

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 09-01-2018 , and ending 08-31-2019**

Name of foundation THE ROCK ISLAND COMMUNITY FOUNDATION		A Employer identification number 36-6163829	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 3331		Room/suite	
B Telephone number (see instructions) (309) 794-1120		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code ROCK ISLAND, IL 61204		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 2,066,626		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule)	281,088			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	6,376	6,376		
	<b>4</b> Dividends and interest from securities	47,073	47,073		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	48,189			
	<b>b</b> Gross sales price for all assets on line 6a 577,469				
	<b>7</b> Capital gain net income (from Part IV, line 2)		48,189		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	237	0	0		
<b>12 Total.</b> Add lines 1 through 11	382,963	101,638	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	24,498	24,498	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	2,013	0	0	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	33,415	0	0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	59,926	24,498	0	0
	<b>25</b> Contributions, gifts, grants paid	109,850			109,850
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	169,776	24,498	0	109,850	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	213,187				
<b>b Net investment income</b> (if negative, enter -0-)		77,140			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	3,340	20,791	20,791
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,488,505	1,426,955	1,507,907
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	260,725	273,834	271,684
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	19,230	263,407	266,244
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,771,800	1,984,987	2,066,626	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,771,800	1,984,987	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	0	0		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,771,800	1,984,987		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	1,771,800	1,984,987		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	1,771,800
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	213,187
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,984,987
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	1,984,987

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b> AMERICAN BANK	P	2019-07-01	2019-07-03
<b>b</b> AMERICAN BANK	P	2015-10-27	2019-07-11
<b>c</b> US BANK	P	2018-06-27	2018-10-15
<b>d</b> US BANK	P	2018-03-05	2019-08-22
<b>e</b> CAPITAL GAINS DIVIDENDS	P		

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 38,350		35,520	2,830
<b>b</b> 298,989		266,225	32,764
<b>c</b> 22,633		21,712	921
<b>d</b> 203,544		205,823	-2,279
<b>e</b> 13,953			13,953

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			2,830
<b>b</b>			32,764
<b>c</b>			921
<b>d</b>			-2,279
<b>e</b>			13,953

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	48,189
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

<b>1</b> Enter the appropriate amount in each column for each year, see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	110,951	1,931,038	0.057457
2016	126,316	1,911,567	0.066080
2015	118,406	1,872,912	0.063220
2014	123,331	1,983,614	0.062175
2013	121,249	1,989,335	0.060950
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.309882
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.061976
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 1,975,964
<b>5</b> Multiply line 4 by line 3			<b>5</b> 122,462
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 771
<b>7</b> Add lines 5 and 6			<b>7</b> 123,233
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 109,850

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for 2018 estimated tax payments. Total amount owed is 505.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Includes questions about political campaigns, expenditures, and state reporting.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of RICHARD G EMERY - AMERICAN BANK Telephone no (563) 344-5655

Located at 4301 E 53RD STREET DAVENPORT IA ZIP+4 52807

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b**

Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  Yes  No

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2** Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,993,982
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	12,073
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,006,055
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,006,055
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	30,091
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,975,964
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	98,798

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	98,798
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	1,543
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,543
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	97,255
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	97,255
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	97,255

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	109,850
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	109,850
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	109,850

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				97,255
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	24,563			
<b>b</b> From 2014. . . . .	27,168			
<b>c</b> From 2015. . . . .	28,536			
<b>d</b> From 2016. . . . .	31,662			
<b>e</b> From 2017. . . . .	15,408			
<b>f</b> Total of lines 3a through e. . . . .	127,337			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>109,850</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				97,255
<b>e</b> Remaining amount distributed out of corpus	12,595			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	139,932			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .		0		
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	24,563			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	115,369			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	27,168			
<b>b</b> Excess from 2015. . . . .	28,536			
<b>c</b> Excess from 2016. . . . .	31,662			
<b>d</b> Excess from 2017. . . . .	15,408			
<b>e</b> Excess from 2018. . . . .	12,595			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 THE ROCK ISLAND COMMUNITY FOUNDATIO  
 PO BOX 3331  
 ROCK ISLAND, IL 61201  
 (309) 794-2846

**b** The form in which applications should be submitted and information and materials they should include  
 LETTER STATING PURPOSE AND USE

**c** Any submission deadlines  
 JULY 31

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 CITY OF ROCK ISLAND AND VICINITY THEREOF

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>



**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**Part XVII**

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash.
- (2) Other assets.

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

**b** Other transactions

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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.

**Sign Here**

\*\*\*\*\* 2020-01-06 \*\*\*\*\*

Signature of officer or trustee Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JERRY L GODDARD	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00029133
	Firm's name ▶ CARPENTIER MITCHELL GODDARD & COLLC				Firm's EIN ▶ 36-2662809
	Firm's address ▶ 4915 21ST AVENUE A MOLINE, IL 61265				Phone no (309) 762-3626

**Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
ALISON BEARDSLEY 1405 40TH AVENUE ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0
CHARLOTTE DOEHLER-MORRISON 1601 RIVER DRIVE SUITE 110 MOLINE, IL 61265	DIRECTOR 1 00	0	0	0
SARA DARROW 211-19TH STREET ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0
JENNIFER WALKER 1025 17TH STREET ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0
JOHN PHILLIPS 2910 22 1/2 AVENUE ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0
GARY ROWE 1800 3RD AVE STE 302 ROCK ISLAND, IL 61201	EXEC-DIRECTOR 1 00	0	0	0
BRANDY DONALDSON 2935 13TH AVENUE ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0
CHRISTOPHER MANDLE 400 N MAIN STREET SUITE 204 DAVENPORT, IA 52801	DIRECTOR 1 00	0	0	0
KELLY MCLAUGHLIN 1260 37TH AVENUE ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0
DEBBIE SCHWIEBERT 3913 14TH STREET ROCK ISLAND, IL 61201	DIRECTOR 1 00	0	0	0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALLEMAN HIGH SCHOOL 1103 40TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT CHILDRENS EDUCATION PROGRAMS	1,000
ARC OF THE QUAD CITIES 4016 9TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT PROGRAMS FOR PEOPLE WITH DISABILITIES	1,000
ARROWHEAD YOUTH & FAMILY SERVICES 12200 104TH ST COAL VALLEY, IL 61240	NONE	PUBLIC CHARITY	EMPOWERING YOUTH AND FAMILIES	1,811
<b>Total . . . . . ▶ 3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BALLET QUAD CITIES 613 17TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT ART PROGRAMS	3,500
BETHANY FOR CHILDREN AND FAMILIES 1830 6TH AVENUE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS FAMILY NEEDS	3,000
BIG BROTHERS BIG SISTERS 130 WEST 5TH STREET DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	SUPPORT ASSISTANCE TO CHILDREN	3,000
<b>Total . . . . .</b>				109,850

**▶ 3a**



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BROADWAY CHURCH 710 23RD ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS CHURCH ASSOCIATION PROGRAMS	1,898
CF YOUTH HOPE 3928 12TH AVE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORT PROGRAMS FOR THE YOUTH	5,000
CHILD ABUSE COUNCIL 524 15TH ST MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS CHILDREN & HELPS FIGHT CHILD ABUSE	2,000
<b>Total . . . . . ▶ 3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S THERAPY CENTER 4450 48TH AVE CT ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	HELPING KIDS FLOURISH AND BECOME AS INDEPENDENT AS POSSIBLE	3,000
CHRISTIAN CARE 2209 3RD AVENUE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS FAMILY NEEDS	2,000
CHURCHES UNITED OF THE QC 2535 TECH DRIVE SUITE 205 BETTENDORF, IA 52722	NONE	PUBLIC CHARITY	SUPPORTS CHURCH ASSOCIATION PROGRAMS SUPPORT CHURCH ASSOCIATION'S PROGRAMS	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY CARING CONFERENCE 1110 12TH STREET ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	REACHING OUT TO THE COMMUNITY	800
DE LA CERDA HOUSE 2827 7TH AVE 11 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS THE NEEDS OF FAMILIES	2,578
DRESS FOR SUCCESS 311 E 2ND ST DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	HELPS WOMEN THRIVE IN WORK AND IN LIFE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAMILY RESOURCES 1521 47TH AVE MOLINE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS FAMILIES	1,500
FEARLESSLY GIRL USA 224 18TH STREET SUITE 300 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	INSPIRES GIRLS TO TAKE ACTION ANC CREATE CHANGE IN THEIR LIVES, SCHOOLS AND COMMUNITIES	1,000
FIRST DAY FUND OF ROCK ISLAND PO BOX 3331 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	PROVIDE SCHOOL SUPPLIES TO CHILDREN	1,500
<b>Total . . . . .</b>				<b>109,850</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FIRST TEE OF THE QUAD CITIES 201 W 2ND STREET SUITE 601 DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	SUPPORTS AREA SPORTS	1,000
FRESH FILLMSDREAMING639 38TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS TEEN PROGRAMS IN FILMS	1,000
FRIENDS OF DOUGLAS PARK 18TH AVENUE 10TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS THE COMMUNITY	3,500
<b>Total . . . . .</b>				109,850

**▶ 3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF HAUBERG CIVIC CENTER 1300 24TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	PROVIDES SUPPORT FOR THE HAUBERG CIVC CENTER PRESERVING OUR COMMUNITIES HISTORY	1,200
FRIENDSHIP MANOR 1209 21ST AVE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	HELPS SUPPORT THE ELDERLY	2,000
GENESIUS THEATRE 1120 40TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT THEATRE	1,500
<b>Total . . . . .</b>				<b>109,850</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIGI'S PLAYHOUSE 3906 38TH AVE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS YOUTH PROGRAMS	500
GIRL SCOUTS OF EASTERN IOWA 2011 2ND AVE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS PROGRAMS FOR THE YOUTH	3,000
HAND IN HAND FOR CHILDREN PO BOX 3331 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS PROGRAMS FOR THE YOUTH	1,000
<b>Total . . . . .</b>				109,850

**▶ 3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEART OF HOPE MINISTRIES 1740 9TH AVE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS CHURCH ASSOCIATION'S PROGRAMS	1,000
JORDAN CATHOLIC SCHOOLS 2901 24TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS EDUCATION	2,500
LEADHERPO BOX 4182 DAVENPORT, IA 52806	NONE	PUBLIC CHARITY	SUPPORT MENTORING	500
<b>Total . . . . .</b>				109,850

**▶ 3a**



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIVING PROOF EXHIBIT 2814 47TH STREET MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS SPREADING THE THERAPEUTIC BENEFITS OF THE ARTS TO EVERYONE	1,000
LOVE GIRLS 852 MIDDLE ROAD SUITE 100 BETTENDORF, IA 52722	NONE	PUBLIC CHARITY	INSPIRES GIRLS	500
MARRIAGE & FAMILY COUNSELING SERVICES 1800 3RD AVE 512 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS FAMILYS IN THE QUAD CITIES	2,450
<b>Total . . . . .</b> ▶ <b>3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARTIN LUTHER KING COMMUNITY CENTER 630 9TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	PROVIDE SUPPORT TO FACILITY FOR AT RISK YOUTH	6,000
MILAN CHRISTIAN FOOD PANTRY 128 4TH ST W MILAN, IL 61264	NONE	PUBLIC CHARITY	HELPS PROVIDE FOOD TO THE NEEDY	500
NAMI GREATER MISSISSIPPI VALLEY 1035 W KIMBERLY RD 4 DAVENPORT, IA 52806	NONE	PUBLIC CHARITY	SUPPORTS PROGRAMS THAT HELP INDIVIDUALS LIVING WITH A MENTAL HEALTH CONDITION AND THEIR FAMILIES	1,800
<b>Total . . . . . ▶ 3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
ONE EIGHTY601 N MARQUETTE ST DAVENPORT, IL 52802	NONE	PUBLIC CHARITY	SUPPORT HELPING PEOPLE IN THE COMMUNITY	1,000
PUTNAM MUSEUM AND IMAX 1717 W 12TH ST DAVENPORT, IA 52804	NONE	PUBLIC CHARITY	SUPPORT FOR CHARITABLE PROGRAMS	3,500
QC ALLIANCE FOR IMMIGRANTS AND REFUGEES 1411 BRADY STREET DAVENPORT, IA 52803	NONE	PUBLIC CHARITY	ASSIST IMMIGRANTS AND REFUGEES IN THE QUAD CITIES	1,400
<b>Total . . . . .</b> ▶ <b>3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
QC HAVEN OF HOPE 901 20TH ST ROCK ISLAND ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	HELPING FAMILIES	2,500
QC UNITEDPO BOX 1388 BETTENDORF, IA 52722	NONE	PUBLIC CHARITY	SUPPORTS EDUCATION	2,000
QUAD CITIES CLOSET2CLOSET PO BOX 3331 ROCK ISLAND, IA 61021	NONE	PUBLIC CHARITY	HELP PROVIDE CLOTHES TO THE QUAD CITY FAMILIES	1,350
<b>Total . . . . .</b>				109,850

**▶ 3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
QUAD CITY ARTS 1715 2ND AVENUE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT ART PROGRAMS	3,000
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY STREET DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	SUPPORT FOR CHARITABLE PROGRAMS	3,500
RIVER BEND FOOD BANK PO BOX 3331 ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	SUPPORTS CHARITABLE PROGRAMS	2,600
<b>Total . . . . . ▶ 3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 4600 3RD ST MILAN, IL 61265	NONE	PUBLIC CHARITY	HELPS PEOPLE IN OUR COMMUNITY	1,000
ROCK ISLAND COUNTY CHILDRENS ADVOCACY CENTER 734 20TH ST ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	SUPPORTS MAKING OUR COMMUNITY A SAFER PLACE FOR CHILDREN	1,292
ROCK ISLAND MUSIC ASSOCIATION BOX 5111 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT MUSIC PROGRAMS	1,871
<b>Total . . . . .</b> ▶ <b>3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST AMBROSE UNIVERSITY 518 W LOCUST DAVENPORT, IA 52803	NONE	PUBLIC CHARITY	SUPPORT FOR EDUCATION IN LOCAL AREA	1,800
SUPPLEMENTAL EMERGENCY ASSISTANCE PROGRAM 985 LINCOLN ROAD BETTENDORF, IA 52722	NONE	PUBLIC CHARITY	SUPPORT EMERGENCY ASSISTANCE PROGRAM	3,000
TESTIMONIES OF HOPE 2216 NORTH BLANCHARD STREET DAVENPORT, IA 52804	NONE	PUBLIC CHARITY	SUPPORTS CHRISTIAN FAITH	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				109,850

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THY LOVING KINDNESS MINISTRIES PO BOX 6245 ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	HELPS FAMILIES IN NEED	1,000
TWO RIVERS YMCA 2040 53RD STREET MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS PROGRAM FOR YWCA MEMBERS	3,000
UNDERWEAR BECAUSE WE CARE PO BOX 3331 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	HELPING PEOPLE IN NEED	1,000
<b>Total . . . . .</b>				109,850

▶ **3a**



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WQPT PUBLIC TELEVISION 3300 RIVER DRIVE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORT EDUCATING THE PEOPLE OF THE COMMUNITY	1,000
WVIK QUAD CITIES NPR639 38TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTING NEWS, MUSIC, ARTS, AND CULTURE	1,000
YWCA OF THE QUAD CITIES 229 16TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS PROGRAMS FOR YMCA MEMBERS	2,000
<b>Total . . . . .</b>				109,850

**▶ 3a**

**TY 2018 Investments Corporate Bonds Schedule****Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
AMERICAN BANK - BOND FUND	10,000	10,000
US BANK - BOND FUNDS	263,834	261,684

**TY 2018 Investments Corporate Stock Schedule****Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
AMERICAN BANK - STOCK FUND	910,114	981,511
US BANK - STOCK FUNDS	516,841	526,396

**TY 2018 Investments - Other Schedule****Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
US BANK - REAL ESTATE	AT COST	18,164	19,960
AMERICAN BANK - WOODWARD FUNDS	AT COST	245,243	246,284

# TY 2018 Other Expenses Schedule

**Name:** THE ROCK ISLAND COMMUNITY FOUNDATION

**EIN:** 36-6163829

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE	15	0	0	0
CONTRACT LABOR	20,000	0	0	0
INSURANCE	1,341	0	0	0
FUNDRAISER EXPENSES	1,938	0	0	0
OFFICE EXPENSE	1,698	0	0	0
RENT	5,580	0	0	0
MISCELLANEOUS	374	0	0	0
DUES	200	0	0	0
MEETINGS	442	0	0	0
PRINTING & PUBLICATION	1,530	0	0	0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	8	0	0	0
CONTINUED EDUCATION	161	0	0	0
TRAVEL	128	0	0	0

**TY 2018 Other Income Schedule****Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	237	0	0

**TY 2018 Other Professional Fees Schedule****Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TRUST FEES-US BANK	8,270	8,270	0	0
TRUST FEES-AMERICAN BANK	12,563	12,563	0	0
CMG FEES	3,461	3,461	0	0
PROFESSIONAL FEES	204	204	0	0



**TY 2018 Taxes Schedule****Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAX EXPENSE	923	0	0	0
990PF ESTIMATES	1,040	0	0	0
FEDERAL TAX	50	0	0	0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 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**  
THE ROCK ISLAND COMMUNITY FOUNDATION

**Employer identification number**  
36-6163829

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (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 other 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<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE ROCK ISLAND COMMUNITY FOUNDATION	<b>Employer identification number</b> 36-6163829
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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	FRANCES MORRISSEY 1337 21ST AVENUE 4D  ROCK ISLAND, IL 61201	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	KEITH AND ROSEMARY WOODWARD CHARITALBE FUND C/O MARK SCHWIEBERT 329 18TH ST SUI  ROCK ISLAND, IL 61201	\$ 244,933	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE ROCK ISLAND COMMUNITY FOUNDATION	<b>Employer identification number</b> 36-6163829
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<b>Part II Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(See instructions) Use duplicate copies of Part II if additional space is needed _____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

<b>Name of organization</b> THE ROCK ISLAND COMMUNITY FOUNDATION	<b>Employer identification number</b> 36-6163829
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

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

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

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

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

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

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

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

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