

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF GREATER DUBUQUE</b>		<b>D</b> Employer identification number <b>42-1526614</b>
	Doing business as		<b>E</b> Telephone number <b>563-588-2700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>31,060,457.</b>
	<b>700 LOCUST STREET</b>	<b>195</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>DUBUQUE, IA 52001</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>NANCY VAN MILLIGEN</b> <b>700 LOCUST STREET, SUITE 195, DUBUQUE, IA 5</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.DBQFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2001</b>	<b>M</b> State of legal domicile: <b>IA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION OF GREATER DUBUQUE STRENGTHENS COMMUNITIES AND INSPIRES GIVING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>30</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>23</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>9,603.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>9,641,471.</b>	<b>Current Year</b> <b>10,313,073.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>7,412.</b>	<b>19,363.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,266,128.</b>	<b>2,295,526.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>160,853.</b>	<b>-10,182.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,075,864.</b>	<b>12,617,780.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,155,929.</b>	<b>7,552,751.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>678,768.</b>	<b>1,370,548.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>806,752.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>810,294.</b>	<b>1,875,965.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,644,991.</b>	<b>10,799,264.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,430,873.</b>	<b>1,818,516.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>91,225,122.</b>	<b>End of Year</b> <b>83,945,638.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,597,456.</b>	<b>1,591,334.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>89,627,666.</b>	<b>82,354,304.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>NANCY VAN MILLIGEN, PRESIDENT/CEO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATHY FAIRCHILD</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00222608</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Phone no. <b>515-558-6600</b>	
Firm's address ▶ <b>400 LOCUST STREET, SUITE 640</b>		<b>DES MOINES, IA 50309-2354</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 \$ 9,168,012. including grants of \$ 7,552,751. ) (Revenue \$ 19,387. )

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.

IN MAKING GRANTS, THE COMMUNITY FOUNDATION SEEKS TO BE A HUB FOR

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 9,168,012.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 57	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	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		30
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		2
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		N/A
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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; 16b 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] 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 REBECCA KRUSE - 563-588-2700 700 LOCUST STREET, SUITE 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	X		X			0.	0.	0.	
(2) ROBERT HOEFER VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) TERI ZUCCARO TREASURER	1.00	X		X			0.	0.	0.	
(4) KEITH KRAMER SECRETARY	1.00	X		X			0.	0.	0.	
(5) CHRIS CORKEN DIRECTOR	1.00	X					0.	0.	0.	
(6) NANCY DUNKEL DIRECTOR	1.00	X					0.	0.	0.	
(7) TERRY FRIEDMAN DIRECTOR	1.00	X					0.	0.	0.	
(8) JIM GANTZ DIRECTOR	1.00	X					0.	0.	0.	
(9) DR. JANE HASEK DIRECTOR	1.00	X					0.	0.	0.	
(10) NATALIE HOFFMANN DIRECTOR	1.00	X					0.	0.	0.	
(11) ERNEST JACKSON DIRECTOR	1.00	X					0.	0.	0.	
(12) CHERI JONES DIRECTOR	1.00	X					0.	0.	0.	
(13) BRIAN KANE DIRECTOR	1.00	X					0.	0.	0.	
(14) DR. DARRYL MOZENA DIRECTOR	1.00	X					0.	0.	0.	
(15) KURT STRAND DIRECTOR	1.00	X					0.	0.	0.	
(16) CHERYL SYKE DIRECTOR	1.00	X					0.	0.	0.	
(17) CHRIS THEISEN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	X						0.	0.	0.
(19) MARK WILLGING DIRECTOR	1.00	X						0.	0.	0.
(20) NANCY VAN MILLIGEN PRESIDENT/CEO	40.00			X				179,400.	0.	8,779.
(21) AMY MANTERNACH VP OF FINANCE/PHILANTHROPY	36.00				X			102,182.	0.	17,613.
<b>1b Sub-total</b>								281,582.	0.	26,392.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								281,582.	0.	26,392.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 226,583.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 182,159.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 789,293.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 9,115,038.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	897,799.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 10,313,073.				
Program Service Revenue	<b>2 a</b> MCCARTHY CENTER RENTAL AND TRAINI	<b>Business Code</b> 900099	19,363.	19,363.		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶ 19,363.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 1,871,062.			1,871,062.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	18,774,528.	(ii) Other 30,000.		
		<b>b</b> Less: cost or other basis and sales expenses .....	18,347,064.	33,000.		
		<b>c</b> Gain or (loss) .....	427,464.	-3,000.		
		<b>d</b> Net gain or (loss) .....	▶ 424,464.			424,464.
	<b>8 a</b> Gross income from fundraising events (not including \$ 182,159. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 52,407.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 62,613.			
		<b>c</b> Net income or (loss) from fundraising events .....	▶ -10,206.			-10,206.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		<b>Business Code</b>				
11 a	MISCELLANEOUS REVENUE	900099	24.	24.		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶ 24.				
<b>12 Total revenue.</b> See instructions .....	▶ 12,617,780.	19,387.	0.	2,285,320.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,371,739.	7,371,739.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	181,012.	181,012.		
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 .....	188,179.		131,725.	56,454.
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 .....	1,008,165.	296,773.	315,441.	395,951.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			-16,300.	16,300.
9 Other employee benefits .....	89,876.	11,247.	57,778.	20,851.
10 Payroll taxes .....	84,328.	22,993.	29,128.	32,207.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	27,169.	1,958.	23,605.	1,606.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	255,125.	225,125.	30,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	412,069.	336,628.	-2,865.	78,306.
12 Advertising and promotion .....	95,683.	45,934.		49,749.
13 Office expenses .....	121,701.	83,137.	24,614.	13,950.
14 Information technology .....	43,255.	4,151.	30,929.	8,175.
15 Royalties .....				
16 Occupancy .....	119,843.	11,593.	52,326.	55,924.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	89,363.	61,831.	15,746.	11,786.
20 Interest .....	60,620.	35,000.	16,992.	8,628.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	98,632.	1,645.	96,987.	
23 Insurance .....	27,315.	16,042.	6,220.	5,053.
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 <b>SPECIAL EVENT EXPENSES</b>	394,218.	383,494.	-462.	11,186.
b <b>MEMBERSHIPS AND PUBS</b>	61,526.	56,144.	4,763.	619.
c <b>DONOR/REALTIONS/MEETING</b>	47,018.	21,566.	1,843.	23,609.
d <b>MCCARTHY CENTER EXPENSE</b>	22,428.		6,030.	16,398.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>10,799,264.</b>	<b>9,168,012.</b>	<b>824,500.</b>	<b>806,752.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	4,260,792.	<b>2</b>	5,090,813.
	<b>3</b> Pledges and grants receivable, net .....	176,823.	<b>3</b>	141,234.
	<b>4</b> Accounts receivable, net .....	1,989.	<b>4</b>	13,211.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,827.	<b>9</b>	11,633.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,501,896.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 505,745.	1,091,788.	<b>10c</b> 996,151.
	<b>11</b> Investments - publicly traded securities .....	83,679,528.	<b>11</b>	75,606,080.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,978,375.	<b>12</b>	2,086,516.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	33,000.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	91,225,122.	<b>16</b>	83,945,638.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	275,439.	<b>17</b>	228,720.
	<b>18</b> Grants payable .....	105,313.	<b>18</b>	196,545.
	<b>19</b> Deferred revenue .....	33,750.	<b>19</b>	37,500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	788,898.	<b>23</b>	764,426.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	394,056.	<b>25</b>	364,143.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,597,456.	<b>26</b>	1,591,334.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	89,365,637.	<b>27</b>	82,058,450.
	<b>28</b> Temporarily restricted net assets .....	262,029.	<b>28</b>	295,854.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	89,627,666.	<b>33</b>	82,354,304.	
<b>34</b> Total liabilities and net assets/fund balances .....	91,225,122.	<b>34</b>	83,945,638.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,617,780.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,799,264.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,818,516.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,627,666.
5	Net unrealized gains (losses) on investments	5	-9,144,912.
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	53,034.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,354,304.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain 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?
- 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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10448538.	11576768.	12966035.	9641471.	10313073.	54945885.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10448538.	11576768.	12966035.	9641471.	10313073.	54945885.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5967425.
<b>6 Public support.</b> Subtract line 5 from line 4.						48978460.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	10448538.	11576768.	12966035.	9641471.	10313073.	54945885.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	998,146.	1178998.	1327528.	851,905.	1871062.	6227639.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						61173524.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,030,809.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.06 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	80.52 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

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

**PART II**

2017 WAS A SHORT YEAR

Public Disclosure Copy

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

OMB No. 1545-0047

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

Name of organization  <b>COMMUNITY FOUNDATION OF GREATER DUBUQUE</b>	Employer identification number  <b>42-1526614</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>743,747.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,216,979.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>350,690.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>580,239.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>498,292.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>465,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COMMUNITY FOUNDATION OF GREATER DUBUQUE</b>	Employer identification number  <b>42-1526614</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>278,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>251,171.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COMMUNITY FOUNDATION OF GREATER DUBUQUE</b>	Employer identification number  <b>42-1526614</b>
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>COMMUNITY FOUNDATION OF GREATER DUBUQUE</b>	Employer identification number <b>42-1526614</b>
--	---

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**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 .....	179	308
2 Aggregate value of contributions to (during year) .....	3,730,508.	2,669,995.
3 Aggregate value of grants from (during year) .....	4,169,320.	1,120,423.
4 Aggregate value at end of year .....	21,772,121.	12,589,402.
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? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

- 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	68,237,406.	60,851,133.	51,666,162.	42,709,056.	37,322,784.
b Contributions	5,934,595.	3,430,820.	6,229,182.	14,082,953.	6,123,289.
c Net investment earnings, gains, and losses	-5,605,589.	4,699,356.	6,334,772.	-1,154,173.	1,572,588.
d Grants or scholarships	3,657,737.	322,017.	2,358,558.	3,071,145.	
e Other expenditures for facilities and programs				830.	2,309,605.
f Administrative expenses	1,176,904.	421,886.	1,020,425.	899,699.	
g End of year balance	63,731,771.	68,237,406.	60,851,133.	51,666,162.	42,709,056.

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

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  .00 %
- 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				
d Equipment		1,501,896.	505,745.	996,151.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  996,151.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	129,048.
(3) AMOUNTS DUE UNDER ANNUITY AGREEMENT	61,762.
(4) DEFERRED LEASE LIABILITY	173,333.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	364,143.

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	4,283,804.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-9,144,912.	
	b Donated services and use of facilities	2b	72,141.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	936,565.	
	e Add lines 2a through 2d	2e	-8,136,206.	
3	Subtract line 2e from line 1		3	12,420,010.
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	197,770.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	197,770.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,617,780.

**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	9,746,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	72,141.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	101,679.	
	e Add lines 2a through 2d	2e	173,820.	
3	Subtract line 2e from line 1		3	9,572,586.
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	197,770.	
	b Other (Describe in Part XIII.)	4b	1,028,908.	
	c Add lines 4a and 4b	4c	1,226,678.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,799,264.

**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 IN REVENUE PER FINANCIAL STMT	53,034.
REVENUE NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FAS 136	781,851.
FUNDRAISING EXPENSES NET WITH REVENUE FOR FORM 990	62,613.
EXPENSE REIMBURSEMENTS NET WITH EXPENSES ON FORM 990	785.
SPECIAL EVENT EXPENSES NET WITH REVENUE FOR FORM 990	38,282.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	936,565.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NET WITH REVENUE ON FORM 990	62,613.
EXPENSE REIMBURSEMENTS NET WITH EXPENSES ON FORM 990	784.
SPECIAL EVENT EXPENSES NET WITH REVENUE FOR FORM 990	38,282.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	101,679.

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE

WITH FAS 136

1,028,908.

Public Disclosure Copy





**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FDPS LUNCHEON (event type)	SMALL HERO'S MIGHTY CAUSE (event type)	14 (total number)		
Revenue	1	Gross receipts	52,990.	50,126.	131,450.	234,566.
	2	Less: Contributions	50,614.	42,256.	89,289.	182,159.
	3	Gross income (line 1 minus line 2)	2,376.	7,870.	42,161.	52,407.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	4,050.			4,050.
	8	Entertainment				
	9	Other direct expenses	576.	4,175.	53,812.	58,563.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				62,613.
11	Net income summary. Subtract line 10 from line 3, column (d)				-10,206.	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.**

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

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBRECHT ACRES FOUNDATION 2894 THORNWOOD CT DUBUQUE, IA 52003	42-1423952	501(C)(3)	10,050.	0.			COMMUNITY SUPPORT
ALLAMAKEE COMMUNITY SCHOOL DISTRICT - 1061 - 3RD AVE NW - WAUKON, IA 52172	42-6036591	170(C)(1)	27,445.	0.			EDUCATIONAL
ALLAMAKEE COUNTY AGRICULTURAL SOCIETY - PO BOX 208 - WAUKON, IA 52172	42-6006498	501(C)(3)	13,335.	0.			COMMUNITY SUPPORT
ALLAMAKEE SCHOLARSHIP FUND PO BOX 144 WAUKON, IA 52172	46-5059446	501(C)(3)	6,109.	0.			EDUCATIONAL
ALZHEIMER'S ASSOCIATION 5900 SARATOGA PLAZA, SUITE 11 DUBUQUE, IA 52002	13-3039601	501(C)(3)	5,000.	0.			HEALTH
AMERICAN CANCER SOCIETY IOWA HOPE LODGE - 4080 - 1ST AVE NE, STE 101 - CEDAR RAPIDS, IA 52402	13-1788491	501(C)(3)	18,613.	0.			HEALTH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **185.**

**3** Enter total number of other organizations listed in the line 1 table **24.**

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

Schedule I (Form 990) (2018)

**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 ENDOWMENT FOUNDATION 5700 DARROW RD, STE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	1,349,631.	0.			EDUCATIONAL
ANTIOCH CHRISTIAN CHURCH 1120 7TH AVE SUITE C MARION, IA 52302	42-1023557	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
APUFRAM INTERNATIONAL PO BOX 10085 RUSSELLVILLE, AR 72812	27-0493212	501(C)(3)	9,000.	0.			COMMUNITY SUPPORT
AQUINAS COMMUNICATIONS INC. 2266 MARTIN DR, PO BOX 3306 DUBUQUE, IA 52004	46-4382718	501(C)(3)	5,500.	0.			COMMUNITY SUPPORT
BECKMAN CATHOLIC HIGH SCHOOL 1325 - 9TH ST SE DYERSVILLE, IA 52040	42-0923753	501(C)(3)	38,645.	0.			EDUCATIONAL
BELL TOWER THEATER AND EVENT CENTER - 2728 ASBURY RD - DUBUQUE, IA 52001	87-0690005	501(C)(3)	17,040.	0.			COMMUNITY SUPPORT
BETHANY HOME 1005 LINCOLN AVE DUBUQUE, IA 52001	42-0698260	501(C)(3)	7,280.	0.			2018 ENDOWMENT PAYOUT
BOYS AND GIRLS CLUB OF GREATER DUBUQUE - 1299 LOCUST ST - DUBUQUE, IA 52001	42-0710263	501(C)(3)	71,680.	0.			COMMUNITY SUPPORT
CAMP ALBRECHT ACRES 14837 SHERRILL RD, PO BOX 50 SHERRILL, IA 52073	42-1125110	501(C)(3)	12,538.	0.			COMMUNITY SUPPORT

**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
CAMP COURAGEOUS OF IOWA 12007 - 190TH ST, PO BOX 418 MONTICELLO, IA 52310	23-7210932	501(C)(3)	27,001.	0.			COMMUNITY SUPPORT
CANVAS HEALTH 7066 STILLWATER BLVD N OAKDALE, MN 55128	41-0955577	501(C)(3)	10,000.	0.			HEALTH
CARNEGIE-STOUT PUBLIC LIBRARY 360 W 11TH ST. DUBUQUE, IA 52001	42-1452704	501(C)(3)	5,213.	0.			COMMUNITY SUPPORT
CASCADE ELEMENTARY PTO 110 HARRISON ST SE CASCADE, IA 52033	42-1446402	501(C)(3)	5,000.	0.			EDUCATIONAL
CATHOLIC CHARITIES 1229 MT LORETTA AVE DUBUQUE, IA 52003	42-0680493	501(C)(3)	21,457.	0.			COMMUNITY SUPPORT
CENTER FOR WORKING FAMILIES, INC. 12605 W. NORTH AVE #130 BROOKFIELD, WI 53005	46-4464547	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
CENTRAL DEWITT COMMUNITY SCHOOLS DISTRICT - 331 E 8TH ST, PO BOX 110 - DEWITT, IA 52742	42-6040381	170(C)(1)	48,635.	0.			EDUCATIONAL
CHRIST THE KING CATHOLIC CHURCH 5029 ZENITH AVE S MINNEAPOLIS, MN 55410	41-0760817	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
CITY OF CASCADE 320 - 1ST AVE W, PO BOX 400 CASCADE, IA 52033	42-6004327	170(C)(1)	14,200.	0.			COMMUNITY SUPPORT

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CITY OF CLINTON - PUBLIC LIBRARY 306 8TH AVE S CLINTON, IA 52732	42-6004399	170(C)(1)	6,930.	0.			COMMUNITY SUPPORT
CITY OF DEWITT - FRANCES BANTA WAGGONER COMMUNITY LIBRARY - 505 10TH STREET - DEWITT, IA 52742	42-6004584	170(C)(1)	20,250.	0.			COMMUNITY SUPPORT
CITY OF EARLVILLE 19 NORTHERN AVE EARLVILLE, IA 52040	42-6004618	170(C)(1)	5,000.	0.			COMMUNITY SUPPORT
CITY OF GUTTENBERG PO BOX 580 GUTTENBERG, IA 52052	42-6004748	170(C)(1)	159,568.	0.			COMMUNITY SUPPORT
CITY OF HARPERS FERRY 1050 GREAT RIVER ROAD HARPERS FERRY, IA 52146	42-1076054	170(C)(1)	9,500.	0.			COMMUNITY SUPPORT
CITY OF HOPKINTON PO BOX 154 HOPKINTON, IA 52237	42-6004774	170(C)(1)	7,686.	0.			COMMUNITY SUPPORT
CITY OF MANCHESTER 208 EAST MAIN STREET MANCHESTER, IA 52057	42-6004909	170(C)(1)	10,260.	0.			COMMUNITY SUPPORT
CITY OF MCGREGOR 416 MAIN ST, PO BOX 505 MCGREGOR, IA 52157	42-6004957	170(C)(1)	10,242.	0.			COMMUNITY SUPPORT
CITY OF MONONA PO BOX 298 MONONA, IA 52159	42-6004974	170(C)(1)	5,080.	0.			COMMUNITY SUPPORT

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CITY OF MONTICELLO 200 E 1ST ST MONTICELLO, IA 52310	42-6004981	170(C)(1)	17,925.	0.			COMMUNITY SUPPORT
CITY OF NEW ALBIN PO BOX 14 NEW ALBIN, IA 52160	42-6005027	170(C)(1)	10,000.	0.			COMMUNITY SUPPORT
CITY OF PRESTON 1 W GILLET ST, PO BOX 37 PRESTON, IA 52069	42-6005133	170(C)(1)	9,550.	0.			COMMUNITY SUPPORT
CITY OF WAUKON 101 ALLAMAKEE STREET WAUKON, IA 52172	42-6005340	170(C)(1)	32,285.	0.			COMMUNITY SUPPORT
CLARITY CLINIC 3365 HILLCREST RD DUBUQUE, IA 52002	36-3918188	501(C)(3)	12,849.	0.			HEALTH
CLARKE UNIVERSITY 1550 CLARKE DR DUBUQUE, IA 52001	42-0680408	501(C)(3)	37,135.	0.			EDUCATIONAL
CLAYTON COUNTY ENERGY DISTRICT PO BOX 77 EDGEWOOD, IA 52042	81-4518964	501(C)(3)	5,500.	0.			COMMUNITY SUPPORT
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)	6,965.	0.			COMMUNITY SUPPORT



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COMMUNITY AMBULANCE SERVICE PO BOX 474 PRESTON, IA 52069	42-6269563	501(C)(3)	5,000.	0.			HEALTH
COMMUNITY FOUNDATION OF GREATER DES MOINES - 1915 GRAND AVE - DES MOINES, IA 50309	42-6139033	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
COMMUNITY FOUNDATION OF JOHNSON COUNTY - 325 E WASHINGTON ST - IOWA CITY, IA 52240	42-1508117	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
COMPASS TO CARE 900 JACKSON ST, STE LL5 DUBUQUE, IA 52001	27-0885690	501(C)(3)	21,809.	0.			COMMUNITY SUPPORT
CONVIVIVUM URBAN FARMSTEAD 2811 JACKSON ST DUBUQUE, IA 52001	47-2427763	501(C)(3)	12,000.	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)	8,466.	0.			COMMUNITY SUPPORT
CRESCENT COMMUNITY HEALTH CENTER 1789 ELM ST, SUITE A DUBUQUE, IA 52001	48-1302204	501(C)(3)	230,528.	0.			HEALTH
DARBY FAMILY AQUATIC CENTER - CITY OF MONONA - PO BOX 298 - MONONA, IA 52159	42-6004974	170(C)(1)	5,750.	0.			COMMUNITY SUPPORT

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DIVINE WORD COLLEGE PO BOX 380 EPWORTH, IA 52045	42-0788226	501(C)(3)	17,000.	0.			EDUCATIONAL
DOLLY PARTON IMAGINATION LIBRARY 24594 110TH ST ANAMOSA, IA 52205	62-1348105	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
DRAVET SYNDROME FOUNDATION PO BOX 3026 CHERRY HILL, NJ 08034	27-0924627	501(C)(3)	5,630.	0.			HEALTH
DUBUQUE ARBORETUM 3800 ARBORETUM DR DUBUQUE, IA 52001	42-1160989	501(C)(3)	32,965.	0.			COMMUNITY SUPPORT
DUBUQUE AREA CHAMBER OF COMMERCE 300 MAIN ST, SUITE 200 DUBUQUE, IA 52001	42-0223700	501(C)(6)	6,560.	0.			COMMUNITY SUPPORT
DUBUQUE AREA SWIMMIN HURRICANE (DASH) - PO BOX 1062 - DUBUQUE, IA 52004	42-1373861	501(C)(3)	30,500.	0.			COMMUNITY SUPPORT
DUBUQUE ARTS COUNCIL 2728 ASBURY RD STE 220 DUBUQUE, IA 52001	42-1051941	501(C)(3)	8,550.	0.			COMMUNITY SUPPORT
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY RD DUBUQUE, IA 52001	42-6001531	170(C)(1)	181,048.	0.			EDUCATIONAL
DUBUQUE COMMUNITY YMCA/YWCA 35 N BOOTH ST DUBUQUE, IA 52001	42-0934471	501(C)(3)	206,362.	0.			COMMUNITY SUPPORT

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DUBUQUE COUNTY HISTORICAL SOCIETY 350 E THIRD ST DUBUQUE, IA 52001	42-6072050	501(C)(3)	75,760.	0.			COMMUNITY SUPPORT
DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001	42-1270933	501(C)(3)	18,160.	0.			COMMUNITY SUPPORT
DUBUQUE DREAM CENTER 1600 WHITE STREET DUBUQUE, IA 52001	81-1062794	501(C)(3)	89,845.	0.			COMMUNITY SUPPORT
DUBUQUE FOOD PANTRY 1598 JACKSON STREET DUBUQUE, IA 52001	42-1310910	501(C)(3)	14,635.	0.			COMMUNITY SUPPORT
DUBUQUE LUTHERAN SCHOOL 2145 JFK DUBUQUE, IA 52001	75-3110118	501(C)(3)	41,280.	0.			EDUCATIONAL
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	26-2227941	501(C)(3)	19,930.	0.			HEALTH
DUBUQUE MUSEUM OF ART 701 LOCUST ST DUBUQUE, IA 52001	42-1071185	501(C)(3)	37,153.	0.			COMMUNITY SUPPORT
DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE RD DUBUQUE, IA 52002	42-6039535	501(C)(3)	17,348.	0.			COMMUNITY SUPPORT
DUBUQUE RESCUE MISSION PO BOX 147 DUBUQUE, IA 52004	42-0844836	501(C)(3)	102,541.	0.			COMMUNITY SUPPORT

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DUBUQUE SYMPHONY ORCHESTRA 2728 ASBURY RD, STE 900 DUBUQUE, IA 52001	23-7429727	501(C)(3)	119,349.	0.			COMMUNITY SUPPORT
DYERSVILLE HEALTH FOUNDATION 1111 - 3RD ST SW DYERSVILLE, IA 52040	20-5383271	501(C)(3)	24,169.	0.			HEALTH
EARLVILLE UNITED PARISH 111 N WEST ST EARLVILLE, IA 52041	42-1240340	501(C)(3)	31,410.	0.			COMMUNITY SUPPORT
EASTLAND COMMUNITY UNIT SCHOOL DISTRICT #308 - 500 S SCHOOL DR - LANARK, IL 61046	93-9744330	170(C)(1)	510.	0.			EDUCATIONAL
EDGEWOOD-COLESBURG SCHOOL DISTRICT - HIGH SCHOOL - 403 W UNION ST, PO BOX 316 - EDGEWOOD, IA 52042	42-6040190	170(C)(1)	7,090.	0.			EDUCATIONAL
ELKADER HISTORICAL SOCIETY 702 DAVIDSON ST NW ELKADER, IA 52043	42-1119953	501(C)(3)	5,750.	0.			COMMUNITY SUPPORT
EWALU CAMP AND RETREAT CENTER 37776 ALPHA AVE STRAWBERRY POINT, IA 52076	42-0865245	501(C)(3)	20,730.	0.			COMMUNITY SUPPORT
FAIR AND EXPOSITION SOCIETY OF JONES COUNTY, INC. - PO BOX 150 - MONTICELLO, IA 52310	42-1294397	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
FAIRVIEW CEMETERY 708 CHARLOTTE ST EARLVILLE, IA 52041	42-0240172	501(C)(3)	7,020.	0.			COMMUNITY SUPPORT

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FAITH BAPTIST CHURCH 2140 CRYSTAL BEACH RD WINTER HAVEN, FL 33880	59-2169854	501(C)(3)	14,298.	0.			COMMUNITY SUPPORT
FAMILY RESOURCES 2800 EASTERN AVE DAVENPORT, IA 52803	42-0698225	501(C)(3)	5,250.	0.			COMMUNITY SUPPORT
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS (FOCUS) - 603 PARK POINT DR SUITE 200 - GENESSEE, CO 80401	84-1522811	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
FINLEY HEALTH FOUNDATION 350 N GRANDVIEW AVE DUBUQUE, IA 52001	42-1286953	501(C)(3)	8,159.	0.			HEALTH
FLAMES OF LOVE INTERNATIONAL MINISTRIES - 8616 ARBOLEDA STREET - EL PASO, TX 79907	74-2374868	501(C)(3)	58,000.	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
FOUNTAIN OF YOUTH PROGRAM 1497 CENTRAL AVE DUBUQUE, IA 52001	81-3722764	501(C)(3)	6,650.	0.			COMMUNITY SUPPORT
FOUR MOUNDS FOUNDATION 4900 PERU RD DUBUQUE, IA 52001	42-1265303	501(C)(3)	12,580.	0.			COMMUNITY SUPPORT

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FOUR OAKS OF DUBUQUE 180 W 15TH ST DUBUQUE, IA 52001	42-0998726	501(C)(3)	10,017.	0.			COMMUNITY SUPPORT
FOUR OAKS/FAMILY AND CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
FRIENDS OF ST. MARY'S PO BOX 3188 DUBUQUE, IA 52001	46-4898142	501(C)(3)	169,338.	0.			COMMUNITY SUPPORT
GALENA ART AND RECREATION CENTER 413 S BENCH ST GALENA, IL 61036	36-2616288	501(C)(3)	12,700.	0.			COMMUNITY SUPPORT
GIGI'S PLAYHOUSE 6507 UNIVERSITY AVE WINDSOR HEIGHTS, IA 50324	61-1611262	501(C)(3)	11,000.	0.			COMMUNITY SUPPORT
GOOD NEIGHBOR SOCIETY 105 MCCARREN DR MANCHESTER, IA 52057	42-0846668	501(C)(3)	11,366.	0.			COMMUNITY SUPPORT
GRAND OPERA HOUSE 135 W 8TH ST DUBUQUE, IA 52001	42-1133812	501(C)(3)	10,111.	0.			COMMUNITY SUPPORT
GRANT WOOD MISSISSIPPI RIVER REGION INC - 119 S. MAIN ST, STE 5 - MAQUOKETA, IA 52060	81-0712754	501(C)(3)	20,640.	0.			COMMUNITY SUPPORT
GREATER DELAWARE COUNTY COMMUNITY FOUNDATION - 200 E MAIN ST - MANCHESTER, IA 52057	42-1045184	501(C)(3)	11,803.	0.			COMMUNITY SUPPORT

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GREELEY RURAL FIREMANS ASSOCIATION INC. - PO BOX 164 - GREELEY, IA 52050	45-2541031	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
HABITAT FOR HUMANITY - DUBUQUE & JACKSON COUNTIES - 900 JACKSON ST, STE LL5-2E - DUBUQUE, IA 52001	42-1365181	501(C)(3)	23,340.	0.			COMMUNITY SUPPORT
HANDICAPPED EQUIPMENT LENDING PROGRAM - PROJECT HELP - 5185 W 58TH ST N - NEWTON, IA 50208	42-1306760	501(C)(3)	9,433.	0.			COMMUNITY SUPPORT
HARRY CHAPIN FOOD BANK 3760 FOWLER ST FT. MYERS, FL 33901	59-2332120	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001	42-0680411	501(C)(3)	52,940.	0.			HEALTH
HILLS AND DALES CHILD DEVELOPMENT CENTER - 1011 DAVIS ST - DUBUQUE, IA 52001	42-1388270	501(C)(3)	39,020.	0.			COMMUNITY SUPPORT
HISPANIC MINISTRY 1425 IOWA STREET DUBUQUE, IA 52001	42-0680409	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE ST DUBUQUE, IA 52001	42-0792429	501(C)(3)	115,951.	0.			EDUCATIONAL
HOPE FOR HAITI 1021 - 5TH AVE N NAPLES, FL 34102	59-3564329	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT

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HOSPICE OF DUBUQUE 1670 JOHN F. KENNEDY ROAD DUBUQUE, IA 52002	42-1205973	501(C)(3)	23,417.	0.			COMMUNITY SUPPORT
IMMACULATE HEART OF MARY CHURCH PO BOX 309 HOUSTON, MS 38851	53-0196617	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
INSPIRATION STABLES INC. PO BOX 16 PEOSTA, IA 52068	82-3470817	501(C)(3)	40,000.	0.			COMMUNITY SUPPORT
INTERLINK MINISTRIES INC. PO BOX 460 APPLE CREEK, OH 44606	34-1700949	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	501(C)(3)	11,350.	0.			COMMUNITY SUPPORT
IOWA STATE UNIVERSITY EXTENSION & OUTREACH - JACKSON COUNTY - 201 W PLATT ST - MAQUOKETA, IA 52060	42-6004224	501(C)(3)	5,000.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY EXTENSION & OUTREACH - JONES COUNTY - 800 N MAPLE ST, STE 2, PO BOX 28 - MONTICELLO, IA 52310	42-6021438	501(C)(3)	11,798.	0.			EDUCATIONAL
IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY - 0210 BEAD SHEAR HALL 515 MORRILL RD - AMES, IA 50011	42-6004224	501(C)(3)	660.	0.			EDUCATIONAL
JO DAVIESS CONSERVATION FOUNDATION 126 N MAIN ST, PO BOX 216 ELIZABETH, IL 61028	36-3913497	501(C)(3)	477,015.	0.			COMMUNITY SUPPORT

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JONES CO EMERGENCY MANAGEMENT 500 W MAIN ST ANAMOSA, IA 52205	42-6004230	170(C)(1)	5,000.	0.			COMMUNITY SUPPORT
JULIEN DUBUQUE INTERNATIONAL FILM FESTIVAL - PO BOX 735 - DUBUQUE, IA 52004	26-4261800	501(C)(3)	16,600.	0.			COMMUNITY SUPPORT
JUNIOR ACHIEVEMENT OF THE HEARTLAND - 800 12TH AVE - MOLINE, IL 61265	36-2684253	501(C)(3)	6,335.	0.			COMMUNITY SUPPORT
KID ASSIST 5185 W 58TH ST N NEWTON, IA 50208	39-1898197	501(C)(3)	9,433.	0.			COMMUNITY SUPPORT
KRABBENHOFT PUBLIC LIBRARY PO BOX 340 SABULA, IA 52070	42-1526614	501(C)(3)	8,600.	0.			COMMUNITY SUPPORT
LA SALLE CATHOLIC SCHOOL PO BOX 368 HOLY CROSS, IA 52053	42-0940399	501(C)(3)	100,000.	0.			EDUCATIONAL
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 PO BOX 178 DUBUQUE, IA 52004	42-0680412	501(C)(3)	100,956.	0.			EDUCATIONAL
LOW MOOR VOLUNTEER FIRE DEPARTMENT PO BOX 151 LOW MOOR, IA 52757	42-1012808	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT

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LUTHERAN SERVICES IN IOWA - DES MOINES - 3125 COTTAGE GROVE AVE - DES MOINES, IA 50311	42-0698267	501(C)(3)	12,800.	0.			COMMUNITY SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA 3009 - 100TH ST URBANDALE, IA 50322	42-1310530	501(C)(3)	22,600.	0.			COMMUNITY SUPPORT
MANASSEH HOUSE 2080 ELM STREET, 103 DUBUQUE, IA 52001	20-4600693	501(C)(3)	45,000.	0.			COMMUNITY SUPPORT
MAQUOKETA COMMUNITY CUPBOARD 902 W PLATT PO BOX 743 MAQUOKETA, IA 52060	42-1269332	501(C)(3)	39,500.	0.			COMMUNITY SUPPORT
MAQUOKETA COMMUNITY SCHOOL DISTRICT - CARDINAL ELEMENTARY SCHOOL - 1003 E PERSHING RD - MAQUOKETA, IA 52060	42-6037701	170(C)(1)	10,000.	0.			EDUCATIONAL
MAQUOKETA VALLEY DOLLARS FOR SCHOLARS - PO BOX 62 - DELHI, IA 52223	46-5193481	501(C)(3)	62,669.	0.			COMMUNITY SUPPORT
MARQUETTE CATHOLIC SCHOOLS 403 PARK ST BELLEVUE, IA 52031	42-0955523	501(C)(3)	65,180.	0.			EDUCATIONAL
MARYKNOLL FATHERS AND BROTHERS PO BOX 302 MARYKNOLL, NY 10545	13-1740144	501(C)(3)	45,000.	0.			COMMUNITY SUPPORT
MARY'S INN MATERNITY HOME PO BOX 3338 DUBUQUE, IA 52004	36-4768362	501(C)(3)	16,590.	0.			COMMUNITY SUPPORT

**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
MERCY MEDICAL CENTER 250 MERCY DRIVE DUBUQUE, IA 52001	31-1373080	501(C)(3)	11,160.	0.			HEALTH
MFL - MARMAC DOLLARS FOR SCHOLARS PO BOX 607 MONONA, IA 52159	04-2296967	501(C)(3)	1,000.	0.			COMMUNITY SUPPORT
MID-IOWA COMMUNITY ACTION, INC. 1001 S 18TH AVE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	7,350.	0.			COMMUNITY SUPPORT
MIDLAND AMBULANCE SERVICE 406 W SUMMIT ST WYOMING, IA 52362	23-7121299	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
MT. CALVARY CEMETERY ASSOCIATION 111 DAVIS AVE DUBUQUE, IA 52001	42-0504785	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
MULTICULTURAL FAMILY CENTER 1157 CENTRAL AVE DUBUQUE, IA 52001	27-0751743	501(C)(3)	28,284.	0.			COMMUNITY SUPPORT
NATIONAL MISSISSIPPI RIVER MUSEUM & AQUARIUM - 350 E 3RD ST - DUBUQUE, IA 52001	42-6072050	501(C)(3)	33,755.	0.			COMMUNITY SUPPORT
NATIONAL MOTORCYCLE MUSEUM 102 CHAMBER DR ANAMOSA, IA 52205	20-4548573	501(C)(3)	5,400.	0.			COMMUNITY SUPPORT
NATIVITY CHURCH 1225 ALTA VISTA ST DUBUQUE, IA 52001	53-0196617	501(C)(3)	23,790.	0.			COMMUNITY SUPPORT

**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
NEW AVENUES FOR YOUTH, INC. 1220 SW COLUMBIA ST PORTLAND, OR 97201	93-0910213	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA COMMUNITY COLLEGE FOUNDATION - 8342 NICC DRIVE - PEOSTA, IA 52068	42-1178729	501(C)(3)	39,879.	0.			EDUCATIONAL
NORTHEAST IOWA FOOD BANK PO BOX 2397 WATERLOO, IA 50703	42-1169648	501(C)(3)	18,600.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA RC & D, INC. 101 E GREENE ST, PO BOX 916 POSTVILLE, IA 52162	42-1309260	501(C)(3)	7,195.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA SCHOOL OF MUSIC 2728 ASBURY RD, STE 200 DUBUQUE, IA 52001	42-1510485	501(C)(3)	16,248.	0.			EDUCATIONAL
NORTHEAST IOWA WELLNESS & RECREATION CENTER - PO BOX 268 - POSTVILLE, IA 52162	57-1167577	501(C)(3)	7,000.	0.			HEALTH
NORTHEASTERN IOWA SYNOD - ELCA PO BOX 804 WAVERLY, IA 50677	36-3514256	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
OFFICE OF COUNTY AUDITOR, CLAYTON COUNTY - PO BOX 416 - ELKADER, IA 52043	42-6004631	170(C)(1)	18,000.	0.			COMMUNITY SUPPORT
OHNWARD FINE ARTS CENTER 1215 E PLATT ST MAQUOKETA, IA 52060	42-1507636	501(C)(3)	7,510.	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
OPENING DOORS (MARIA HOUSE & TERESA SHELTER) - 2100 ASBURY RD STE 8 - DUBUQUE, IA 52001	42-1490364	501(C)(3)	55,509.	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)	28,700.	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
PIARIST SCHOOL PO BOX 369 HAGER HILL, KY 41222	61-1177865	501(C)(3)	26,500.	0.			EDUCATIONAL
PRESENTATION LANTERN 900 JACKSON ST, SUITE LL5-1 DUBUQUE, IA 52001	13-4224124	501(C)(3)	13,384.	0.			COMMUNITY SUPPORT
PROJECT ECHELON RACING 513 PETERS DR. WAUKESHA, WI 53188	81-2114278	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION - 15623 COALTOWN RD - EAST MOLINE, IL 61244	93-1332421	501(C)(3)	16,750.	0.			COMMUNITY SUPPORT
REGINA INTER-PARISH CATHOLIC EDUCATION CENTER - 2140 ROCHESTER AVE - IOWA CITY, IA 52245	53-0196617	501(C)(3)	10,800.	0.			EDUCATIONAL

**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
RESURRECTION PARISH 4300 ASBURY RD DUBUQUE, IA 52002	42-0861036	501(C)(3)	5,330.	0.			COMMUNITY SUPPORT
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-3147342	501(C)(3)	6,250.	0.			COMMUNITY SUPPORT
RIVER VALLEY INITIATIVE FOUNDATION 900 JACKSON ST #109 DUBUQUE, IA 52001	32-0051502	501(C)(3)	16,040.	0.			COMMUNITY SUPPORT
RIVERVIEW CENTER 2600 DODGE ST DUBUQUE, IA 52002	36-3920008	501(C)(3)	22,154.	0.			COMMUNITY SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS - 730 HAWKINS DR - IOWA CITY, IA 52246	42-1189783	501(C)(3)	5,160.	0.			HEALTH
SAFE HAVEN HUMANE SOCIETY 1471 US HIGHWAY 20 W ELIZABETH, IL 61028	36-4242148	501(C)(3)	7,473.	0.			COMMUNITY SUPPORT
SAINTS PETER AND PAUL CATHOLIC CHURCH - 1625 300TH AVE - DYERSVILLE, IA 52040	42-0710266	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
SALT AND LIGHT 1819 S PHILO RD UBANA, IL 51802	32-0074485	501(C)(3)	10,000.	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

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
SCOTT COUNTY FAMILY Y 606 WEST SECOND ST DAVENPORT, IA 52801	42-0703278	501(C)(3)	14,060.	0.			COMMUNITY SUPPORT
SISTERS OF CHARITY BVM 1100 CARMEL DR PO BOX 858 DUBUQUE, IA 52004	52-1235775	501(C)(3)	35,305.	0.			COMMUNITY SUPPORT
SISTERS OF ST. FRANCIS 3390 WINDSOR AVE DUBUQUE, IA 52001	42-0757421	501(C)(3)	13,540.	0.			COMMUNITY SUPPORT
SISTERS OF THE PRESENTATION OF THE B.V.M. - 2360 CARTER ROAD - DUBUQUE, IA 52001	42-0681050	501(C)(3)	5,060.	0.			COMMUNITY SUPPORT
SOUTHWEST FRANCISCAN MISSIONS PO BOX 12395 ALBUQUERQUE, NM 87195	85-6013190	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
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)	5,550.	0.			COMMUNITY SUPPORT
ST. ELIZABETH PASTORATE PO BOX 286 EPWORTH, IA 52045	42-1087994	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
ST. GILES PARISH 1025 COLUMBIAN AVE OAK PARK, IL 60302	36-2171014	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT

**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
ST. JOHN'S LUTHERAN CHURCH 203 PEARL ST PO BOX 819 GUTTENBERG, IA 52052	42-1522040	501(C)(3)	32,270.	0.			COMMUNITY SUPPORT
ST. JOSEPH THE WORKER CATHOLIC CHURCH - 60 S ALGONA ST - DUBUQUE, IA 52001	42-0698063	501(C)(3)	41,889.	0.			COMMUNITY SUPPORT
ST. MARK YOUTH ENRICHMENT 1201 LOCUST ST DUBUQUE, IA 52001	42-1338364	501(C)(3)	36,898.	0.			COMMUNITY SUPPORT
ST. MARY'S CATHOLIC CHURCH PO BOX 847 GUTTENBERG, IA 52052	42-0698075	501(C)(3)	17,000.	0.			COMMUNITY SUPPORT
ST. MARY'S MISSION SCHOOL HIGHWAY 1 PO BOX 189 RED LAKE, MN 56671	53-0196617	501(C)(3)	6,500.	0.			EDUCATIONAL
ST. PATRICK SCHOOL 200 - 2ND ST SW WAUKON, IA 52172	42-0698115	501(C)(3)	10,190.	0.			EDUCATIONAL
ST. PETER LUTHERAN CHURCH FOUNDATION - 3200 ASBURY RD - DUBUQUE, IA 52001	42-6022856	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
ST. RAPHAEL'S CATHEDRAL CHURCH 231 BLUFF ST DUBUQUE, IA 52001	42-0703275	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
ST. STEPHEN'S FOOD BANK 3145 CEDAR CREST RIDGE DUBUQUE, IA 52003	42-1222356	501(C)(3)	20,500.	0.			COMMUNITY SUPPORT



**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
ST. VINCENT DE PAUL 4990 RADFORD ROAD DUBUQUE, IA 52002	42-0890358	501(C)(3)	7,930.	0.			COMMUNITY SUPPORT
STONEHILL BENEVOLENT FOUNDATION 3485 WINDSOR AVE DUBUQUE, IA 52001	42-1337556	501(C)(3)	16,200.	0.			COMMUNITY SUPPORT
STONEHILL FRANCISCAN SERVICES 3485 WINDSOR AVE DUBUQUE, IA 52001	51-0141775	501(C)(3)	40,133.	0.			COMMUNITY SUPPORT
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)	5,110.	0.			COMMUNITY SUPPORT
THE FROELICH FOUNDATION 24397 FROELICH RD MCGREGOR, IA 52157	42-1295071	501(C)(3)	16,530.	0.			COMMUNITY SUPPORT
THE LEADERSHIP INSTITUTE 1101 N HIGHLAND ST ARLINGTON, VA 22201	51-0235174	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
THE WELL RESOURCE CENTER 419 E OSKALOOSA STREET PELLA, IA 50219	46-5761262	501(C)(3)	27,625.	0.			COMMUNITY SUPPORT
TWO BY TWO CHARACTER DEVELOPMENT 470 W 4TH ST DUBUQUE, IA 52001	20-3437767	501(C)(3)	64,524.	0.			COMMUNITY SUPPORT

**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
UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVE DUBUQUE, IA 52001	42-0680323	501(C)(3)	66,940.	0.			EDUCATIONAL
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	11,500.	0.			EDUCATIONAL
UNIVERSITY OF MEMPHIS 6977 STOUT ROAD MEMPHIS, TN 38119	62-6048540	501(C)(3)	10,000.	0.			EDUCATIONAL
UPPER EXPLORERLAND REGIONAL PLANNING COMMISSION - 325 WASHINGTON ST, SUITE A - DECORAH, IA 52101	42-1453295	501(C)(3)	13,500.	0.			COMMUNITY SUPPORT
VETERANS MEMORIAL HEALTHCARE FOUNDATION - 40 - 1ST ST SE - WAUKON, IA 52172	42-1197820	501(C)(3)	22,100.	0.			HEALTH
VISION TO LEARN 11611 SAN VICENTE BLVD, STE 500 LOS ANGELES, CA 90049	45-3457853	501(C)(3)	36,958.	0.			COMMUNITY SUPPORT
VISITING NURSES ASSOCIATION 1454 IOWA ST DUBUQUE, IA 52001	42-0680410	501(C)(3)	8,550.	0.			HEALTH
WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL DUBUQUE, IA 52003	42-0681105	501(C)(3)	12,170.	0.			COMMUNITY SUPPORT
WELTON VOLUNTEER FIRE COMPANY PO BOX 19 WELTON, IA 52774	42-6273238	501(C)(3)	5,000.	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
WEST DELAWARE COMMUNITY SCHOOL DISTRICT - 701 NEW ST - MANCHESTER, IA 52057	42-6037588	501(C)(3)	5,000.	0.			EDUCATIONAL
WILLIS DADY HOMELESS SERVICES 1247 4TH AVE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	5,000.	0.			COMMUNITY SUPPORT
WYOMING PIONEERS 4-H CLUB 406 W SUMMIT ST WYOMING, IA 52362	42-1227591	170(C)(1)	15,000.	0.			COMMUNITY SUPPORT
YWCA CLINTON 317 - 7TH AVE S CLINTON, IA 52732	42-0716335	501(C)(3)	7,474.	0.			COMMUNITY SUPPORT
CRETIN-DERHAM HALL HIGH SCHOOL 550 S ALBERT STREET ST. PAUL, MN 55116	41-1570394	501(C)(3)	5,000.	0.			EDUCATIONAL

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	155	166,173.	0.		
PROMISING FUTURE FUND	1	600.	0.		
MORE MOMENTS MORE MEMORIES	9	14,239.	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.

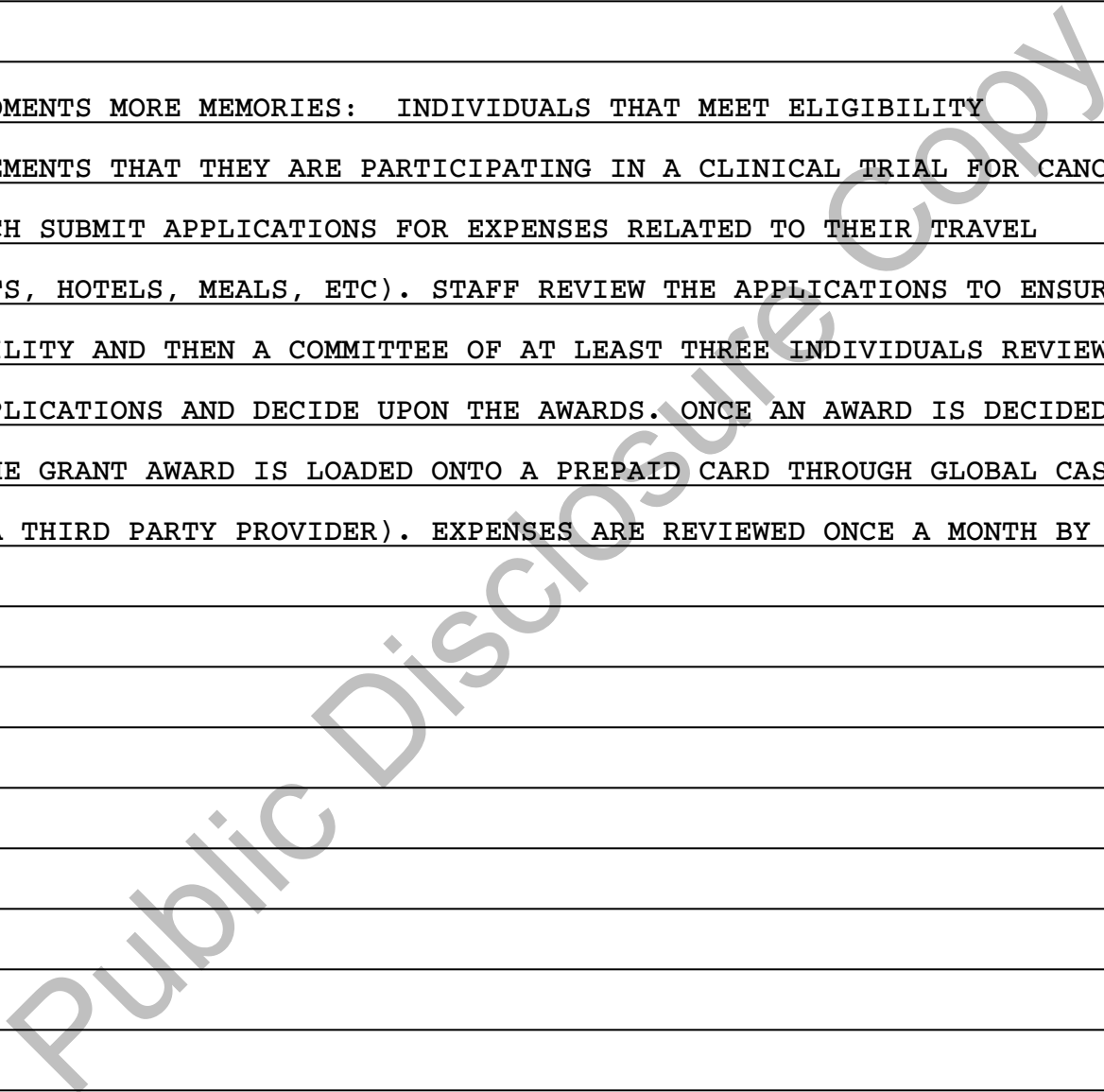
DONOR ADVISED FUNDS ARE FUNDS FROM WHICH INCOME AND/OR PRINCIPAL IS DISTRIBUTED BY THE BOARD OF DIRECTORS TO 501(C)(3) CHARITIES IN RESPONSE TO RECOMMENDATIONS MADE BY THE DONOR, THE DONOR'S FAMILY, OR AN ADVISOR. IN ACCORDANCE WITH INTERNAL REVENUE CODE REQUIREMENTS, HOWEVER, SUCH RECOMMENDATIONS ARE ADVISORY ONLY AND NOT BINDING ON THE BOARD OF DIRECTORS OF THE FOUNDATION.

**Part IV** Supplemental Information

PART III

SCHOLARSHIPS: STUDENTS THAT MEET ELIGIBILITY REQUIREMENTS SET FORTH IN THE FUND AGREEMENT SUBMIT APPLICATIONS. STAFF REVIEW THE APPLICATIONS TO ENSURE ELIGIBILITY AND THEN A COMMITTEE OF AT LEAST THREE INDIVIDUALS REVIEW THE APPLICATIONS AND DECIDE UPON THE AWARDS.

MORE MOMENTS MORE MEMORIES: INDIVIDUALS THAT MEET ELIGIBILITY REQUIREMENTS THAT THEY ARE PARTICIPATING IN A CLINICAL TRIAL FOR CANCER RESEARCH SUBMIT APPLICATIONS FOR EXPENSES RELATED TO THEIR TRAVEL (FLIGHTS, HOTELS, MEALS, ETC). STAFF REVIEW THE APPLICATIONS TO ENSURE ELIGIBILITY AND THEN A COMMITTEE OF AT LEAST THREE INDIVIDUALS REVIEW THE APPLICATIONS AND DECIDE UPON THE AWARDS. ONCE AN AWARD IS DECIDED UPON THE GRANT AWARD IS LOADED ONTO A PREPAID CARD THROUGH GLOBAL CASH CARD (A THIRD PARTY PROVIDER). EXPENSES ARE REVIEWED ONCE A MONTH BY STAFF.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **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 checked="" 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 checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

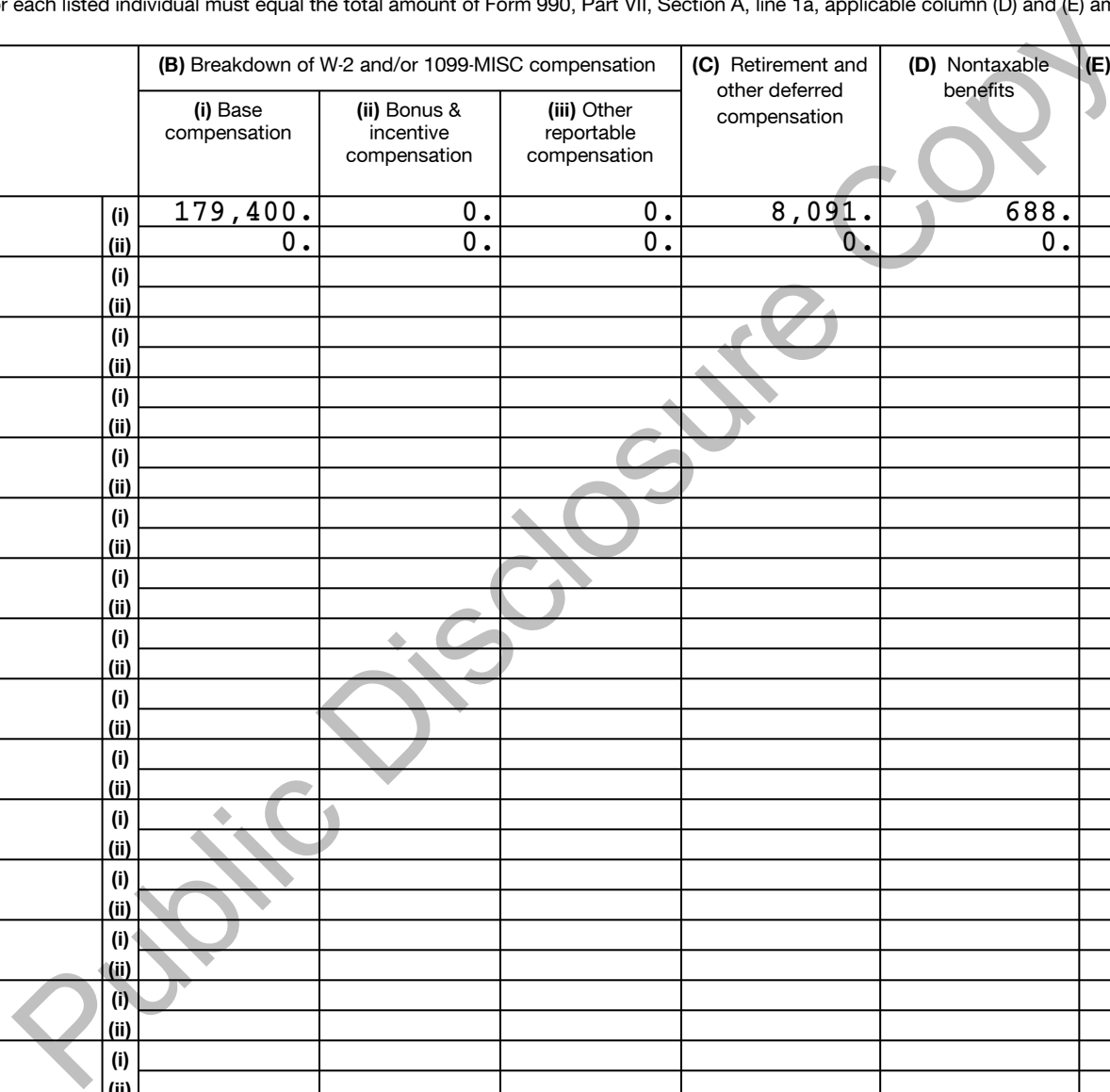
Schedule J (Form 990) 2018

**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)	179,400.	0.	0.	8,091.	688.	188,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part III Supplemental Information**

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

PART I, LINE 4B:

THE ORGANIZATION HAS A 457B PLAN FOR NANCY VAN MILLIGEN. IT WAS FUNDED BY  
THE ORGANIZATION IN THE AMOUNT OF \$11,582 FOR THE CURRENT PERIOD.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization **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	36	649,439.	FAIR MARKET VALUE
10 Securities - Closely held stock	X	2	90,430.	APPRAISAL
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 ▶ ( GIFT OF GRAIN )	X	28	157,930.	SALES PRICE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **2**

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I COL  
B.

SCHEDULE M, LINE 32B:

THE COMMUNITY FOUNDATION USES AN OUTSIDE ORGANIZATION TO PROCESS STOCKS  
RECEIVED AS CONTRIBUTIONS.

Public Disclosure Copy

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

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:

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, DELAWARE, 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  
IN THE MANAGEMENT AFFAIRS OF THE COMMUNITY FOUNDATION OF GREATER DUBUQUE,

Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number

42-1526614

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 PRESIDENT/CEO AND FINANCE DIRECTOR REVIEW THE 990 THEN PRESENT IT TO THE EXECUTIVE COMMITTEE FOR FINAL REVIEW PRIOR TO FILING WITH IRS. ONCE FILED THE FORM 990 IS MADE AVAILABLE TO THE GOVERNING BODY.

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.

IF A SITUATION SHOULD ARISE IN WHICH A MAJORITY OF DIRECTORS WOULD BE

Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number

42-1526614

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 GRANTEEES 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 2018.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER DUBUQUE</b>	Employer identification number <b>42-1526614</b>
--	---

**FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.**

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

<b>CHANGE IN VALUE OF LIFE INSURANCE</b>	<b>53,034.</b>
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

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	-3,000.	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, SUITE 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) 2018





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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





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

2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

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

D Employer identification number (Employees' trust, see instructions.)

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

Print or Type

COMMUNITY FOUNDATION OF GREATER DUBUQUE

42-1526614

Number, street, and room or suite no. If a P.O. box, see instructions.

700 LOCUST STREET, NO. 195

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

DUBUQUE, IA 52001

C Book value of all assets at end of year

F Group exemption number (See instructions.)

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

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of REBECCA KRUSE Telephone number 563-588-2700

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc. Total income is 0.

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

Table with 2 columns: Description and Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; etc. Total deductions are 0.

<b>Part III Total Unrelated Business Taxable Income</b>		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 0.
34	Amounts paid for disallowed fringes	34 10,603.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36 10,603.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 9,603.

<b>Part IV Tax Computation</b>		
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39 2,017.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41	<b>Proxy tax.</b> See instructions	41
42	Alternative minimum tax (trusts only)	42
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 2,017.

<b>Part V Tax and Payments</b>		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b	Other credits (see instructions)	45b
c	General business credit. Attach Form 3800	45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e	<b>Total credits.</b> Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 2,017.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48 2,017.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
50a	Payments: A 2017 overpayment credited to 2018	50a
b	2018 estimated tax payments	50b
c	Tax deposited with Form 8868	50c 2,017.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e	Backup withholding (see instructions)	50e
f	Credit for small employer health insurance premiums (attach Form 8941)	50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g
51	<b>Total payments.</b> Add lines 50a through 50g	51 2,017.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	55

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	Yes No

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT/CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KATHY FAIRCHILD				P00222608
	Firm's name <b>RSM US LLP</b>	Firm's address <b>400 LOCUST STREET, SUITE 640</b>		Firm's EIN <b>42-0714325</b>	Phone no. <b>515-558-6600</b>