

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 for instructions and the latest information.

OMB No. 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 09-01-2019 , and ending 08-31-2020

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) 1800 3RD AVE NO 302	Room/suite	B Telephone number (see instructions) (309) 794-1120
City or town, state or province, country, and ZIP or foreign postal code ROCK ISLAND, IL 61201		C If exemption application is pending, check here <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 checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>4,096,364</u>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,959,985			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	9,501	9,501		
	4 Dividends and interest from securities	60,054	60,054		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	20,022			
	b Gross sales price for all assets on line 6a <u>838,210</u>				
	7 Capital gain net income (from Part IV, line 2)		20,022		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	2,049,562	89,577	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	34,433	34,433	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,105	0	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	22,436	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	58,974	34,433	0	0
	25 Contributions, gifts, grants paid	105,910			105,910
26 Total expenses and disbursements. Add lines 24 and 25	164,884	34,433	0	105,910	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1,884,678				
b Net investment income (if negative, enter -0-)		55,144			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets 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
Assets	1 Cash—non-interest-bearing	0		
	2 Savings and temporary cash investments	20,791	446,960	446,960
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,426,955	2,351,487	2,574,818
	c Investments—corporate bonds (attach schedule)	519,077	1,039,323	1,046,629
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	18,164	31,895	27,957
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,984,987	3,869,665	4,096,364	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	1,984,987	3,869,665	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
29 Total net assets or fund balances (see instructions)	1,984,987	3,869,665		
30 Total liabilities and net assets/fund balances (see instructions) .	1,984,987	3,869,665		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,984,987
2 Enter amount from Part I, line 27a	2	1,884,678
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	3,869,665
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	3,869,665

Part IV Capital Gains and Losses for Tax on Investment Income

	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(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.)			
1a See Additional Data Table			
b			
c			
d			
e			

(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)
a See Additional Data Table			
b			
c			
d			
e			

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		
2 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 }	20,022
3 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	{ }	3

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?
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Yes No

1 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))
2018	109,850	1,975,964	0.055593
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
2 Total of line 1, column (d)			0.304525
3 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			0.060905
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			2,701,942
5 Multiply line 4 by line 3			164,562
6 Enter 1% of net investment income (1% of Part I, line 27b)			551
7 Add lines 5 and 6			165,113
8 Enter qualifying distributions from Part XII, line 4			105,910

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 calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total tax due is 1,103.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 11-14.

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

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.

Table with 3 columns: Question number, Description, and Yes/No columns. Row 16.

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 for Part VII-B with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-4b.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total 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
1	
2	
3	
4	

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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities.	1a 2,105,098
b	Average of monthly cash balances.	1b 637,990
c	Fair market value of all other assets (see instructions).	1c 0
d	Total (add lines 1a, b, and c).	1d 2,743,088
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e 0
2	Acquisition indebtedness applicable to line 1 assets.	2 0
3	Subtract line 2 from line 1d.	3 2,743,088
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4 41,146
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2,701,942
6	Minimum investment return. Enter 5% of line 5.	6 135,097

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input type="checkbox"/> and do not complete this part.)		
1	Minimum investment return from Part X, line 6.	1 135,097
2a	Tax on investment income for 2019 from Part VI, line 5.	2a 1,103
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b
c	Add lines 2a and 2b.	2c 1,103
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3 133,994
4	Recoveries of amounts treated as qualifying distributions.	4 0
5	Add lines 3 and 4.	5 133,994
6	Deduction from distributable amount (see instructions).	6 0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7 133,994

Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a 105,910
b	Program-related investments—total from Part IX-B.	1b 0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2
3	Amounts set aside for specific charitable projects that satisfy the:	
a	Suitability test (prior IRS approval required).	3a
b	Cash distribution test (attach the required schedule).	3b
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 105,910
5	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.	5 0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6 105,910

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				133,994
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	27,168			
b From 2015.	28,536			
c From 2016.	31,662			
d From 2017.	15,408			
e From 2018.	12,595			
f Total of lines 3a through e.	115,369			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 105,910				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				105,910
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	28,084			28,084
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	87,285			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c 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		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 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			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	87,285			
10 Analysis of line 9:				
a Excess from 2015.	27,620			
b Excess from 2016.	31,662			
c Excess from 2017.	15,408			
d Excess from 2018.	12,595			
e Excess from 2019.				

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 2019, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) 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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	105,910
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
AMERICAN BANK	P	2019-06-15	2020-08-31
US BANK	P	2020-05-15	2020-08-19
US BANK - WOODWARD	P	2020-03-15	2020-07-14
AMERICAN BANK - WOODWARD	P	2019-07-31	2020-04-29
AMERICAN BANK - K&R WOODWARD	P	2020-02-06	2020-06-30
AMERICAN BANK #7531	P	2015-10-27	2020-08-14
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
7,833			7,833
292,127		293,143	-1,016
34,770		40,823	-6,053
110,737		106,261	4,476
5,979		8,098	-2,119
375,317		369,863	5,454
11,447			11,447

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			7,833
			-1,016
			-6,053
			4,476
			-2,119
			5,454
			11,447

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ALISON BEARDSLEY 1405 40TH AVENUE 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
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
MIKE DARROW 3902 14TH STREET ROCK ISLAND, IL 61201	DIRECTOR 1.00	0	0	0
CARLOS H JIMENEZ 630 9TH STREET ROCK ISLAND, IL 61201	DIRECTOR 1.00	0	0	0
ERIC ROWELL 4400 26TH AVE 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)				
a <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
AUGUSTANA COLLEGE639 38TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS EDUCATION PROGRAMS	500
BALLET QUAD CITIES613 17TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT ART PROGRAMS	2,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
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
CF YOUTH HOPE3928 12TH AVE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORT PROGRAMS FOR THE YOUTH	4,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
CHILD ABUSE COUNCIL 524 15TH ST MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS CHILDREN & HELPS FIGHT CHILD ABUSE	2,000
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	1,500
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
CLOCK IN321 24TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	PROVIDES SUPPORT TO THOSE WHO PROMOTE EQUALITY	500
COMMUNITY CARING CONFERENCE 1110 12TH STREET ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	REACHING OUT TO THE COMMUNITY	1,000
DE LA CERDA HOUSE2827 7TH AVE 11 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS THE NEEDS OF FAMILIES	2,860
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
DRESS FOR SUCCESS311 E 2ND ST DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	HELPS WOMEN THRIVE IN WORK AND IN LIFE	774
FIGGE ART MUSEUM225 W 2ND ST DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	SUPPORTS ART PROGRAMS	2,000
FRESH FILMSDREAMING639 38TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS TEEN PROGRAMS IN FILMS	1,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
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
GIRL SCOUTS OF EASTERN IOWA 2011 2ND AVE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS PROGRAMS FOR THE YOUTH	2,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
HABITAT FOR HUMANITY- QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	NONE	PUBLIC CHARITY	SUPPORTS REVITALIZING OUR COMMUNITY	3,000
HAND IN HAND FOR CHILDREN PO BOX 3331 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS PROGRAMS FOR THE YOUTH	1,000
LEAD HERPO BOX 4182 DAVENPORT, IA 52806	NONE	PUBLIC CHARITY	HELPING WOMEN IN THE COMMUNITY	-500
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
LEAD HERPO BOX 4182 DAVENPORT, IA 52806	NONE	PUBLIC CHARITY	HELPING WOMEN IN THE COMMUNITY	500
LIVING PROOF EXHIBIT 2814 47TH STREET MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS SPREADING THE THERAPEUTIC BENEFITS OF THE ARTS TO EVERYONE	500
MARTIN LUTHER KING COMMUNITY CENTER 630 9TH STREET ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	PROVIDE SUPPORT TO FACILITY FOR AT RISK YOUTH	5,456
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
MILAN CHRISTIAN FOOD PANTRY 128 4TH ST W MILAN, IL 61264	NONE	PUBLIC CHARITY	HELPS PROVIDE FOOD TO THE NEEDY	1,000
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	1,000
NEW KINGDOM TRAILRIDERS 18929 81ST ST SHERRARD, IL 61281	NONE	PUBLIC CHARITY	EMPOWERING CHILDREN AND ADULTS IN THE QUAD CITIES	1,000
Total	▶ 3a			105,910

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)				
a <i>Paid during the year</i>				
PRAIRIE STATE LEGAL SERVICES 1600 4TH AVE 200 ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	PROVIDES FREE LEGAL SERVICE TO PEOPLE IN OUR COMMUNITY	4,000
PREGNANCY RESOURCES3825 16TH ST MOLINE, IL 61265	NONE	PUBLIC CHARITY	PROVIDES WOMEN WITH FREE PREGNANCY SERVICES	1,000
PUTNAM MUSEUM AND IMAX 1717 W 12TH ST DAVENPORT, IA 52804	NONE	PUBLIC CHARITY	SUPPORT FOR CHARITABLE PROGRAMS	2,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
QC ALLIANCE FOR IMMIGRANTS AND REFUGEES 1411 BRADY STREET DAVENPORT, IA 52803	NONE	PUBLIC CHARITY	ASSIST IMMIGRANTS AND REFUGEES IN THE QUAD CITIES	2,500
QC HAVEN OF HOPE 901 20TH ST ROCK ISLAND ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	HELPING FAMILIES	2,500
QUAD CITIES CHAMBER OF COMMERCE VIA GROW QUAD CITIES ILLINOIS 1601 RIVER DR MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS BUSINESS AND COMMUNITY PROGRESS	2,500
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
QUAD CITIES OPEN NETWORK-THE HUB 1 MONTGOMERY DR SUITE 22 MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS THE WELL-BEING OF THE COMMUNITY	3,000
QUAD CITY ARTS1715 2ND AVENUE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORT ART PROGRAMS	2,000
QUAD CITY BOTANICAL CENTER 2525 4TH AVE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS IMPROVEMNTS TO THE INVIRONMENT	3,500
Total				105,910

▶ 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)				
a <i>Paid during the year</i>				
QUAD CITY SYMPHONY ORCHESTRA 327 BRADY STREET DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	SUPPORT FOR CHARITABLE PROGRAMS	2,000
RIVER BEND FOOD BANKPO BOX 3331 ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	SUPPORTS CHARITABLE PROGRAMS	1,500
ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 4600 3RD ST MILAN, IL 61265	NONE	PUBLIC CHARITY	HELPS PEOPLE IN OUR COMMUNITY	1,320
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
ROCK ISLAND - MILAN EDUCATION FOUNDATION 2101 SIXTH AVENUE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS EDUCATION	5,000
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	500
ROCK ISLAND KIWANIS FOUNDATION BOX 3434 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS CHARITABLE PROGRAMSSUPPORT MUSIC PROGRAMS	1,500
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
ROCK ISLAND PARKS AND RECORATION FOUNDATION 4303 24TH ST ROCK ISLAND, IL 61021	NONE	PUBLIC CHARITY	SUPPORTS CHARITABLE PROGRAMS	3,000
SALVATION ARMY OF THE QUAD CITIES 100 KIRKWOOD BLVD DAVENPORT, IA 52803	NONE	PUBLIC CHARITY	SUPPORTS CHARITABLE PROGRAMS	2,000
SOUTH PARK PRESBYTERIAN CHURCH 1501 30TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTS CHURCH ASSOCIATION PROGRAMS	1,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
SPRING FORWARD LEARNING CENTER 2101 6TH AVE ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	PROVIDES EDUCATION AND ENRICHMENT OPPORTUNITIES	3,000
TAPESTRY FARMSPO BOX 2332 DAVENPORT, IA 52809	NONE	PUBLIC CHARITY	HELPS REFUGEES IN OUR COMMUNITY	500
THE MOLINE FOUNDATION 1601 RIVER DRIVE 210 MOLINE, IL 61265	NONE	PUBLIC CHARITY	DEDICATED TO IMPROVING LIVES	10,000
Total ▶ 3a				105,910

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)				
a <i>Paid during the year</i>				
TWO RIVERS YMCA2040 53RD STREET MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTS PROGRAM FOR YWCA MEMBERS	2,000
UNDERWEAR BECAUSE WE CARE PO BOX 3331 ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	HELPING PEOPLE IN NEED.	1,000
WIU FOUNDATIONWQPT PUBLIC TELEVISION 3300 RIVER DRIVE MOLINE, IL 61265	NONE	PUBLIC CHARITY	SUPPORTING NEWS, MUSIC, ARTS, AND CULTURE	1,000
Total ▶ 3a				105,910

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)				
<i>a Paid during the year</i>				
WVIK QUAD CITIES NPR639 38TH ST ROCK ISLAND, IL 61201	NONE	PUBLIC CHARITY	SUPPORTING NEWS, MUSIC, ARTS, AND CULTURE	1,000
Total ▶ 3a				105,910

TY 2019 Investments Corporate Bonds Schedule**Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AMERICAN BANK - BOND FUND	202,896	213,020
US BANK - BOND FUNDS	264,226	263,760
AMERICAN BANK - BONDS/WOODWARD	35,419	36,376
US BANK - BOND FUNDS/WOODWARD	368,594	363,235
AMERICAN BANK - BOND/ KR WOODWARD	168,188	170,238

TY 2019 Investments Corporate Stock Schedule**Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMERICAN BANK - STOCK FUND	674,461	814,846
US BANK - STOCK FUNDS	519,936	555,037
US BANK - STOCK FUNDS/WOODWARD	639,523	663,481
AMERICAN BANK - STOCK/WOODWARD	117,463	130,068
AMERICAN BANK - STOCK/KR WOODWARD	400,104	411,386

TY 2019 Investments - Other Schedule**Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
US BANK - REAL ESTATE	AT COST	20,572	17,787
US BANK - REAL ESTATE/WOODWARD	AT COST	11,323	10,170

TY 2019 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	16,000	0	0	0
INSURANCE	1,363	0	0	0
MEMORIALS	163	0	0	0
OFFICE EXPENSE	289	0	0	0
RENT	2,790	0	0	0
MISCELLANEOUS	1	0	0	0
MEETINGS	429	0	0	0
PRINTING & PUBLICATION	1,323	0	0	0
POSTAGE	63	0	0	0

TY 2019 Other Professional Fees Schedule**Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRUST FEES	30,681	30,681	0	0
CMG FEES	3,480	3,480	0	0
FOREIGN TAX	272	272	0	0

TY 2019 Taxes Schedule**Name:** THE ROCK ISLAND COMMUNITY FOUNDATION**EIN:** 36-6163829

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS TAXES	40	0	0	0
990PF ESTIMATES	1,560	0	0	0
FEDERAL TAX	505	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 for the latest information.

OMB No. 1545-0047
2019

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 33¹/₃% 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).

Name of organization
THE ROCK ISLAND COMMUNITY FOUNDATION

Employer identification number
36-6163829

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	THE ROSEMARY WOODWARD CHARITABLE TR C/O US BANK 201 W SECOND STREET 100 DAVENPORT, IA 52801	\$ 50,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	THE ROSEMARY WOODWARD CHARITABLE TRUST C/O AMERICAN BANK 3730 18TH AVENUE ROCK ISLAND, IL 61201	\$ 1,900,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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

Name of organization
THE ROCK ISLAND COMMUNITY FOUNDATION

Employer identification number

36-6163829

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	
_____ _____		_____ _____	