTENDORF, IA 52722	20-3419196	501 (C) (3)	17,016.	0.			TECHNOLOGY FOR PUBLIC MEETING SPACES AT THE LIBRARY
BETTENDORF ROTARY CLUB FOUNDATION PO BOX 133 BETTENDORF, IA 52722	37-1449334	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF MUSCATINE COUNTY - 1823 LOGAN ST - MUSCATINE, IA 52761	42-0680340	501 (C) (3)	6,250.	0.			GENERAL SUPPORT, COMMUNITY FOCUSED MENTORING
BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI VALLEY - 3247 E 35TH ST CT - DAVENPORT, IA 52807	42-1320908	501 (C) (3)	29,110.	0.			GENERAL OPERATIONS, ROLE MODELS FOR CHILDREN
BIRMINGHAM DEVELOPMENT PO BOX 68 NORTH ENGLISH, IA 52316	42-1314559	501 (C) (4)	7,000.	0.			NEW FLOORING FOR LOW-INCOME HOUSING, BIRMINGHAM DEVELOPMENT - CEDAR CREEK APARTMENTS
BIX BEIDERBECKE MEMORIAL SOCIETY 129 N MAIN ST DAVENPORT, IA 52801-1808	42-0998308	501 (C) (3)	7,470.	0.			SPONSORSHIP
BLACK HAWK COLLEGE FOUNDATION 6600 34TH AVE MOLINE, IL 61265	36-3240562	501 (C) (3)	6,000.	0.			STUDENT EMERGENCY ASSISTANCE GRANTS, SCHOLARSHIPS

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
BOY SCOUTS OF AMERICA - ILLOWA COUNCIL - 4412 N BRADY ST - DAVENPORT, IA 52806	36-2616917	501 (C) (3)	8,820.	0.			GENERAL SUPPORT, MEMBERSHIP FEES FOR UNDERSERVED POPULATION, BEES PROGRAM
CAFE ON VINE PO BOX 3375 DAVENPORT, IA 52808	43-2072739	501 (C) (3)	6,300.	0.			GENERAL SUPPORT
CALVARY UNITED METHODIST CHURCH 100 E JAMES ST WALCOTT, IA 52773	42-1205494	501 (C) (3)	7,600.	0.			GENERAL SUPPORT
CAMP SHALOM, INC. 960 E 53RD STE 1B DAVENPORT, IA 52806	42-1458061	501 (C) (3)	6,300.	0.			GENERAL SUPPORT, SECURE SHELTER AND HEALTH CARE CAMPAIGN
CANINE COMPANIONS FOR INDEPENDENCE 7480 NEW ALBANY-CONDIT ROAD NEW ALBANY, OH 43054	94-2494324	501 (C) (3)	11,500.	0.			GENERAL SUPPORT
CATHOLIC FOUNDATION FOR THE DIOCESE OF DAVENPORT - 780 W CENTRAL PARK AVE - DAVENPORT, IA 52804	26-4267643	501 (C) (3)	8,800.	0.			GENERAL SUPPORT, CAMPAIGN FUND
CEDAR COUNTY FAIR ASSOCIATION PO BOX 324 TIPTON, IA 52772	42-0681121	501 (C) (5)	7,500.	0.			CONSTRUCTION FOR HVAC EFFICIENCIES
CEDAR COUNTY HISTORICAL SOCIETY PO BOX 254 TIPTON, IA 52772	42-6264725	501 (C) (3)	6,000.	0.			MERLIN (SHORTY) BECKLER WOODCARVING BUILDING EXHIBIT
CENTER FOR ACTIVE SENIORS, INC. 1035 W KIMBERLY RD DAVENPORT, IA 52806	42-1011267	501 (C) (3)	24,985.	0.			TECHNOLOGY NEEDS/STAFF TRAINING TO IMPROVE COMMUNICATION/DATA/EVALUATION/PROGRAM DELIVERY

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
CENTER FOR ALCOHOL AND DRUG SERVICES, INC. - 4600 3RD ST - MOLINE, IL 61265	42-1134273	501 (C) (3)	15,300.	0.			GENERAL SUPPORT
CENTRAL COMMUNITY SCHOOLS PO BOX 110 DEWITT, IA 52742	42-6040381	501 (C) (3)	8,600.	0.			CENTRAL CLINTON COMMUNITY HIGH SCHOOL SCIENCE DEPARTMENT - ANATOMY/PHYSIOLOGY MODELS
CHILDREN'S THERAPY CENTER OF THE QUAD CITIES - 4450 48TH AVE CT - ROCK ISLAND, IL 61201	36-2207922	501 (C) (3)	23,680.	0.			HVAC SYSTEM
CHRIST THE KING CATHOLIC CHURCH 3209 60TH ST MOLINE, IL 61265	36-2274386	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH - DAVENPORT - 2330 W 41ST ST - DAVENPORT, IA 52806	42-0945608	501 (C) (3)	22,500.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH OF THE ILLINOIS QUAD CITIES - 3801 7TH ST - EAST MOLINE, IL 61244	37-1117383	501 (C) (3)	5,080.	0.			FOOD PANTRY PROGRAM
CHRISTIAN CARE PO BOX 4176 ROCK LSLAND, IL 61204	36-3146523	501 (C) (3)	22,683.	0.			GENERAL SUPPORT
CHRISTIAN FRIENDLINESS - YOUTHHOPE 3928 12TH AVE MOLINE, IL 61265-2103	36-2193602	501 (C) (3)	51,500.	0.			YOUTHHOPE GENERAL OPERATING SUPPORT, HVAC REPLACEMENT
CHURCHES UNITED OF THE QUAD CITY AREA - 2535 TECH DR STE 205 - BETTENDORF, IA 52722	36-2480784	501 (C) (3)	7,533.	0.			CHURCHES UNITED'S HUNGER MINISTRY

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
CITY OF FULTON 415 11TH AVE FULTON, IL 61252	36-6005887	CITY OF FULTON	12,600.	0.			MISSION OF THE MARTIN MUSEUM
CITY OF FULTON POLICE DEPARTMENT 413 11TH AVE FULTON, IL 61252-1727	36-6006285	CITY OF FULTON	5,650.	0.			GENERAL SUPPORT
CITY OF MECHANICSVILLE PO BOX 339 MECHANICSVILLE, IA 52306	42-6004958	CITY OF MECHANIC	8,000.	0.			FLAG POLE AT CEMETARY, CHILDREN'S WALKING TRAIL
CITY OF MOUNT CARROLL 302 N MAIN ST MOUNT CARROLL, IL 61053	36-6006009	CITY OF MOUNT CA	26,330.	0.			PARK BATHROOM RENOVATION PROJECT
CITY OF STANWOOD 209 E BROADWAY ST STANWOOD, IA 52337	42-6005248	CITY OF STANWOOD	6,500.	0.			PORTABLE RADIOS FOR EMTS
CLARENCE AMBULANCE SERVICE VOLUNTEERS ASSOCIATION - PO BOX 232 - CLARENCE, IA 52216	20-0897024	501 (C) (3)	7,500.	0.			TRAINING EQUIPMENT
CLARENCE MAIN STREET 514 LOMBARD STREET PO BOX 44 CLARENCE, IA 52216	82-2734350	501 (C) (3)	12,124.	0.			GENERAL SUPPORT
CLARENCE PARK BOARD PO BOX 55 CLARENCE, IA 52216	42-6004376	501 (C) (3)	35,343.	0.			BUNN PAVILION, A SHELTER STRUCTURE IN A COMMUNITY PARK IN CLARENCE, IA
CLOCK, INC. 4102 46TH AVE ROCK ISLAND, IL 61201	83-2945356	501 (C) (3)	12,000.	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
COLLABORATORY 2031 JACKSON ST FORT MYERS, FL 33901	59-6580974	501 (C) (3)	6,000.	0.			SOUTHWEST FLORIDA EMERGENCY RELIEF FUND
COMFORT ZONE CAMP 6606 WEST BROAD STE 401 RICHMOND, VA 23230	54-1916517	501 (C) (3)	11,000.	0.			SUPPORT OF MA CAMP PROGRAMS
COMMUNITY FOUNDATION OF GREATER DUBUQUE - 700 LOCUST ST STE 195 - DUBUQUE, IA 52001	42-1526614	501 (C) (3)	6,127.	0.			RIVER BLUFF COMMUNITY FOUNDATION
COMMUNITY HEALTH CARE, INC. 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501 (C) (3)	8,500.	0.			WOMEN'S HEALTH, EQUIPMENT FOR PEOPLE IN NEED, MEDICAL OR DENTAL CARE FOR THOSE IN NEED
COUNCIL ON FOUNDATIONS - WASHINGTON, DC - 1255 23RD ST NW STE 200 - WASHINGTON, DC 20037	13-6068327	501 (C) (3)	8,750.	0.			GENERAL SUPPORT
COUNTRY LANE APARTMENTS PO BOX 96 NORTH ENGLISH, IA 52316	42-1081459	501 (C) (4)	7,500.	0.			WINDOW REPLACEMENT FOR COUNTRY LANE APARTMENTS
DAVENPORT PUBLIC LIBRARY 321 MAIN ST DAVENPORT, IA 52801	42-6004463	CITY OF DAVENPOR	12,355.	0.			GENERAL SUPPORT
DES MOINES UNIVERSITY 3200 GRAND AVENUE DES MOINES, IA 50312-4198	42-0730347	501 (C) (3)	27,700.	0.			SCHOLARSHIPS FOR OSTEOPATHIC MEDICAL STUDENTS
DESERT BOTANICAL GARDEN 1201 GALVIN PARKWAY PHOENIX, AZ 85008	86-0136925	501 (C) (3)	15,000.	0.			HAZEL HAIR CENTER FOR PLANT SCIENCE

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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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DIOCESE OF DAVENPORT 780 W CENTRAL PARK AVE DAVENPORT, IA 52804-1901	42-0680472	501 (C) (3)	8,400.	0.			GENERAL SUPPORT, CAMPAIGN FUND
DOCTORS WITHOUT BORDERS 40 RECTOR ST, 16TH FL NEW YORK, NY 10006-1705	13-3433452	501 (C) (3)	8,500.	0.			GENERAL SUPPORT, UKRAINIAN RELIEF
DURANT CHILDREN'S GROUP 108 5TH ST. DURANT, IA 52747	42-1359934	501 (C) (3)	7,596.	0.			MATERIALS FOR APPROVED GRANT FOR EXPANSION
DURANT MUSIC BOOSTERS PO BOX 614 DURANT, IA 52747	42-1067680	501 (C) (3)	6,998.	0.			DURANT BAND BARITONE SAXOPHONE REPLACEMENT
EVERYCHILD 524 15TH ST MOLINE, IL 61265	36-2937848	501 (C) (3)	40,550.	0.			GENERAL SUPPORT, PREVENTION EDUCATION
FAMILY RESOURCES, INC. - DAVENPORT 2800 EASTERN AVE DAVENPORT, IA 52803	42-0698225	501 (C) (3)	554,959.	0.			GENERAL SUPPORT, GROUP VIOLENCE INTERVENTION STRATEGY
FIGGE ART MUSEUM 225 W 2ND ST DAVENPORT, IA 52801	42-6090398	501 (C) (3)	116,747.	0.			GENERAL SUPPORT, DIVERSITY AND EQUITY FUND, DIGITIZE COLLECTION
FIRST LUTHERAN CHURCH - GENESEO 114 E MAIN ST GENESEO, IL 61254	36-2323982	501 (C) (3)	10,900.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH - DAVENPORT - 1702 IOWA ST - DAVENPORT, IA 52803	42-0707098	501 (C) (3)	19,340.	0.			GENERAL SUPPORT

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FIRST UNITED METHODIST CHURCH - IOWA CITY, IA - 214 E JEFFERSON ST - IOWA CITY, IA 52245	42-0772560	501 (C) (3)	5,253.	0.			GENERAL SUPPORT
FOTOKIDS, INC. 1333 JONES ST. #1001 SAN FRANCISCO, CA 94109	45-1261970	501 (C) (3)	5,050.	0.			GENERAL SUPPORT
FREEDOM HOMES MINISTRIES OF THE QCA - 720 E LOCUST ST - DAVENPORT, IA 52803	43-2083544	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
FREIGHT HOUSE FARMER'S MARKET 102 S HARRISON ST DAVENPORT, IA 52801	26-4362654	501 (C) (3)	10,000.	0.			STRATEGIC PLANNING AND TECHNOLOGY UPGRADES
FRESH FILMS - DREAMING TREE FOUNDATION - 639 38TH ST SORENSON 100 - ROCK ISLAND, IL 61201	32-0246706	501 (C) (3)	32,998.	0.			EQUIPMENT TO IMPROVE PROGRAM DELIVERY AND CAPACITY
FRIENDLY HOUSE 1221 MYRTLE ST DAVENPORT, IA 52804	42-0733466	501 (C) (3)	6,434.	0.			GENERAL SUPPORT, HOLIDAY BASKETS
FRIENDS OF LACEY-KEOSAUQUA STATE PARK - PO BOX 130 - KEOSAUQUA, IA 52565	42-1446581	501 (C) (3)	20,000.	0.			LACEY-KEOSAUQUA STATE PARK CAMPGROUND TO BATH HOUSE TRAIL PROJECT
FRIENDS OF MLK 501 BRADY ST APT 106 DAVENPORT, IA 52801-1520	47-4968227	501 (C) (3)	25,000.	0.			MLK PARK IN DOWNTOWN DAVENPORT
FRIENDS OF THE DAVENPORT PUBLIC LIBRARY - 321 MAIN ST - DAVENPORT, IA 52801-1490	42-1204594	501 (C) (3)	33,692.	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 THE FULTON WINDMILL 20152 ACKER RD FULTON, IL 61252	36-4290403	501 (C) (3)	10,200.	0.			GENERAL SUPPORT, WINDMILL UPGRADES
FRIENDS OF VANDER VEER 214 W CENTRAL PARK AVE DAVENPORT, IA 52803	42-1394989	501 (C) (3)	14,544.	0.			GENERAL SUPPORT
FRIENDSHIP MANOR 1209 21ST AVE ROCK ISLAND, IL 61201	36-2524984	501 (C) (3)	6,634.	0.			GENERAL SUPPORT
FULLER CEMETERY 3258 MORNINGSIDE DR GALESBURG, IL 61401	37-6030334	501 (C) (13)	9,700.	0.			GENERAL SUPPORT
FULTON FIRE PROTECTION DISTRICT PO BOX 343 FULTON, IL 61252-1727	36-3791362	501 (C) (3)	7,800.	0.			GENERAL SUPPORT, TOOLS
FULTON THOMSON AREA FOOD PANTRY 1114 3RD ST FULTON, IL 61252	83-0932815	501 (C) (3)	6,772.	0.			FOOD AND TOILETRIES
FULTON TOWNSHIP PO BOX 162 FULTON, IL 61252	36-6006285	CITY OF FULTON	5,970.	0.			GENERAL SUPPORT
GENESIS HEALTH SERVICES FOUNDATION 1227 E RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501 (C) (3)	58,787.	0.			GENERAL SUPPORT, HOSPICE HOUSE
GENESIUS THEATRE FOUNDATION, INC. 1120 40TH ST ROCK ISLAND, IL 61201-3113	36-3852749	501 (C) (3)	8,850.	0.			GENERAL SUPPORT

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GERMAN AMERICAN HERITAGE CENTER AND MUSEUM - 712 W 2ND ST - DAVENPORT, IA 52802	42-1424418	501 (C) (3)	24,950.	0.			DIVERSITY EQUITY ACCESS INCLUSION TRAINING AND TECHNOLOGY FOR THE GERMAN AMERICAN HERITAGE CENTER
GILDA'S CLUB QUAD CITIES 1351 W CENTRAL PK AVE STE 200 DAVENPORT, IA 52804	42-1446989	501 (C) (3)	29,730.	0.			GENERAL SUPPORT
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS - QUAD CITIES - 940 GOLDEN VALLEY DR - BETTENDORF, IA 52722	42-1008848	501 (C) (3)	62,600.	0.			SUPPORT GIRLS IN UNDERSERVED AREAS AND TECHNOLOGY UPGRADES
GOOD SHEPHERD PRESBYTERIAN CHURCH 2324 18TH AVE ROCK ISLAND, IL 61201	23-6393377	501 (C) (3)	13,324.	0.			GENERAL SUPPORT
GRACE LUTHERAN CHURCH - DAVENPORT, IA - 1140 E HIGH ST - DAVENPORT, IA 52803	23-7305636	501 (C) (3)	13,732.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY - COLLIER COUNTY - 11145 TAMiami TRAIL E - NAPLES, FL 34113	59-1834379	501 (C) (3)	7,780.	0.			GENERAL SUPPORT, HOUSE BUILDING IN IMMOKALEE, FL
HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1404937	501 (C) (3)	99,154.	0.			GENERAL SUPPORT, HOME BUILDING
HAND IN HAND 3860 MIDDLE RD BETTENDORF, IA 52722	42-1508508	501 (C) (3)	11,271.	0.			GENERAL SUPPORT
HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE RD DAVENPORT, IA 52806	42-0947868	501 (C) (3)	14,873.	0.			GENERAL SUPPORT

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HEART OF HOPE MINISTRIES 1740 9TH AVE ROCK ISLAND, IL 61201	27-0650299	501 (C) (3)	40,000.	0.			HEART OF HOPE MINISTRIES GENERAL OPERATING SUPPORT
HERITAGE WESLEYAN CHURCH 4801 44TH ST ROCK ISLAND, IL 61201	36-3309659	501 (C) (3)	7,621.	0.			GENERAL SUPPORT
HILLSDALE COLLEGE - INSTITUTIONAL ADVANCEMENT - 33 E COLLEGE ST - HILLSDALE, MI 49242	38-1374230	501 (C) (3)	10,500.	0.			FOSTER FOR GROWTH SCHOLARSHIP
HOLY FAMILY PARISH 1111 AVE E FORT MADISON, IA 52627	90-0478240	501 (C) (3)	59,900.	0.			ST. 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)	6,600.	0.			GENERAL SUPPORT
HOLY TRINITY CATHOLIC SCHOOLS, INC. - 413 AVE C - WEST POINT, IA 52656	20-3063265	501 (C) (3)	69,900.	0.			GENERAL SUPPORT, SCHOLARSHIPS
HOPE AT THE BRICK HOUSE, INC. 1431 N RIPLEY ST DAVENPORT, IA 52803	35-2531721	501 (C) (3)	11,000.	0.			HOPE AT THE BRICK HOUSE GENERAL OPERATING SUPPORT .
HOPE HAVEN AREA DEVELOPMENT CENTER CORPORATION - 828 N 7TH ST - BURLINGTON, IA 52601	42-1000580	501 (C) (3)	309,700.	0.			LEARNING DISABLED AND HANDICAPPED CHILDREN AND ADULTS GRANT
HOWARD YOUNG FOUNDATION, INC. PO BOX 10 MINOCQUA, WI 54548	39-1521169	501 (C) (3)	5,880.	0.			GENERAL SUPPORT, AUTISM TRANSITION CENTER

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HUMANE SOCIETY OF HENRY COUNTY-KEWANEE - PO BOX 659 - KEWANEE, IL 61443	36-3055921	501 (C) (3)	7,680.	0.			VETERINARY CARE OF ANIMALS
HUMANE SOCIETY OF SCOTT COUNTY 2802 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-0801836	501 (C) (3)	35,810.	0.			GENERAL SUPPORT, HEATING SYSTEM REPLACEMENT
HUMILITY HOMES AND SERVICES, INC. 519 FILLMORE ST DAVENPORT, IA 52802	01-0916973	501 (C) (3)	94,945.	0.			GENERAL SUPPORT
INDIAN HILLS COMMUNITY COLLEGE FOUNDATION - 525 GRANDVIEW AVE - OTTUMWA, IA 52501	23-7414672	501 (C) (3)	10,000.	0.			INDIAN HILLS COMMUNITY COLLEGE CRIMINAL JUSTICE TRAINING CENTER
INTERNATIONAL COMMITTEE OF THE RED CROSS - 1100 CONNECTICUT AVE, NW SUITE 500 - WASHINGTON, DC 20036	98-6001029	501 (C) (3)	8,500.	0.			GENERAL SUPPORT, UKRAINIAN RELIEF
IOWA JOBS FOR AMERICA'S GRADUATES - IJAG - 1111 9TH ST SUITE 268 - DES MOINES, IA 50314	42-1492988	501 (C) (3)	12,500.	0.			IJAG: PLANNING FOR STRATEGIC ADVANCEMENT TO GROW AND SUSTAIN PROGRAMMING FOR
IOWA LEGAL AID 666 WALNUT ST 25TH FLOOR DES MOINES, IA 50309	42-1079227	501 (C) (3)	19,150.	0.			HELP REGIONAL OFFICE SERVING SCOTT & CLINTON COUNTIES IN IOWA
IOWA OSTEOPATHIC MEDICAL ASSOCIATION - 6919 VISTA DR - WEST DES MOINES, IA 50266	42-0334865	501 (C) (6)	27,700.	0.			GENERAL SUPPORT
IOWA PBS FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501 (C) (3)	20,408.	0.			GENERAL SUPPORT

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IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010-8644	42-1143702	501 (C) (3)	52,608.	0.			SCHOLARSHIPS
JOHN DEERE CLASSIC 15623 COALTOWN RD EAST MOLINE, IL 61244	93-1332421	501 (C) (3)	419,300.	0.			GENERAL SUPPORT
JOHNSON COUNTY AGRICULTURAL ASSOCIATION - 4261 OAK CREST HILL RD SE - IOWA CITY, IA 52246	42-0941188	501 (C) (3)	5,253.	0.			JOHNSON CO 4H FAIR
JUNIOR ACHIEVEMENT OF THE HEARTLAND - 800 12TH AVE - MOLINE, IL 61265	36-2684253	501 (C) (3)	53,000.	0.			JA INSPIRATION CENTER CAPITAL CAMPAIGN
JUNIOR THEATRE, INC. 2822 EASTERN AVE DAVENPORT, IA 52803	42-6091538	501 (C) (3)	7,250.	0.			GOVERNANCE TRAINING AND COACHING FOR STABILITY, EQUITY, AND FUNDRAISING
KAABA SHRINERS PO BOX 3627 DAVENPORT, IA 52808	51-0171597	501 (C) (10)	65,120.	0.			GENERAL SUPPORT
KEOSAUQUA VOLUNTEER FIRE DEPARTMENT - PO BOX 252 - KEOSAUQUA, IA 52565	42-1184513	501 (C) (10)	10,000.	0.			PURCHASE SCBA (SELF CONTAINED BREATHING APPARATUS), AIR PACKS
KEWANEE PUBLIC LIBRARY 102 SOUTH TREMONT STREET KEWANEE, IL 61443	36-6005948	CITY OF KEWANEE	13,440.	0.			GENERAL SUPPORT
KING'S HARVEST 5837 WISCONSIN AVE DAVENPORT, IA 52806	42-1519570	501 (C) (3)	19,661.	0.			GENERAL SUPPORT

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KINNAS HOUSE OF LOVE INC. 318 E 7TH SUITE 205 DAVENPORT, IA 52803	85-2995891	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
LATINO BUSINESS ACTION NETWORK 297 COMMERCIAL ST SAN JOSE, CA 95112	46-0649020	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
LIVING LANDS & WATERS 17624 ROUTE 84 N EAST MOLINE, IL 61244-9122	36-4244353	501 (C) (3)	9,280.	0.			GENERAL SUPPORT, FLOATING CLASSROOM
LIVING PROOF EXHIBIT 4343 16TH ST. PMB#159 MOLINE, IL 61265	27-3500764	501 (C) (3)	19,254.	0.			GENERAL SUPPORT, STAFF TRAINING
LIVWELL CARES 2010 E. 38TH STREET SUITE 101 DAVENPORT, IA 52807	82-3142376	501 (C) (3)	15,000.	0.			GENERAL OPERATING SUPPORT FOR LIVWELL CARES (COMPASSIONATE ADVOCACY & RESOURCES FOR EVERY
LOUD THUNDER FOREST PRESERVE 19406 LOUD THUNDER RD ILLINOIS CITY, IL 61259	46-3206576	CITY OF ILLINOIS	200,000.	0.			PURCHASE OF LAND
LOVE GIRLS MAGAZINE PO BOX 102 MOLINE, IL 61265	42-6122716	501 (C) (3)	19,000.	0.			GENERAL SUPPORT, MAGAZINE PRODUCTION AND OTHER PROGRAMS
LULAC COUNCIL #10 PO BOX 4616 DAVENPORT, IA 52802	42-6118772	501 (C) (4)	10,000.	0.			LATINO LEADERSHIP DEVELOPMENT PROGRAM
LUTHERAN SOCIAL SERVICES OF ILLINOIS (LSSI) - STERLING - 1901 FIRST AVE - STERLING, IL 61081	36-2584799	501 (C) (3)	6,000.	0.			GENERAL SUPPORT

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MARRIAGE AND FAMILY COUNSELING SERVICE - 1800 3RD AVE STE 512 - ROCK ISLAND, IL 61201	36-2606683	501 (C) (3)	6,750.	0.			GENERAL SUPPORT, SERVICES FOR SPANISH SPEAKING FAMILIES
MARTIN LUTHER KING JR. CENTER, INC. - 630 9TH ST - ROCK ISLAND, IL 61201	36-3100490	501 (C) (3)	19,975.	0.			GENERAL SUPPORT, MARKETING AND COMMUNICATION
MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501 (C) (3)	40,500.	0.			GENERAL SUPPORT
MERCADO ON FIFTH, INC. 3707 AVENUE OF THE CITIES MOLINE, IL 61265	81-5377245	501 (C) (3)	100,000.	0.			GENERAL SUPPORT, CONSTRUCTION SUPPORT
MERCY VINEYARD CHURCH PO BOX 1654 MOLINE, IL 61266	27-4544181	501 (C) (3)	15,000.	0.			GENERAL OPERATION SUPPORT FOR FOR THE CHILDREN'S ROYAL FAMILY KIDS CAMP
MESSIAS TEMPLE APOSTOLIC FAITH CHURCH - 308 E. 14TH ST - DAVENPORT, IA 52803	39-1883797	501 (C) (3)	10,000.	0.			INSPIRE NEXT PROGRAM SUPPORT
METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN 10TH FLOOR CHICAGO, IL 60602	36-2167940	501 (C) (3)	28,000.	0.			GENERAL SUPPORT
MISS IOWA SCHOLARSHIP PROGRAM PO BOX 1595 DAVENPORT, IA 52809	42-1171038	501 (C) (4)	7,346.	0.			STUDENT LOAN PAYMENT REIMBURSEMENT, OTHER REIMBURSEMENTS
MOLINE-COAL VALLEY SCHOOL DISTRICT NO. 40 - 1619 11TH AVENUE - MOLINE, IL 61265	36-6005356	501 (C) (3)	17,899.	0.			MOLINE HIGH SCHOOL WRESTLING AND MOLINE HIGH SCHOOL SHIPLEY TRACK

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NAHANT MARSH EDUCATION CENTER 4220 S WAPELLO AVE DAVENPORT, IA 52802	38-3667579	501 (C) (3)	22,950.	0.			NAHANT MARSH STRATEGIC PLANNING AND TECHNOLOGY EQUIPMENT TO INCREASE DIVERSITY AND REACH
NEST CAFE 830 43RD ST ROCK ISLAND, IL 61201	84-4424697	501 (C) (3)	45,400.	0.			GENERAL SUPPORT
NIABI ZOOLOGICAL SOCIETY PO BOX 317 ELDRIDGE, IA 52748-0317	36-3293641	501 (C) (3)	16,700.	0.			GENERAL SUPPORT
NORTH CEDAR COMMUNITY SCHOOL DISTRICT - PO BOX 247 - STANWOOD, IA 52337	42-1430236	501 (C) (3)	12,556.	0.			REIMBURSE NORTH CEDAR SCHOOL FOR TEACHER GRANTS PAID IN 2021-2022 FISCAL YEAR
ODELL PUBLIC LIBRARY 307 S MADISON ST MORRISON, IL 61270	75-3224835	CITY OF MORRISON	10,200.	0.			GENERAL SUPPORT
ONE EIGHTY 601 N MARQUETTE ST DAVENPORT, IA 52802	32-0100540	501 (C) (3)	27,190.	0.			BUILDING STABLE FAMILIES PROJECT, SPORTS PROGRAM
PLANNED PARENTHOOD OF THE HEARTLAND FOUNDATION - 671 VANDALIA ST - ST PAUL, MN 55114	42-0727488	501 (C) (3)	9,200.	0.			PROVIDING SERVICES IN THE SERVICE AREA OF THE FORMER PLANNED PARENTHOOD OF SOUTHEAST IOWA
PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT - 525 BELMONT RD - BETTENDORF, IA 52722	18-2025776	501 (C) (3)	8,759.	0.			FOOTBALL AND BASKETBALL PROGRAMS, EDUCATIONAL OPPORTUNITIES
PLEASANT VALLEY SCHOOLS EDUCATIONAL FOUNDATION - 525 BELMONT RD - BETTENDORF, IA 52722	42-1368149	501 (C) (3)	34,938.	0.			RUN WITH CARL 2022 TITLE SPONSORSHIP, SCHOLARSHIPS

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POSITIVE BROTHERS UNITED 3704 9TH STREET ROCK ISLAND, IL 61201	87-1909122	501 (C) (3)	20,000.	0.			POSITIVE BROTHERS UNITED GENERAL SUPPORT
PRESBYTERIAN CHURCH OF FULTON 311 N 9 ST FULTON, IL 61252	36-3259704	501 (C) (3)	6,000.	0.			FULTON COMMUNITY RELIEF FUND, MEALS ON WHEELS
PROJECT RENEWAL INC. 906 W 5TH ST DAVENPORT, IA 52802	13-4292017	501 (C) (3)	58,850.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
PUTNAM MUSEUM AND SCIENCE CENTER 1717 W 12TH ST DAVENPORT, IA 52804	42-0680474	501 (C) (3)	26,450.	0.			ADVANCING EQUITY THROUGH EFFECTIVE ACCESSIBLE COMMUNICATIONS TECHNOLOGY & EQUIPMENT
QC CLOSET2CLOSET PO BOX 6838 ROCK ISLAND, IL 61204	47-3814442	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
QUAD CITIES CHAMBER FOUNDATION (IA) - 331 W 3RD ST - DAVENPORT, IA 52801	42-1292789	501 (C) (3)	17,150.	0.			2022 LEAD MEMBER DUES AND CONTRIBUTION TO COMMUNITY LEADERSHIP EFFORTS
QUAD CITIES CULTURAL TRUST 2550 MIDDLE RD, STE 300 BETTENDORF, IA 52722	26-1114466	501 (C) (3)	172,680.	0.			GENERAL SUPPORT
QUAD CITIES HOUSING COUNCIL 1212 W 3RD STE A DAVENPORT, IA 52802	42-1496268	501 (C) (3)	230,000.	0.			QUAD CITIES AFFORDABLE HOUSING VISION, GENERAL SUPPORT
QUAD CITIES OPEN NETWORK 1 MONTGOMERY DR, SUITE 22 MOLINE, IL 61265	84-3550907	501 (C) (3)	59,500.	0.			SEAP PROGRAM, DIRECT AID TO RESIDENTS, BABY FORMULA

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
QUAD CITIES REGIONAL VISION - Q2030 - 2550 MIDDLE RD STE 300 - BETTENDORF, IA 52722	86-1972292	501 (C) (3)	25,000.	0.			Q2030 SUPPORT
QUAD CITY ANIMAL WELFARE CENTER 724 W 2ND AVE MILAN, IL 61264	36-2952894	501 (C) (3)	7,203.	0.			GENERAL SUPPORT
QUAD CITY ARTS 1715 2ND AVE ROCK ISLAND, IL 61201	36-3122824	501 (C) (3)	18,450.	0.			VISITING ARTIST SERIES PROGRAM, CHALK ART FEST AND SCHOLARSHIP PROGRAM
QUAD CITY BOTANICAL CENTER 2525 4TH AVE ROCK ISLAND, IL 61201-3413	36-3496537	501 (C) (3)	22,200.	0.			LIGHT DUTY TRACTOR
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY ST DAVENPORT, IA 52801	42-6017663	501 (C) (3)	52,408.	0.			PRIVATE LESSON PROGRAM, DIGITAL ACCESS TO CONCERTS, ONLINE PROGRAMMING
REGIONAL DEVELOPMENT AUTHORITY 101 W 2ND ST STE 306 DAVENPORT, IA 52801	42-1347125	501 (C) (4)	7,066.	0.			REFUND OF UNUSED PORTION OF EDMUND GAINES GROUP PROJECT FUND GRANT
RIVER ACTION INC. PO BOX 964 DAVENPORT, IA 52808	42-1267366	501 (C) (3)	85,650.	0.			FIRST BRIDGE PROJECT, PRIORITY CONSERVATION PROJECTS
RIVER BEND EDUCATIONAL FOUNDATION 1110 3RD ST FULTON, IL 61252	36-3428777	501 (C) (3)	25,250.	0.			SCHOLARSHIPS
RIVER BEND FOOD BANK 4010 KIMMEL DR DAVENPORT, IA 52802	36-3147342	501 (C) (3)	436,475.	0.			CAPITAL CAMPAIGN, FOOD DISTRIBUTION SITES, 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
RIVERMONT COLLEGIATE 1821 SUNSET DR BETTENDORF, IA 52722	42-0703279	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
ROBERT YOUNG CENTER 4600 3RD ST MOLINE, IL 61265	36-3678909	501 (C) (3)	43,000.	0.			AMY'S GIFT
ROCK ISLAND COUNTY CHILDREN'S ADVOCACY CENTER - 734 20TH ST - ROCK ISLAND, IL 61201	31-1612180	501 (C) (3)	21,000.	0.			GENERAL SUPPORT
ROTARY CLUB OF TIPTON PO BOX 268 TIPTON, IA 52772	42-1215899	501 (C) (4)	11,700.	0.			TIPTON ROTARY CITY PARK PAVILION RECONSTRUCTION
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1 ROTARY CENTER - EVANSTON, IL 60201	36-3245072	501 (C) (3)	31,000.	0.			POLIO PLUS, ANNUAL FUND
SACRED HEART CATHEDRAL - DAVENPORT 422 E 10TH ST DAVENPORT, IA 52803	42-6005490	501 (C) (3)	16,500.	0.			GENERAL SUPPORT
SAFER FOUNDATION - QUAD CITIES 1702 N MAIN ST DAVENPORT, IA 52803	36-2762168	501 (C) (3)	9,100.	0.			STAFF TRAINING, ADOPT A CLASS
SAL FAMILY AND COMMUNITY SERVICES (SKIP-A-LONG) - 3800 AVENUE OF THE CITIES STE 108 - MOLINE, IL 61265	36-2728411	501 (C) (3)	21,900.	0.			SKIP-A-LONG DAVENPORT CAMPUS NATURE EXPLORE OUTDOOR CLASSROOM
SAVANNA FOOD PANTRY PO BOX 181 SAVANNA, IL 61074	36-3309779	501 (C) (3)	12,000.	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
SCHMALING MEMORIAL PUBLIC LIBRARY PO BOX 125 FULTON, IL 61252	36-2806494	CITY OF FULTON	10,080.	0.			GENERAL SUPPORT, BOOKS, SUMMER READING PROGRAM
SCHOOL HEALTH LINK, INC. 3602 AVENUE OF THE CITIES MOLINE, IL 61265	36-4109801	501 (C) (3)	55,000.	0.			GENERAL SUPPORT, YOUTH HEALTHCARE SERVICES
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DR. SUITE 200 ORLANDO, FL 32810	31-1640316	501 (C) (3)	162,638.	0.			GENERAL SUPPORT
SCOTT COMMUNITY COLLEGE FOUNDATION 500 BELMONT RD BETTENDORF, IA 52722	42-1255106	501 (C) (3)	22,800.	0.			NURSING SCHOLARSHIPS AND CULINARY ARTS SCHOLARSHIPS
SHATTUCK-ST. MARY'S SCHOOL 1000 SHUMWAY AVE FARUIBAULT, MN 55021	41-0696908	501 (C) (3)	5,253.	0.			GENERAL SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607-1460	36-2193608	501 (C) (3)	13,324.	0.			GENERAL SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER ST. SUITE 1250 OAKLAND, CA 94612	94-6069890	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
SPECTRUM SCHOOL 4848 TURNER ST ROCKFORD, IL 61107	36-2747236	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND, IL 61201	45-0561173	501 (C) (3)	7,500.	0.			SUMMER LEARNING PROGRAM IN TWO EAST MOLINE ELEMENTARY SCHOOLS

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
ST. AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	501 (C) (3)	28,219.	0.			GENERAL SUPPORT
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)	53,109.	0.			CAPITAL REPAIRS AND MAINTENANCE
ST. JOHN VIANNEY CATHOLIC CHURCH 4097 18TH ST BETTENDORF, IA 52722	23-7287959	501 (C) (3)	16,900.	0.			GENERAL SUPPORT
ST. JOHN'S LUTHERAN CHURCH - EAST MOLINE - 1450 30TH AVE - EAST MOLINE, IL 61244	36-6094581	501 (C) (3)	9,100.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PL - MEMPHIS, TN 38105	62-0646012	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
ST. MALACHY'S CHURCH 595 E OGDEN AVE GENESE0, IL 61254	36-2200253	501 (C) (3)	11,250.	0.			CAPITAL IMPROVEMENT, PARACLETE FUND, SCHOOL ENDOWMENT, AND GENERAL FUNDS
ST. PAUL LUTHERAN CHURCH - DAVENPORT, IA - 2136 N BRADY ST - DAVENPORT, IA 52803	42-0752625	501 (C) (3)	10,750.	0.			GENERAL SUPPORT
STEAM ON WHEELS 2900 LEARNING CAMPUS DR BETTENDORF, IA 52722	83-2758163	501 (C) (3)	39,550.	0.			GENERAL SUPPORT, BOARD TRAINING AND STRATEGIC PLANNING

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
STERLING ROCK FALLS COMMUNITY TRUST - 302 FIRST AVE - STERLING, IL 61081	36-6217952	501 (C) (3)	21,000.	0.			GENERAL SUPPORT
STERLING ROCK FALLS FAMILY YMCA 2505 YMCA WAY STERLING, IL 61081	36-2225496	501 (C) (3)	8,800.	0.			GENERAL SUPPORT
TAPESTRY FARMS PO BOX 2332 DAVENPORT, IA 52809	82-1925820	501 (C) (3)	27,250.	0.			GENERAL SUPPORT
TEAM RUBICON 6171 W. CENTURY BLVD. SUITE 310 LOS ANGELES, CA 90045	27-1720480	501 (C) (3)	6,000.	0.			GENERAL SUPPORT, HURRICANE RELIEF, UKRAINE SUPPORT
TESTIMONIES OF HOPE PO BOX 3812 DAVENPORT, IA 52808	47-2446305	501 (C) (3)	23,450.	0.			GENERAL OPERATING SUPPORT FOR ARGROW'S HOUSE
TIPTON SENIOR PARK 50 PLUM ST. E-5 TIPTON, IA 52772	42-6240234	501 (C) (4)	6,429.	0.			TIPTON SENIOR PARK
TRANSITIONS NFP PO BOX 4238 ROCK ISLAND, IL 61204-4238	36-3153563	501 (C) (3)	11,172.	0.			PSYCHIATRIC TELEHEALTH
TRINITY EPISCOPAL CATHEDRAL 121 W 12TH ST DAVENPORT, IA 52803	42-0718465	501 (C) (3)	6,400.	0.			GENERAL SUPPORT
TRINITY HEALTH FOUNDATION 2560 24TH ST STE 206 ROCK ISLAND, IL 61201	36-3321751	501 (C) (3)	6,000.	0.			GENERAL SUPPORT, SCHOLARSHIP FUND

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 LUTHERAN CHURCH - W.H.O. GROUP - 5631 W STONEY LAKE RD - NEW ERA, MI 49446	38-1387155	501 (C) (3)	8,000.	0.			SCHOLARSHIPS
TWO RIVERS UNITED METHODIST CHURCH 1820 5TH AVE ROCK ISLAND, IL 61201	36-2170858	501 (C) (3)	13,000.	0.			GENERAL SUPPORT
TWO RIVERS YMCA 2040 53RD ST MOLINE, IL 61265-3698	36-2169199	501 (C) (3)	16,203.	0.			EAST MOLINE SITE OF SUMMER YOUTH ENRICHMENT INITIATIVE (RIDGEWOOD)
UNITARIAN UNIVERSALIST CONGREGATION OF THE QUAD CITIES - 3707 EASTERN AVE - DAVENPORT, IA 52807	42-6062306	501 (C) (3)	13,800.	0.			GENERAL SUPPORT
UNITED WAY QUAD CITIES 852 MIDDLE RD STE 401 BETTENDORF, IA 52722	36-2725960	501 (C) (3)	139,174.	0.			GENERAL SUPPORT
UNITY HOUSE OF DAVENPORT, INC. 2341 E PLEASANT ST DAVENPORT, IA 52803	47-1718075	501 (C) (4)	8,000.	0.			UNITY HOUSE CERTIFIED ALCOHOL & DRUG COUNSELOR RELAPSE PREVENTION PROGRAM
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN ST URBANA, IL 61801	37-6006007	501 (C) (3)	13,732.	0.			GENERAL OPERATING SUPPORT FOR THE COLLEGE OF LIBERAL ARTS & SCIENCES
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	501 (C) (3)	85,338.	0.			SCHOLARSHIPS
UNIVERSITY OF MICHIGAN - LEGAL 3003 S STATE ST SUITE 9000 ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	13,329.	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
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 204 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	501 (C) (3)	53,218.	0.			SCHOLARSHIPS
VAN BUREN COUNTY HISTORICAL SOCIETY - PO BOX 423 - KEOSAUQUA, IA 52565	23-7305113	501 (C) (3)	29,000.	0.			TWOBLY BUILDING SECOND-STORY HOUSING AND RENOVATION
VERA FRENCH FOUNDATION 1441 W CENTRAL PARK AVE DAVENPORT, IA 52804	42-1256448	501 (C) (3)	52,423.	0.			SCHOOL BASED THERAPY AND MENTAL HEALTH PROGRAMS, UPGRADING SOFTWARE
VERA FRENCH HOUSING CORPORATION 211 E 37TH ST DAVENPORT, IA 52806	42-1427313	501 (C) (3)	45,900.	0.			GENERAL SUPPORT
VILLAGE OF POPLAR GROVE 200 NORTH HILL ST POPLAR GROVE, IL 61065	36-6009364	VILLAGE OF POPLA	10,000.	0.			LIONS PARK WALKING PATH/ ADA COMPLIANCE
VILLAGES OF VAN BUREN, INC. PO BOX 9 KEOSAUQUA, IA 52565	42-0988485	501 (C) (4)	6,000.	0.			VISITORS GUIDE 2022
WEST BRANCH HERITAGE FOUNDATION PO BOX 501 WEST BRANCH, IA 52358	42-0890381	501 (C) (3)	5,253.	0.			NEW AWNING 2022
WESTERN ILLINOIS UNIVERSITY FOUNDATION - 1 UNIVERSITY CIRCLE SHERMAN HALL RM 303 - MACOMB, IL 61455	37-6046814	501 (C) (3)	65,618.	0.			BILINGUAL FAMILY RESOURCE SPECIALIST, TECHNOLOGY NEEDS
WETHERSFIELD ACADEMIC FOUNDATION 439 WILLARD ST KEWANEE, IL 61443	26-2801522	501 (C) (3)	13,440.	0.			DR. CAROL S. GLEICH WOMEN'S HEALTH SCIENCES SCHOLARSHIP

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
WOMEN'S CHOICE CENTER (LIFE AND FAMILY EDUCATIONAL TRUST) - 2740 HAPPY JOE DR STE 2 - BETTENDORF, IA 52722	37-6358005	501 (C) (3)	9,513.	0.			GENERAL SUPPORT
WOODLAWN ARTS ACADEMY 3807 WOODLAWN RD STERLING, IL 61081	27-3915224	501 (C) (3)	6,200.	0.			GENERAL SUPPORT
WORLD RELIEF QUAD CITIES 1852 16TH ST MOLINE, IL 61265	23-6393344	501 (C) (3)	45,000.	0.			TECHNOLOGY UPGRADES, FOOD PANTRY, GENERAL SUPPORT
WORLD VISION, INC PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501 (C) (3)	15,000.	0.			WATER WELL IN AFRICA
WTTW 5400 N ST. LOUIS AVE CHICAGO, IL 60625	36-2246703	501 (C) (3)	11,000.	0.			PBS NEWS HOUR
WVIK QUAD CITIES NPR 639 38TH ST ROCK ISLAND, IL 61201	36-2166962	501 (C) (3)	15,187.	0.			WVIK NEWS FELLOWSHIP PROGRAM SUPPORT
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 E 4TH ST - DAVENPORT, IA 52801	42-0703278	501 (C) (3)	121,645.	0.			GENERAL SUPPORT, REPAIRS, BUILDING FOR GENERATIONS CAMPAIGN
YWCA OF THE QUAD CITIES 229 16TH ST ROCK ISLAND, IL 61201	36-2171176	501 (C) (3)	59,980.	0.			GENERAL SUPPORT, TECHNOLOGY UPGRADES

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	143	582,922.	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

Part IV Supplemental Information

DISTRIBUTED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AZUBUIKE AFRICAN AMERICAN COUNCIL FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: STRATEGIC PLANNING & BOARD TRAINING
TO IMPROVE MISSION, RESOURCE ALLOCATION, AND SUSTAINABILITY

NAME OF ORGANIZATION OR GOVERNMENT:

BETTENDORF SCHOOLS PARENTS AND ATHLETIC BOOSTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BETTENDORF BOOSTERS TO SUPPORT ALL
ACTIVITIES FOR STUDENTS AND THE COMMUNITY AT BETTENDORF HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR ACTIVE SENIORS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNOLOGY NEEDS/STAFF TRAINING TO
IMPROVE COMMUNICATION/DATA/EVALUATION/PROGRAM DELIVERY CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COMMUNITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTRAL CLINTON COMMUNITY HIGH
SCHOOL SCIENCE DEPARTMENT - ANATOMY/PHYSIOLOGY MODELS AND MICROSCOPES

NAME OF ORGANIZATION OR GOVERNMENT:

IOWA JOBS FOR AMERICA'S GRADUATES - IJAG

(H) PURPOSE OF GRANT OR ASSISTANCE: IJAG: PLANNING FOR STRATEGIC
ADVANCEMENT TO GROW AND SUSTAIN PROGRAMMING FOR UNDERSERVED YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: LIVWELL CARES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR

Part IV Supplemental Information

LIVWELL CARES (COMPASSIONATE ADVOCACY & RESOURCES FOR EVERY SENIOR)

NAME OF ORGANIZATION OR GOVERNMENT:

VAN BUREN COUNTY AGRICULTURAL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HANDICAP PARKING/LANDSCAPING AT THE
VAN BUREN COUNTY FAIRGROUNDS NEW FAIR VIEW BUILDING

PART III:

QUAD CITIES COMMUNITY FOUNDATION INCLUDED A TEMPORARY ADJUSTMENT IN
GRANTS TO INDIVIDUALS ON THE FUNCTIONAL EXPENSES RECOGNIZED FOR AUDIT
PURPOSES IN 2022 THAT WILL REVERSE OUT IN 2023. ALL SCHOLARSHIPS
AWARDED AND RECOGNIZED IN 2022 ARE REPORTED ON SCHEDULE I, PART III.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 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 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	14	1,704,198.	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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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) 2022

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 for the latest information.

OMB No. 1545-0047

2022

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 DIRECTOR OF OPERATIONS AND ADMINISTRATION VIA EMAIL. THIS EMAIL IS MAINTAINED IN A SECURE PAYROLL FOLDER.

Name of the organization QUAD CITIES COMMUNITY FOUNDATION	Employer identification number 42-6122716
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FORM 990, PART VI, SECTION C, LINE 19:

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	-802,728.
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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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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
(1)				
(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

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. QUAD CITIES COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 42-6122716
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. 852 MIDDLE ROAD, 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETTENDORF, IA 52722	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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		

PAUL TOMKINS

- 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, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2022** 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.