

Community Foundation of Greater Dubuque

2016 Return of Organization Exempt from Tax (Form 990)

6/30/2017

Public Disclosure Copy

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns – keep indefinitely.
- Supporting documentation – keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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 Community Foundation of Greater Dubuque Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 Locust Street 195 City or town, state or province, country, and ZIP or foreign postal code Dubuque, IA 52001 F Name and address of principal officer: Nancy Van Milligen same as C above	D Employer identification number 42-1526614 E Telephone number 563-588-2700 G Gross receipts \$ 42,136,206. 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) 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.dbqfoundation.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: 2001		M State of legal domicile: IA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The Community Foundation of Greater Dubuque strengthens communities and inspires giving.		
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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	11,576,768.	12,966,035.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	18,480.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	806,006.	1,359,219.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-17,098.	-16,480.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,365,676.	14,327,254.
14	Benefits paid to or for members (Part IX, column (A), line 4)	6,953,711.	5,719,117.
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)	1,340,679.	1,370,491.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 623,429.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,374,857.	1,454,587.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,669,247.	8,544,195.
19	Revenue less expenses. Subtract line 18 from line 12	2,696,429.	5,783,059.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	66,503,296.	79,194,492.
22	Net assets or fund balances. Subtract line 21 from line 20	1,108,487.	1,619,454.
		65,394,809.	77,575,038.

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 Nancy Van Milligen, President/CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name Carmen Krantz	Preparer's signature Carmen Krantz	Date 05/09/18	Check if self-employed <input type="checkbox"/>	PTIN P00031958
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958			
	Firm's address ▶ 1545 ASSOCIATES DR., STE. 101 DUBUQUE, IA 52002		Phone no. 563-556-1790		

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: The Community Foundation of Greater Dubuque grows philanthropy to improve life in Northeast Iowa by serving donors, strengthening nonprofits and leading collaborative initiatives to address community needs.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,069,485. including grants of \$ 5,719,117.) (Revenue \$ 18,480.)

The Community Foundation of Greater Dubuque works to improve the quality of life in the region by serving donors, making grants and providing community leadership through collaboration and convening. The region includes metro Dubuque and Dubuque County as well as Allamakee, Clayton, Clinton, Delaware, Jackson and Jones counties.

In serving donors, the Community Foundation personally advises individuals, families, corporations, and non-profit groups about how to build both endowments and non-endowed or project funds to serve the charitable needs of the community effectively and efficiently.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 7,069,485.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 49		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
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, or 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 in 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?	X	
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in 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		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Community Foundation of Greater Dubuque - 563-588-2700**
700 Locust Street, Ste 195, Dubuque, IA 52001

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Chad Chandlee Chair	1.00 0.00	X		X				0.	0.	0.
(2) Robert Hoefer Vice Chair	1.00 0.00	X		X				0.	0.	0.
(3) Teri Zuccaro Treasurer	1.00 0.00	X		X				0.	0.	0.
(4) Keith Kramer Secretary	1.00 0.00	X		X				0.	0.	0.
(5) Nancy Dunkel Director	1.00 0.00	X						0.	0.	0.
(6) Terry Friedman Director	1.00 0.00	X						0.	0.	0.
(7) Sarah Harris Director	1.00 0.00	X						0.	0.	0.
(8) Dr. Jane Hasek Director	1.00 0.00	X						0.	0.	0.
(9) Natalie Hoffmann Director	1.00 0.00	X						0.	0.	0.
(10) Earnest Jackson Director	1.00 0.00	X						0.	0.	0.
(11) Cheri Jones Director	1.00 0.00	X						0.	0.	0.
(12) Brian Kane Director	1.00 0.00	X						0.	0.	0.
(13) Jeanne Lauritsen Director	1.00 0.00	X						0.	0.	0.
(14) Dr. Darryl Mozena Director	1.00 0.00	X						0.	0.	0.
(15) Kurt Strand Director	1.00 0.00	X						0.	0.	0.
(16) Cheryl Syke Director	1.00 0.00	X						0.	0.	0.
(17) Chris Theisen Director	1.00 0.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Dr. Liang Chee Wee Director	1.00 0.00	X						0.	0.	0.
(19) Mark Willging Director	1.00 0.00	X						0.	0.	0.
(20) Dr. Ed Alt Director until 11/22/16	1.00 0.00	X						0.	0.	0.
(21) Phillip Ruppel Director until 11/22/16	1.00 0.00	X						0.	0.	0.
(22) Nancy Van Milligen President/CEO	40.00 1.00			X				157,037.	0.	10,540.
1b Sub-total								157,037.	0.	10,540.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								157,037.	0.	10,540.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NONE		

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

Part VIII Statement of Revenue

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

		(A)	(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 379,731.				
	b Membership dues	1b				
	c Fundraising events	1c 76,572.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 788,695.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,721,037.				
	g Noncash contributions included in lines 1a-1f: \$	2,211,553.				
	h Total. Add lines 1a-1f	▶ 12,966,035.				
Program Service Revenue	2 a McCarthy Center Rental and Traini	Business Code 900099	12,746.	12,746.		
	b Program Events	900099	5,734.	5,734.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 18,480.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 1,327,528.			1,327,528.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶ 31,691.			31,691.	
	8 a Gross income from fundraising events (not including \$ 76,572. of contributions reported on line 1c). See Part IV, line 18	a 65,769.				
		b Less: direct expenses	b 82,249.			
c Net income or (loss) from fundraising events		▶ -16,480.			-16,480.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions.	▶ 14,327,254.	18,480.	0.	1,342,739.		

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	5,542,993.	5,542,993.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	176,124.	176,124.		
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	182,071.		127,450.	54,621.
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	1,034,419.	320,531.	325,447.	388,441.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,274.		11,143.	7,131.
9 Other employee benefits	46,188.	10,326.	27,696.	8,166.
10 Payroll taxes	89,539.	25,479.	32,177.	31,883.
11 Fees for services (non-employees):				
a Management				
b Legal	3,645.	3,645.		
c Accounting	20,144.	1,275.	18,039.	830.
d Lobbying	4,291.		4,291.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,581.	4,581.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	549,814.	520,765.	25,734.	3,315.
12 Advertising and promotion	106,577.	30,284.	3,730.	72,563.
13 Office expenses	58,408.	22,738.	29,644.	6,026.
14 Information technology	42,726.	2,070.	38,559.	2,097.
15 Royalties				
16 Occupancy	106,300.	9,794.	93,229.	3,277.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,306.	40,464.	21,588.	16,254.
20 Interest	17,684.	4,500.	13,184.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,183.	1,488.	59,695.	
23 Insurance	106,388.	95,925.	10,463.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Special Event expenses	226,435.	222,829.	2,519.	1,087.
b Memberships and publica	22,246.	19,129.	2,867.	250.
c Donor relations/meeting	19,831.	4,703.	1,166.	13,962.
d McCarthy Center expense	16,044.		2,518.	13,526.
e All other expenses	9,984.	9,842.	142.	
25 Total functional expenses. Add lines 1 through 24e	8,544,195.	7,069,485.	851,281.	623,429.
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		1	
	2 Savings and temporary cash investments	3,384,159.	2	3,291,556.
	3 Pledges and grants receivable, net	296,956.	3	221,237.
	4 Accounts receivable, net	2,400.	4	21,228.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,537.	9	7,062.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,479,999.		
	b Less: accumulated depreciation	10b 358,101.	853,021.	10c 1,121,898.
	11 Investments - publicly traded securities	60,256,003.	11	72,416,239.
	12 Investments - other securities. See Part IV, line 11	1,695,220.	12	2,115,272.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	66,503,296.	16	79,194,492.	
Liabilities	17 Accounts payable and accrued expenses	349,740.	17	212,926.
	18 Grants payable	359,799.	18	280,565.
	19 Deferred revenue		19	193,333.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	192,789.	23	668,913.
	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	206,159.	25	263,717.
	26 Total liabilities. Add lines 17 through 25	1,108,487.	26	1,619,454.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	64,217,652.	27	75,919,528.
	28 Temporarily restricted net assets	220,121.	28	598,601.
	29 Permanently restricted net assets	957,036.	29	1,056,909.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	65,394,809.	33	77,575,038.	
34 Total liabilities and net assets/fund balances	66,503,296.	34	79,194,492.	

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	14,327,254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,544,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,783,059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,394,809.
5	Net unrealized gains (losses) on investments	5	6,337,362.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	59,808.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	77,575,038.

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 in 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 checked="" type="checkbox"/> Separate basis <input 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 in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10732491.	9140171.	10448538.	11576768.	12966035.	54864003.
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	10732491.	9140171.	10448538.	11576768.	12966035.	54864003.
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)						6908812.
6 Public support. Subtract line 5 from line 4.						47955191.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	10732491.	9140171.	10448538.	11576768.	12966035.	54864003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	804,943.	832,921.	998,146.	1178998.	1327528.	5142536.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						60006539.
12 Gross receipts from related activities, etc. (see instructions)					12	1,017,107.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	79.92 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	79.22 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Community Foundation of Greater Dubuque

Employer identification number

42-1526614

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Community Foundation of Greater Dubuque	Employer identification number 42-1526614
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,839,949.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>547,631.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>283,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>305,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>520,830.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>3,212,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Community Foundation of Greater Dubuque	Employer identification number 42-1526614
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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
6	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ 1,333,612.	04/01/17
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	_____

Name of organization Community Foundation of Greater Dubuque	Employer identification number 42-1526614
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 Community Foundation of Greater Dubuque	Employer identification number 42-1526614
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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 or 990-EZ) 2016

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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		4,291.
j Total. Add lines 1c through 1i			4,291.
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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Payment to Van Scoyoc Associates for lobbying. VSA is an independent lobbying firm that promotes legislation.

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Community Foundation of Greater Dubuque **Employer identification number** 42-1526614

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	159	883
2 Aggregate value of contributions to (during year)	4,717,630.	7,898,740.
3 Aggregate value of grants from (during year)	2,930,719.	2,796,247.
4 Aggregate value at end of year	21,075,036.	56,710,544.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	51,666,162.	42,709,056.	37,322,784.	29,101,927.	20,162,203.
b Contributions	6,229,182.	14,082,953.	6,123,289.	4,706,023.	7,062,983.
c Net investment earnings, gains, and losses	6,334,772.	-1,154,173.	1,572,588.	5,437,273.	3,215,018.
d Grants or scholarships	2,358,558.	3,071,145.			
e Other expenditures for facilities and programs		830.	2,309,605.	1,922,439.	1,338,277.
f Administrative expenses	1,020,425.	899,699.			
g End of year balance	60,851,133.	51,666,162.	42,709,056.	37,322,784.	29,101,927.

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

- a Board designated or quasi-endowment 98.26 %
- b Permanent endowment 1.74 %
- c Temporarily restricted endowment .00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		772,975.	12,883.	760,092.
d Equipment		707,024.	345,218.	361,806.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,121,898.

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) Deferred compensation payable	117,542.
(3) Amounts due under annuity agreement	146,175.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	263,717.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	19,017,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,337,362.
b	Donated services and use of facilities	2b	85,668.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	59,808.
e	Add lines 2a through 2d	2e	6,482,838.
3	Subtract line 2e from line 1	3	12,535,145.
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	1,792,109.
c	Add lines 4a and 4b	4c	1,792,109.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,327,254.

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	8,181,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,668.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	82,249.
e	Add lines 2a through 2d	2e	167,917.
3	Subtract line 2e from line 1	3	8,013,595.
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	530,600.
c	Add lines 4a and 4b	4c	530,600.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,544,195.

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:

Earnings on endowments are used for charitable purposes.

Part X, Line 2:

The Foundation is organized as an Iowa nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as Foundations described in Section 501(c)(3), qualifies for the charitable contribution deduction under Sections 170(b)(1)(A)(vi), and has been determined not to be a private foundation under Section 509(a)(1). The Foundation is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Foundation is

Part XIII Supplemental Information (continued)

subject to income tax on net income that is derived from business activities that are unrelated to its exempt purposes. Management has determined that the Foundation is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

Management believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Foundation would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Part XI, Line 2d - Other Adjustments:

Chg in value of split-interest agreements incl in revenue per financial stmt	59,808.
--	---------

Part XI, Line 4b - Other Adjustments:

Fundraising expenses included in revenue for Form 990	-82,249.
Revenue not included in financial statements in accordance with FAS 136	1,874,358.
Total to Schedule D, Part XI, Line 4b	1,792,109.

Part XII, Line 2d - Other Adjustments:

Fundraising expenses included in revenue for Form 990	82,249.
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Part XII, Line 4b - Other Adjustments:

Expenses not included in financial statements in accordance

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FDPS Annual Luncheon (event type)	Run for Troops (event type)	5 (total number)	
1	Gross receipts	51,813.	43,784.	35,815.	131,412.
2	Less: Contributions	49,580.	9,890.	13,686.	73,156.
3	Gross income (line 1 minus line 2)	2,233.	33,894.	22,129.	58,256.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	3,952.		3,952.
	8	Entertainment			
	9	Other direct expenses	273.	41,165.	10,977.
10	Direct expense summary. Add lines 4 through 9 in column (d)				56,367.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,889.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **Community Foundation of Greater Dubuque** Employer identification number **42-1526614**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Advancement Services of Jones County - 202 Plastic Ln - Monticello, IA 52310	42-1000728	501(C)(3)	8,500.	0.			Community Support
Albrecht Acres Foundation 2894 Thornwood Ct Dubuque, IA 52003	42-1423952	501(C)(3)	8,150.	0.			Community Support
Allamakee Community School District - 1061 3rd Ave NW - Waukon, IA 52172	42-6036591	Allamakee County	32,900.	0.			Educational
Allamakee County Conservation Board - PO Box 278 - Harpers Ferry, IA 52146	42-6005341	Allamakee County	15,000.	0.			Community Support
Allamakee Scholarship Fund PO Box 144 Waukon, IA 52172	46-5059446	501(C)(3)	5,500.	0.			Educational
American Cancer Society Iowa Hope Lodge - 4080 - 1st Ave NE, Ste 101 - Cedar Rapids, IA 52402	13-1788491	501(C)(3)	18,766.	0.			Community Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **192.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Legion - Bellevue 111 Market St Bellevue, IA 52031	35-0144250	501(C)(19)	20,000.	0.			Community Support
American Red Cross of the Northeast Iowa - 2116 Grand Ave - Des Moines, IA 50312	53-0196605	501(C)(3)	5,880.	0.			Health
Apufram International PO Box 10085 Russellville, AR 72812	27-0493212	501(C)(3)	9,000.	0.			Community Support
Aquinas Communications Inc. PO Box 3306 Dubuque, IA 52004	46-4382718	501(C)(3)	14,000.	0.			Community Support
Archdiocese of Dubuque 1229 Mt. Loretta Ave Dubuque, IA 52002	42-0680409	501(C)(3)	17,840.	0.			Community Support
Beckman Catholic High School 1325 9th St SE Dyersville, IA 52040	42-0923753	501(C)(3)	36,210.	0.			Educational
Bell Tower Theater and Event Center - 2728 Asbury Rd - Dubuque, IA 52001	87-0690005	501(C)(3)	19,904.	0.			Community Support
Bethany Home 1005 Lincoln Ave Dubuque, IA 52001	42-0698260	501(C)(3)	7,598.	0.			Community Support
Boys and Girls Club of Greater Dubuque - 1299 Locust St - Dubuque, IA 52001	42-0710263	501(C)(3)	90,954.	0.			Community Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bridges out of Poverty 350 W 6th St, Suite 312 Dubuque, IA 52001	42-6004596	City of Dubuque	39,900.	0.			Community Support
Camp Albrecht Acres PO Box 50 Sherrill, IA 52073	42-1125110	501(C)(3)	11,122.	0.			Community Support
Camp Courageous of Iowa PO Box 418 Monticello, IA 52310	23-7210932	501(C)(3)	31,617.	0.			Community Support
Canvas Health 7066 Stillwater Blvd N Oakdale, MN 55128	41-0955577	501(C)(3)	11,000.	0.			Health
Catholic Charities 1229 Mt Loretta Ave Dubuque, IA 52003	42-0680493	501(C)(3)	15,966.	0.			Community Support
Center for Working Families, Inc. 12605 W. North Ave #130 Brookfield, WI 53005	46-4464547	501(C)(3)	20,000.	0.			Community Support
Bellevue Firefighters Association 106 N 3rd St. Bellevue, IA 52031	42-6004273	City of Bellevue	150,000.	0.			Community Support
City of Dubuque - City Hall 50 W 13th St Dubuque, IA 52001	42-6004596	City of Dubuque	39,500.	0.			Community Support
City of Harpers Ferry - Volunteer Fire Department - 1050 Great River Road - Harpers Ferry, IA 52146	42-1076054	City Harpers Fer	6,000.	0.			Community Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Lansing Parks Board PO Box 470 Lansing, IA 52151	42-6004861	City of Lansing	10,000.	0.			Community Support
Monona Chamber & Economic Development, Inc. - 103 W Center St - McGregor, IA 52157	42-6004974	City of Monona	10,000.	0.			Community Support
Monticello Youth Baseball & Softball Association - PO Box 302 - Monticello, IA 52310	42-6004981	City of Monticel	6,942.	0.			Community Support
City of Monticello 200 E 1st St Monticello, IA 52310	42-6004981	City of Monticel	10,117.	0.			Community Support
City of New Albin - Fire and Rescue - PO Box 14 - New Albin, IA 52160	42-6005027	City of New Albi	6,000.	0.			Community Support
City of Preston PO Box 37 Preston, IA 52069	42-6005133	City of Preston	5,112.	0.			Community Support
Clarity Clinic 3365 Hillcrest Rd Dubuque, IA 52002	36-3918188	501(C)(3)	24,020.	0.			Health
Clarke University 1550 Clarke Dr Dubuque, IA 52001	42-0680408	501(C)(3)	67,227.	0.			Educational
Clayton County Energy District c/o Community Savings Bank Edgewood, IA 52042	81-4518964	501(C)(3)	5,500.	0.			Community Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalition of Immokalee Workers PO Box 603 Immokalee, FL 34143	65-0641010	501(C)(3)	6,500.	0.			Community Support
Colts Youth Organization 2300 Twin Valley Dr Dubuque, IA 52003	42-1057444	501(C)(3)	7,846.	0.			Community Support
Compass to Care 900 Jackson St, Ste LL5 Dubuque, IA 52001	27-0885690	501(C)(3)	6,320.	0.			Community Support
Cedar/Jones Early Childhood Iowa 24594 110th Street Anamosa, IA 52205	42-6004230	Jones County	5,883.	0.			Community Support
Covenant House Florida 733 Breakers Ave Ft. Lauderdale, FL 33304	59-2323607	501(C)(3)	6,000.	0.			Community Support
Creative Adventure Lab 210 Jones St Ste 100 Dubuque, IA 52001	26-3523626	501(C)(3)	40,044.	0.			Educational
Crescent Community Health Center 1789 Elm St, Suite A Dubuque, IA 52001	48-1302204	501(C)(3)	161,850.	0.			Health
Darby Family Aquatic Center PO Box 298 Monona, IA 52159	42-6004974	City of Monona	5,850.	0.			Community Support
Delaware County Economic Development - 200 E Main St - Manchester, IA 52057	42-1298348	501(C)(4)	6,120.	0.			Community Support

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Divine Word College PO Box 380 Epworth, IA 52045	42-0788226	501(C)(3)	24,400.	0.			Educational
Dominican Fathers 1910 South Ashland Ave Chicago, IL 60608	36-6116413	501(C)(3)	30,700.	0.			Community Support
Dubuque Arboretum 3800 Arboretum Dr Dubuque, IA 52001	42-1160989	501(C)(3)	24,479.	0.			Community Support
Dubuque Area Chamber of Commerce 300 Main St, Suite 200 Dubuque, IA 52001	42-0223700	501(C)(6)	11,290.	0.			Community Support
Dubuque Community Ice and Recreation Center - 1800 Admiral Sheehy Drive - Dubuque, IA 52001	43-2077297	501(C)(3)	35,000.	0.			Community Support
Dubuque Community School District 2540 Central Ave Dubuque, IA 52001	42-6001531	City of Dubuque	223,123.	0.			Educational
Dubuque Community YMCA 35 N Booth St Dubuque, IA 52001	42-0934471	501(C)(3)	70,142.	0.			Community Support
Dubuque Community YMCA/YWCA Victim Services Shelter - 35 N Booth St - Dubuque, IA 52001	42-0934471	501(C)(3)	6,238.	0.			Community Support
Dubuque County Right To Life 2205 Carter Road Dubuque, IA 52001	42-1270933	501(C)(3)	33,641.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dubuque Dream Center PO Box 871 Dubuque, IA 52001	81-1062794	501(C)(3)	41,056.	0.			Community Support
Dubuque Food Pantry 1598 Jackson Street Dubuque, IA 52001	42-1310910	501(C)(3)	6,310.	0.			Community Support
Dubuque Lutheran School 2145 JFK Dubuque, IA 52001	75-3110118	501(C)(3)	15,460.	0.			Educational
Dubuque Mercy Health Foundation 250 Mercy Drive Dubuque, IA 52001	26-2227941	501(C)(3)	20,620.	0.			Health
Dubuque Museum of Art 701 Locust St Dubuque, IA 52001	42-1071185	501(C)(3)	83,912.	0.			Community Support
Dubuque Regional Humane Society 4242 Chavenelle Rd Dubuque, IA 52002	42-6039535	501(C)(3)	11,235.	0.			Community Support
Hope House / Dubuque Catholic Worker House - 1592 Locust Street - Dubuque, IA 52001	42-0844836	501(C)(3)	60,975.	0.			Community Support
Dubuque Symphony Orchestra 2728 Asbury Rd, Ste 900 Dubuque, IA 52001	23-7429727	501(C)(3)	118,200.	0.			Community Support
DuRide 2728 Asbury Rd, Suite 330 Dubuque, IA 52001	26-2988507	501(C)(3)	7,906.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Dyersville Health Foundation 1111 - 3rd St SW Dyersville, IA 52040	20-5383271	501(C)(3)	25,569.	0.			Health
Earlville United Parish 111 N West St. Earlville, IA 52041	42-1240340	501(C)(3)	31,770.	0.			Community Support
ECIA - East Central Intergovernmental Association - 7600 Commerce Park - Dubuque, IA 52002	42-1207483	501(C)(3)	32,000.	0.			Community Support
Edgewood-Colesburg School District - High School - 403 W Union St - Edgewood, IA 52042	42-6040190	City of Edgewood	6,770.	0.			Educational
Elkader Historical Society 702 Davidson St NW Elkader, IA 52043	42-1119953	501(C)(3)	5,820.	0.			Community Support
Emmaus Bible College 2570 Asbury Rd. Dubuque, IA 52001	36-2270695	501(C)(3)	6,000.	0.			Educational
Engage Iowa PO Box 1508 Cedar Rapids, IA 52406	47-2565726	501(C)(3)	10,000.	0.			Community Support
Ewalu Camp and Retreat Center 37776 Alpha Avenue Strawberry Point, IA 52076	42-0865245	501(C)(3)	7,410.	0.			Community Support
Excel, Inc. 230 W Main Street Okolona, MS 38860	64-0801905	501(C)(3)	7,000.	0.			Community Support

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Fairview Cemetery 620 E Margaret St Earlville, IA 52041	42-0240172	501(C)(13)	8,180.	0.			Community Support
Family Resources 2800 Eastern Ave Davenport, IA 52803	42-0698225	501(C)(3)	6,000.	0.			Community Support
Finley Health Foundation 350 N Grandview Ave Dubuque, IA 52001	42-1286953	501(C)(3)	8,924.	0.			Health
Flames of Love International Ministries - 8616 Arboleda Street - El Paso, TX 79907	74-2374868	501(C)(3)	53,000.	0.			Community Support
Food for the Poor PO Box 979001 Coconut Creek, FL 33097	59-2174510	501(C)(3)	6,000.	0.			Community Support
Fort Myers Rescue Mission 6900 Mission Lane Fort Myers, FL 33916	59-2469860	501(C)(3)	6,000.	0.			Community Support
Four Mounds Foundation 4900 Peru Rd Dubuque, IA 52001	42-1265303	501(C)(3)	8,670.	0.			Community Support
Four Oaks of Dubuque 180 W 15th St Dubuque, IA 52001	42-0998726	501(C)(3)	9,128.	0.			Community Support
Friends of Jackson County Conservation - 18670 - 63rd St - Maquoketa, IA 52060	42-1521029	501(C)(3)	8,250.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Friends of Jones County Conservation - 12318 Madison - Center Junction, IA 52212	81-2582157	501(C)(3)	25,000.	0.			Community Support
Steeple Square 1584 White St Dubuque, IA 52004	46-4898142	501(C)(3)	75,305.	0.			Community Support
Galena Art and Recreation Center 413 S Bench St Galena, IL 61036	36-2616288	501(C)(3)	12,850.	0.			Community Support
Georgetown University 3300 Whitehaven St NW, Suite 400 Washington, DC 02007	53-0196603	501(C)(3)	15,000.	0.			Educational
GiGi's Playhouse 6507 University Ave Windsor Heights, IA 50324	61-1611262	501(C)(3)	10,500.	0.			Community Support
Good Neighbor Society 105 McCarren Dr Manchester, IA 52057	42-0846668	501(C)(3)	5,626.	0.			Community Support
Grand Opera House 135 W 8th St Dubuque, IA 52001	42-1133812	501(C)(3)	14,986.	0.			Community Support
Grant Wood Mississippi River Region Inc. - 119 S Main St, Suite 5 - Maquoketa, IA 52060	81-0712754	501(C)(3)	29,500.	0.			Community Support
Greater Delaware County Community Foundation - 200 E Main St - Manchester, IA 52057	42-1045184	501(C)(3)	13,088.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Habitat for Humanity- Dubuque-Jackson Counties - 900 Jackson St, Ste LL5-2E - Dubuque, IA 52001	42-1365181	501(C)(3)	10,500.	0.			Community Support
Harpers Ferry Area Heritage Society - PO Box 224 - Harpers Ferry, IA 52146	46-4504191	501(C)(3)	6,000.	0.			Community Support
Harpers Ferry Boosters Inc. 128 S 4th St Harpers Ferry, IA 52146	47-3846214	501(C)(3)	8,999.	0.			Community Support
Harry Chapin Food Bank 3760 Fowler St. Ft. Myers, FL 33901	59-2332120	501(C)(3)	6,000.	0.			Community Support
Heifer International PO Box 6021 Albert Lea, MN 56007	35-1019477	501(C)(3)	7,000.	0.			Community Support
Hillcrest Family Services 2005 Asbury Rd Dubuque, IA 52001	42-0680411	501(C)(3)	52,520.	0.			Community Support
Hills and Dales Child Development Center - 1011 Davis St - Dubuque, IA 52001	42-1388270	501(C)(3)	22,646.	0.			Community Support
Hispanic Ministry 1425 Iowa Street Dubuque, IA 52001	42-0680409	501(C)(3)	6,500.	0.			Community Support
Holy Family Catholic Schools - Wahlert High School - 2005 Kane Street - Dubuque, IA 52001	42-0792429	501(C)(3)	343,907.	0.			Educational

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Holy Trinity Lutheran Church ELCA 1755 Delhi St Dubuque, IA 52001	42-1134617	501(C)(3)	6,830.	0.			Community Support
Hope for Haiti 1021 - 5th Ave N Naples, FL 34102	59-3564329	501(C)(3)	6,000.	0.			Community Support
Horizons, A Family Service Alliance - 819 5th Street SE - Cedar Rapids, IA 52401	42-1135083	501(C)(3)	7,000.	0.			Community Support
Hospice of Dubuque 1670 John F. Kennedy Road Dubuque, IA 52002	42-1205973	501(C)(3)	18,035.	0.			Health
Immaculate Heart of Mary Church PO Box 309 Houston, MS 38851	53-0196617	501(C)(3)	6,500.	0.			Community Support
Incarnation Sagrado Corazon De Jesus - 3817 Pleasant Ave. S. - Minneapolis, MN 55409	01-0760816	501(C)(3)	7,000.	0.			Community Support
Institute of the Incarnate Word 29217 Lansing Rd Dyersville, IA 52040	04-3242480	501(C)(3)	10,000.	0.			Community Support
Iowa Jobs for America's Graduates (iJAG) - 400 E 14th St - Des Moines, IA 50319	42-1492988	501(C)(3)	12,500.	0.			Community Support
Jo Daviess Conservation Foundation 126 N Main St Elizabeth, IL 61028	36-3913497	501(C)(3)	10,700.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Jones Regional Medical Center 1795 Hwy. 64 East Anamosa, IA 52205	42-1487967	501(C)(3)	5,000.	0.			Health
Junior Achievement of the Heartland - 800 - 12th Ave - Moline, IL 61265	36-2684253	501(C)(3)	14,530.	0.			Community Support
La Salle Catholic School PO Box 368 Holy Cross, IA 52053	42-0940399	501(C)(3)	52,000.	0.			Educational
Lansing Fire Department PO Box 57 Lansing, IA 52151	39-1872357	501(C)(3)	6,000.	0.			Community Support
Little Sisters of the Poor Chicago Province Inc - 80 West Northwest Highway - Palatine, IL 60067	51-0187829	501(C)(3)	12,000.	0.			Community Support
Loras College 1450 Alta Vista Dubuque, IA 52004	42-0680412	501(C)(3)	342,460.	0.			Educational
Luther Manor 3131 Hillcrest Road Dubuque, IA 52001	42-0713635	501(C)(3)	10,680.	0.			Community Support
Lutheran Services in Iowa 3125 Cottage Grove Ave Des Moines, IA 50311	42-0698267	501(C)(3)	7,500.	0.			Community Support
Maquoketa Area Family YMCA 500 E Summit St Maquoketa, IA 52060	42-0703278	501(C)(3)	6,130.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Maquoketa Community Schools 612 S Vermont St Maquoketa, IA 52060	42-6037701	City of Maquoket	13,086.	0.			Educational
Maquoketa Valley Dollars for Scholars - PO Box 62 - Delhi, IA 52223	46-5193481	501(C)(3)	15,000.	0.			Community Support
Marianist Mission 4435 East Patterson Rd Dayton, OH 45481	31-1657985	501(C)(3)	7,000.	0.			Community Support
Marquette Catholic Schools 403 Park St Bellevue, IA 52031	42-0955523	501(C)(3)	61,220.	0.			Educational
Maryknoll Fathers and Brothers PO BOX 302 Maryknoll, NY 10545	13-1740144	501(C)(3)	35,000.	0.			Community Support
Mary's Inn Maternity Home PO Box 3338 Dubuque, IA 52004	36-4768362	501(C)(3)	26,323.	0.			Community Support
Mercy Medical Center 250 Mercy Drive Dubuque, IA 52001	31-1373080	501(C)(3)	10,180.	0.			Health
MFL - MarMac Dollars for Scholars PO Box 607 Monona, IA 52159	46-5070060	501(C)(3)	5,970.	0.			Community Support
Mid-Iowa Community Action, Inc. 611 4th Ave Grinnell, IA 50112	42-0923311	501(C)(3)	5,500.	0.			Community Support

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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Mt. Pleasant Home 1695 Mt Pleasant St Dubuque, IA 52001	42-0698197	501(C)(3)	5,918.	0.			Community Support
Multicultural Family Center 1157 Central Ave Dubuque, IA 52001	27-0751743	501(C)(3)	29,885.	0.			Community Support
NAMI - Dubuque 900 Jackson St, Suite LL5-2B Dubuque, IA 52001	31-1492256	501(C)(3)	30,250.	0.			Community Support
National Mississippi River Museum & Aquarium - 350 E 3rd St - Dubuque, IA 52001	42-6072050	501(C)(3)	96,121.	0.			Community Support
Nativity Church 1225 Alta Vista St Dubuque, IA 52001	53-0196617	501(C)(3)	25,000.	0.			Community Support
North Scott School District - Boosters - PO Box 425 - Eldridge, IA 52748	42-6023564	Scott County	25,000.	0.			Community Support
Northeast Iowa Community College Foundation - 8342 Nicc Drive - Peosta, IA 52068	42-1178729	501(C)(3)	5,214.	0.			Educational
Northeast Iowa Community College 1625 Hwy 150 Calmar, IA 52132	42-1178729	501(C)(3)	7,240.	0.			Educational
Northeast Iowa RC & D, Inc. 101 E Greene St Postville, IA 52162	42-1309260	501(C)(3)	6,061.	0.			Community Support

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Northeast Iowa School of Music 2728 Asbury Rd, Ste 200 Dubuque, IA 52001	42-1510485	501(C)(3)	11,028.	0.			Educational
Opening Doors (Maria House & Teresa Shelter) - 1561 Jackson St - Dubuque, IA 52001	42-1490364	501(C)(3)	46,732.	0.			Community Support
Order of St. Camillus Foundation 10200 W Blue Mound Rd Wauwatosa, WI 53226	39-1925879	501(C)(3)	6,000.	0.			Community Support
Our Lady of the Mississippi Abbey 8400 Abbey Hill Lane Dubuque, IA 52003	42-0878319	501(C)(3)	14,500.	0.			Community Support
Our Lady of the Sioux Church PO Box 140 Oglala, SD 57764	53-0196617	501(C)(3)	6,500.	0.			Community Support
Phoenix Children's Hospital Foundation - 2929 E Camelback Rd Suite 122 - Phoenix, AZ 85016	74-2421549	501(C)(3)	10,000.	0.			Health
Piarist School Highway 80 Martin, KY 41649	61-1177865	501(C)(3)	11,500.	0.			Educational
Postville Volunteer Fire Department - PO Box 38 - Postville, IA 52162	42-1068460	501(C)(3)	14,500.	0.			Community Support
Presentation Lantern 900 Jackson St, Suite LL5-1 Dubuque, IA 52001	13-42241-24	501(C)(3)	15,130.	0.			Community Support

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Priests of the Sacred Heart PO Box 900 Hales Corners, WI 53130	39-1243521	501(C)(3)	7,000.	0.			Community Support
Quad Cities Golf Classic Charitable Foundation - 15623 Coaltown Rd - East Moline, IL 61244	93-1332421	501(C)(3)	15,000.	0.			Community Support
Regina Inter-Parish Catholic Education Center - 2140 Rochester Ave - Iowa City, IA 52240	53-0196617	501(C)(3)	12,000.	0.			Educational
Resurrection Parish 4300 Asbury Rd Dubuque, IA 52002	42-0861036	501(C)(3)	7,300.	0.			Community Support
River Valley Initiative Foundation C/O Greater Dubuque Development Cor Dubuque, IA 52001	32-0051502	501(C)(3)	11,000.	0.			Community Support
Riverview Center 2600 Dodge St Dubuque, IA 52002	36-3920008	501(C)(3)	14,839.	0.			Community Support
Sacred Heart Catholic School Monticello - 234 N Sycamore - Monticello, IA 52310	42-0733458	501(C)(3)	25,060.	0.			Educational
Sacred Heart Catholic School 806 Eddy St Maquoketa, IA 52060	42-0725234	501(C)(3)	72,513.	0.			Educational
Safe Haven Humane Society 1471 US Highway 20 W Elizabeth, IL 61028	36-4242148	501(C)(3)	11,033.	0.			Community Support

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Salvation Army - District Headquarters - 5550 Prarie Stone Parkway - Hoffmann Estates, IL 60192	36-2167910	501(C)(3)	5,295.	0.			Community Support
School Sisters of St. Francis 3902 N. Ridgeway Ave. Chicago, IL 60618	39-1594407	501(C)(3)	6,500.	0.			Community Support
Shalom Retreat Center 1001 Davis St Dubuque, IA 52001	42-0757421	501(C)(3)	14,000.	0.			Community Support
Shepherd Gallery and Creativity Center - 214 S River Park Dr - Guttenberg, IA 52052	37-1521325	501(C)(3)	6,475.	0.			Community Support
Sinsinawa Dominicans Congregation 585 County Road Z Sinsinawa, WI 53824	39-0816854	501(C)(3)	31,700.	0.			Community Support
Sisters of Charity BVM 1100 Carmel Drive Dubuque, IA 52004	52-1235775	501(C)(3)	49,592.	0.			Community Support
Sisters of St. Francis 3390 Windsor Ave Dubuque, IA 52001	42-0757421	501(C)(3)	7,250.	0.			Community Support
Southwest Franciscan Missions PO Box 12395 Albuquerque, NM 87195	85-6013190	501(C)(3)	6,000.	0.			Community Support
Special Olympics Iowa 551 Dovetail Road Grimes, IA 50111	51-0176029	501(C)(3)	9,250.	0.			Community Support

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St. Bonaventure Indian Mission & School - PO Box 610 - Thoreau, NM 87323	85-0326009	501(C)(3)	6,000.	0.			Educational
St. Columbkille Catholic Church 1240 Rush St. Dubuque, IA 52003	42-0680317	501(C)(3)	13,972.	0.			Community Support
St. Elias the Prophet Greek Orthodox Church - 1075 Rockdale Road - Dubuque, IA 52001	42-1422694	501(C)(3)	10,650.	0.			Community Support
St. John of the Cross Catholic Worker House - 1027 5th Ave SE - Cedar Rapids, IA 52403	42-1307304	501(C)(3)	32,500.	0.			Community Support
Almost Home Dubuque 1276 White St Dubuque, IA 52001	23-7421408	501(C)(3)	6,000.	0.			Community Support
St. John's Lutheran Church 203 Pearl St Guttenberg, IA 52052	42-1522040	501(C)(3)	8,340.	0.			Community Support
St. Joseph the Worker Catholic Church - 60 S Algona St - Dubuque, IA 52001	42-0698063	501(C)(3)	73,290.	0.			Community Support
St. Joseph's Indian School 1301 N. Main Street Chamberlain, SD 57325	46-0235912	501(C)(3)	6,000.	0.			Community Support
St. Mark Youth Enrichment 1201 Locust St Dubuque, IA 52001	42-1338364	501(C)(3)	25,500.	0.			Educational

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St. Mary's Catholic Church PO Box 847 Guttenberg, IA 52052	42-0698075	501(C)(3)	16,000.	0.			Community Support
St. Mary's Mission School PO Box 189 Red Lake, MN 56671	53-0196617	501(C)(3)	6,500.	0.			Community Support
St. Patrick School 200 2nd St SW Waukon, IA 52172	42-0698115	501(C)(3)	10,110.	0.			Community Support
St. Stephen's Food Bank 3145 Cedar Crest Ridge Dubuque, IA 52003	42-1222356	501(C)(3)	8,765.	0.			Community Support
St. Thomas Aquinas Church and Catholic Student Center - 2210 Lincoln Way - Ames, IA 50014	42-0698050	501(C)(3)	7,500.	0.			Community Support
St. Vincent de Paul 4990 Radford Road Dubuque, IA 52002	42-0890358	501(C)(3)	5,850.	0.			Community Support
Stonehill Benevolent Foundation 3485 Windsor Ave Dubuque, IA 52001	42-1337556	501(C)(3)	42,590.	0.			Community Support
Stonehill Franciscan Services 3485 Windsor Ave Dubuque, IA 52001	51-0141775	501(C)(3)	6,622.	0.			Community Support
Studio Works 900 Jackson St, LL3 Dubuque, IA 52001	45-4217883	501(C)(3)	30,000.	0.			Community Support

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Sudan Relief Fund PO Box 7084 Merrifield, VA 22116	52-2148976	501(C)(3)	6,000.	0.			Community Support
Tanager Place 2309 C St SW Cedar Rapids, IA 52404	42-0688079	501(C)(3)	7,110.	0.			Community Support
The Froelich Foundation 24397 Froelich Rd McGregor, IA 52157	42-1295071	501(C)(3)	17,423.	0.			Community Support
The Power of Prayer PO Box 681 Dubuque, IA 52004	51-0136875	501(C)(3)	5,469.	0.			Community Support
Trinity Missions 9001 New Hampshire Ave. Silver Spring, MD 20903	52-0591670	501(C)(3)	7,000.	0.			Community Support
Two by Two Character Development 470 W 4th St Dubuque, IA 52001	20-3437767	501(C)(3)	40,131.	0.			Educational
University of Dubuque 2000 University Ave Dubuque, IA 52001	42-0680323	501(C)(3)	44,850.	0.			Educational
Veteran's Freedom Center 2245 Kerper Blvd, Ste 1 Dubuque, IA 52001	42-0887395	501(C)(4)	9,666.	0.			Community Support
Vision to Learn 11611 San Vicente Blvd, Ste 500 Los Angeles, CA 90049	45-3457853	501(C)(3)	30,000.	0.			Educational

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wartburg Theological Seminary 333 Wartburg Pl Dubuque, IA 52003	42-0681105	501(C)(3)	6,449.	0.			Educational
Waterville Fire Department Squad 121 Main St Waterville, IA 52170	42-1321093	501(C)(3)	21,000.	0.			Community Support
Waukon Wellness Center 1220 - 3rd Ave NW, Suite #101 Waukon, IA 52172	42-6005340	501(C)(3)	16,675.	0.			Health
Westminster Presbyterian Church 2155 University Ave Dubuque, IA 52001	42-1195278	501(C)(3)	15,442.	0.			Community Support
Winneshiek Energy District 217 W Water St, Unit One Decorah, IA 52101	27-1525603	501(C)(3)	12,000.	0.			Community Support
YMCA of Northeast Iowa PO Box 268 Postville, IA 52162	57-1167577	501(C)(3)	6,000.	0.			Community Support

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
Promising Futures Fund	6	13,264.	0.		
Scholarships	33	162,860.	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:

The unrestricted fund is a fund from which income and/or principal may be distributed to charities designated as 501(c)(3) organizations and to charitable causes and concerns. Applications for grants must be submitted by organizations. From the applications submitted, a committee established by the board will decide which organizations grants will be awarded. The board of directors retains complete discretion as to the selection of grantees and programs to receive help from such a fund, and in meeting emerging and priority community needs and opportunities.

Part IV Supplemental Information

The field of interest fund is a fund from which income and/or principal may be distributed to charities designated as 501(c)(3) organizations or to groups with potential for achieving 501(c)(3) status which provide services in a specified field or fields of charitable activity, such as arts and culture, community affairs and development, education, environment, health, historic preservation, and human services. The board of directors of the Foundation shall exercise complete discretion in identifying funding opportunities and selecting grantees within the specified fields of interest. Designated funds are funds from which income and/or principal is distributed by the board of directors of the Foundation to 501(c)(3) charities named or specified by the donor(s) at the time the fund is established. Agency Endowment Funds are funds that may be established by IRS 501(c)(3) organizations from which income and/or principal may be distributed by the board of directors of the Foundation for the particular organization's own benefit. Donor advised funds are funds from which income and/or principal is distributed by the board of directors to 501(c)(3) charities in response to recommendations made by the donor, the donor's family, or an advisor. In accordance with Internal Revenue Code requirements, however, such recommendations are advisory only and not binding on the board of directors of the Foundation.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Community Foundation of Greater Dubuque

Employer identification number

42-1526614

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Nancy Van Milligen President/CEO	(i)	157,037.	0.	0.	7,990.	2,550.	167,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Community Foundation of Greater Dubuque** Employer identification number **42-1526614**

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	45	1,908,431.	Quoted market price
10 Securities - Closely held stock	X	1	76,728.	Appraisal report
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 ▶ (Life insuranc)	X	1	175,333.	Sales price
26 Other ▶ (Gift of grain)	X	15	51,061.	Sales price
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 IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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, Line 32b:

The Community Foundation uses an outside organization to process stocks received as contributions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

Community Foundation of Greater Dubuque

Employer identification number

42-1526614

Form 990, Part III, Line 4a, Program Service Accomplishments:

In making grants, the Community Foundation seeks to be a hub for community knowledge and then advises individuals, families, and corporations as they make grants in the community. In addition, the Community Foundation hosts and administers the following annual grantmaking programs: Community Impact, Theisens More for Your Community Grants, YAPPERS grants, Women's Giving Circle Grants and Mediacom grants. We also assist in the grantmaking process for the counties of Allamakee, Clayton, Clinton, Delaware, Dyersville, Dubuque, Jackson, and Jones. The State of Iowa awards money to counties that do not have gaming institutions. Part of the money goes into a permanent endowment and part goes to grantmaking for the county.

In providing community leadership through collaboration and convening, the Community Foundation gathers data about urgent and emerging needs in the community. The Community Foundation then convenes stakeholders by facilitating meetings, educational opportunities and programs which encourage convening and collaboration including Heart and Soul, Grade-Level Reading, Grants to Green, Inclusive Dubuque, Project Hope, Women's Giving Circle and YAPPERS.

Form 990, Part VI, Section A, line 1:

The Executive Committee consists of not less than five and not more than seven Directors, including the Chair, Vice Chair, Secretary, Treasurer and other Directors selected at-large. The Executive Committee serves between meetings of the Board and possess and may exercise all powers of the Board

Name of the organization Community Foundation of Greater Dubuque	Employer identification number 42-1526614
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in the management affairs of the Community Foundation of Greater Dubuque, including the responsibility and power to appoint committees, to determine the distribution of property, authority over investment policies, and other duties delegated by the Board. All actions taken by the Executive Committee are reported to the Board and subject to control, revision and alteration.

Form 990, Part VI, Section B, line 11b:

The Form 990 is made available to the governing body. The President/CEO and Finance Director review the 990. For FY 2017 we will have the board review prior to filing.

Form 990, Part VI, Section B, Line 12c:

Any member of the Foundation's staff, board of directors, and officers must complete a conflict of interest statement annually. The Chair of the Foundation and the Executive Director review the signed statements. Any possible conflicts are brought to the board's attention.

Any member of the Board of Directors who is connected with a prospective grant recipient in any official capacity shall abstain from voting on the proposed grant. This abstention shall be recorded in the minutes of the meeting at which such vote occurs.

If, because of such abstentions at any such meeting of the Board of Directors, a particular grant would fail for lack of a majority vote, such a grant could be made if approved in writing by an absent but disinterested member or members within a reasonable time after the Directors' meeting at which the grant proposal was first considered.

Name of the organization

Community Foundation of Greater Dubuque

Employer identification number

42-1526614

If a situation should arise in which a majority of directors would be disqualified from voting on a grant proposal because of the Foundation's conflict of interest policy, the board may, after full disclosure of the potential conflict and by majority affirmative vote, suspend the conflict of interest policy and proceed to make the grant.

All discussion and action with respect to actual or potential conflicts of interest shall be entered into the minutes of the meetings where such action takes place.

It is the practice of the Community Foundation to build a written record of any special relationships between prospective grantees and directors, staff, or the family members of either directors or staff for the purpose of documenting the factual record and enabling full disclosure to all directors. Such record shall be kept with the permanent minutes of the board proceedings.

Any person having knowledge of any action or conduct in violation of the policies should report the information to the Chair of the Foundation board.

Form 990, Part VI, Section B, Line 15a:

The Executive Committee determines the compensation for the President/CEO. Salary adjustments are based on an annual evaluation and comparability data. The organization documents and provides substantiation for the compensation process. The compensation process was last completed in FY 2017.

Form 990, Part VI, Section C, Line 19:

Name of the organization Community Foundation of Greater Dubuque	Employer identification number 42-1526614
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The Organization's governing documents, conflict of interest policy, and financial statements are available upon written request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of life insurance	59,808.
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Form 990, Part XII, Line 2c:

The process did not change from the prior year.

**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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: **Community Foundation of Greater Dubuque**
Employer identification number: **42-1526614**

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
CFGD Real Estate, LLC - 42-1526614 700 Locust Street, Suite 195 Dubuque, IA 52001	Assist Community Foundation of Greater Dubuque with charitable giving needs	Iowa	0.	0.	Community Foundation of Greater Dubuque

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
CFGD Charitable Trust - 35-6840681 700 Locust Street, Ste 195 Dubuque, IA 52001	Support the Community Foundation of Greater Dubuque	Iowa	501(c)(3)	Line 12a, I	Community Foundation of Greater Dubuque	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2016

See Part VII for Continuations

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 I, Identification of Disregarded Entities:

Name, Address, and EIN of Disregarded Entity:

CFGD Real Estate, LLC

EIN: 42-1526614

700 Locust Street, Suite 195

Dubuque, IA 52001

Primary Activity: Assist Community Foundation of Greater Dubuque with charitable giving needs

Direct Controlling Entity: Community Foundation of Greater Dubuque

Part II, Identification of Related Tax-Exempt Organizations:

Name, Address, and EIN of Related Organization:

CFGD Charitable Trust

EIN: 35-6840681

700 Locust Street, Ste 195

Dubuque, IA 52001

Primary Activity: Support the Community Foundation of Greater Dubuque

Direct Controlling Entity: Community Foundation of Greater Dubuque

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.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Community Foundation of Greater Dubuque	Employer identification number (EIN) or 42-1526614
	Number, street, and room or suite no. If a P.O. box, see instructions. 700 Locust Street, No. 195	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Dubuque, IA 52001	

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 990-T (corporation)	07
Form 990-BL	02	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

Community Foundation of Greater Dubuque

• The books are in the care of ▶ **700 Locust Street, Ste 195 - Dubuque, IA 52001**
Telephone No. ▶ **563-588-2700** 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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-BL, 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-EO and Form 8879-EO for payment instructions.

**Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045**