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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
700 LOCUST STREET NO 195

City or town, state or province, country, and ZIP or foreign postal code
DUBUQUE, IA 52001

D Employer identification number
42-1526614

E Telephone number
(563) 588-2700

G Gross receipts \$ 123,806,777

F Name and address of principal officer:
NANCY VAN MILLIGEN
700 LOCUST STREET SUITE 195
DUBUQUE, IA 52001

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DBQFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE COMMUNITY FOUNDATION OF GREATER DUBUQUE STRENGTHENS COMMUNITIES AND INSPIRES GIVING

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 28

6 Total number of volunteers (estimate if necessary) 6 21

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 10,313,073 11,087,899

9 Program service revenue (Part VIII, line 2g) 19,363 22,057

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,295,526 14,785,018

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10,182 21,994

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,617,780 25,916,968

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 7,552,751 5,548,331

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,370,548 1,530,623

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶72,069

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,875,965 1,998,923

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 10,799,264 9,077,877

19 Revenue less expenses. Subtract line 18 from line 12 1,818,516 16,839,091

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 83,945,638 101,435,719

21 Total liabilities (Part X, line 26) 1,591,334 1,509,520

22 Net assets or fund balances. Subtract line 21 from line 20 82,354,304 99,926,199

Part II Signature Block

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

Sign Here

Signature of officer
NANCY VAN MILLIGEN PRESIDENT/CEO
Type or print name and title

2020-09-01
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00222608

Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325

Firm's address ▶ 400 LOCUST STREET SUITE 640
DES MOINES, IA 503092354 Phone no. (515) 558-6600

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION OF GREATER DUBUQUE GROWS PHILANTHROPY TO IMPROVE LIFE IN NORTHEAST IOWA BY SERVING DONORS, STRENGTHENING NONPROFITS AND LEADING COLLABORATIVE INITIATIVES TO ADDRESS COMMUNITY NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,223,770 including grants of \$ 5,548,331) (Revenue \$ 22,057)
See Additional Data


















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

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

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

4e Total program service expenses ▶ 8,223,770

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 Yes | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21 Yes | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

| | | | | | |
|---|---|---|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">2a</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">28</div> | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | | 4a | | No |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | Yes | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 3 | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N. | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O. | | | 16 | | No |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 17 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 17 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | Yes | No |
|---|----------------|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a Yes | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b Yes | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a Yes | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 Yes | |
| 14 Did the organization have a written document retention and destruction policy? | 14 Yes | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a Yes | |
| b Other officers or key employees of the organization | 15b | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 REBECCA KRUSE 700 LOCUST STREET SUITE 195 DUBUQUE, IA 52001 (563) 588-2700

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CHAD CHANDLEE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (2) ROBERT HOEFER VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (3) TERI ZUCCARO TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (4) KEITH KRAMER SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (5) CHRIS CORKEN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) NANCY DUNKEL DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) TERRY FRIEDMAN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) JIM GANTZ DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) DR JANE HASEK DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) NATALIE HOFFMANN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) ERNEST JACKSON DIRECTOR (UNTIL 7/19) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) CHERI JONES DIRECTOR (UNTIL 2/19) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) BRIAN KANE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) DR DARRYL MOZENA DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (15) KURT STRAND DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) CHERYL SYKE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) CHRIS THEISEN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) DR LIANG CHEE WEE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) MARK WILLGING DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) NANCY VAN MILLIGEN PRESIDENT/CEO | 40.00 | | | X | | | | 194,500 | 0 | 6,446 |
| (21) AMY MANTERNACH VP OF FINANCE/PHILANTHROPY | 36.00 | | | | | X | | 104,262 | 0 | 15,293 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 298,762 | 0 | 21,739 |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| PORTZEN CONSTRUCTION 205 STONE VALLEY DRIVE DUBUQUE, IA 52003 | CONSTRUCTION | 268,335 |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

| | | | | | | | | | | | | | |
|--|--|-----------|----------------|---------------|------------|--------|--|------------|------------|-----------------------------|---|--|---|
| Form 990 (2019) | | | | | | | | | | Page 9 | | | |
| Part VIII Statement of Revenue | | | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | | | | | | | |
| | | | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | | 1a | 227,380 | | | | | | | | | |
| | b Membership dues . . . | | 1b | | | | | | | | | | |
| | c Fundraising events . . . | | 1c | 83,602 | | | | | | | | | |
| | d Related organizations | | 1d | | | | | | | | | | |
| | e Government grants (contributions) | | 1e | 764,888 | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | | 1f | 10,012,029 | | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | | 1g | 3,260,600 | | | | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | | 11,087,899 | | | | | | | | |
| Program Service Revenue | | | | Business Code | | | | | | | | | |
| | 2a MCCARTHY CENTER RENTAL AND TRAINI | | | 900099 | 22,057 | 22,057 | | | | | | | |
| | b | | | | | | | | | | | | |
| | c | | | | | | | | | | | | |
| | d | | | | | | | | | | | | |
| | e | | | | | | | | | | | | |
| | f All other program service revenue. | | | | | | | | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | | | 22,057 | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | | 2,395,330 | | | | 2,395,330 | | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | | | | | | |
| | 5 Royalties ▶ | | | | | | | | | | | | |
| | | | (i) Real | (ii) Personal | | | | | | | | | |
| | 6a Gross rents | 6a | | | | | | | | | | | |
| | b Less: rental expenses | 6b | | | | | | | | | | | |
| | c Rental income or (loss) | 6c | | | | | | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | | | | | | | |
| | | | (i) Securities | (ii) Other | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | 110,272,200 | | | | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 97,882,512 | | | | | | | | | | |
| | c Gain or (loss) | 7c | 12,389,688 | | | | | | | | | | |
| | d Net gain or (loss) ▶ | | | | 12,389,688 | | | | 12,389,688 | | | | |
| | 8a Gross income from fundraising events (not including \$ 83,602 of contributions reported on line 1c). See Part IV, line 18 | | | | | | | | | | | | |
| | | 8a | 29,291 | | | | | | | | | | |
| | b Less: direct expenses | 8b | 7,297 | | | | | | | | | | |
| | c Net income or (loss) from fundraising events . . . ▶ | | | | 21,994 | | | | 21,994 | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | | | | | | |
| | | 9a | | | | | | | | | | | |
| | b Less: direct expenses | 9b | | | | | | | | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | | | | | | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . . . | | | | | | | | | | | | |
| | 10a | | | | | | | | | | | | |
| b Less: cost of goods sold . . . | 10b | | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | | | | | | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | | | | | | |
| 11a | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | |
| d All other revenue | | | | | | | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | | | | | | | | |
| 12 Total revenue. See instructions ▶ | | | | 25,916,968 | 22,057 | 0 | | 14,807,012 | | | | | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,369,421 | 5,369,421 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 178,910 | 178,910 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 200,946 | 138,653 | 54,255 | 8,038 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 1,126,357 | 782,377 | 309,050 | 34,930 |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 27,827 | 11,759 | 16,068 | |
| 9 Other employee benefits | 83,642 | 59,985 | 19,889 | 3,768 |
| 10 Payroll taxes | 91,851 | 65,336 | 23,568 | 2,947 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 27,274 | 4,468 | 22,649 | 157 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 333,145 | 245,957 | 87,188 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 302,092 | 293,948 | 1,159 | 6,985 |
| 12 Advertising and promotion | 81,507 | 46,310 | 33,639 | 1,558 |
| 13 Office expenses | 79,039 | 42,493 | 35,465 | 1,081 |
| 14 Information technology | 71,465 | 37,815 | 32,508 | 1,142 |
| 15 Royalties | | | | |
| 16 Occupancy | 124,640 | 96,795 | 23,408 | 4,437 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 61,112 | 50,796 | 9,356 | 960 |
| 20 Interest | 40,645 | 32,413 | 7,372 | 860 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 95,032 | 1,148 | 93,884 | |
| 23 Insurance | 108,237 | 104,443 | 3,402 | 392 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SPECIAL EVENT EXPENSES | 557,655 | 554,716 | 1,127 | 1,812 |
| b MEMBERSHIP AND PUBS | 53,497 | 48,368 | 5,103 | 26 |
| c DONOR/RELATIONS/MEETING | 46,791 | 43,720 | 969 | 2,102 |
| d MCCARTHY EXPENSES | 16,792 | 13,939 | 1,979 | 874 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,077,877 | 8,223,770 | 782,038 | 72,069 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 5,090,813 | 2 | 4,871,151 |
| | 3 Pledges and grants receivable, net | 141,234 | 3 | 187,895 |
| | 4 Accounts receivable, net | 13,211 | 4 | 0 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 11,633 | 9 | 2,908 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,357,588 | | |
| | b Less: accumulated depreciation | 10b 456,468 | 996,151 | 10c 901,120 |
| | 11 Investments—publicly traded securities | 75,606,080 | 11 | 93,690,422 |
| | 12 Investments—other securities. See Part IV, line 11 | 2,086,516 | 12 | 1,782,223 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 83,945,638 | 16 | 101,435,719 | |
| Liabilities | 17 Accounts payable and accrued expenses | 228,720 | 17 | 299,658 |
| | 18 Grants payable | 196,545 | 18 | 62,495 |
| | 19 Deferred revenue | 37,500 | 19 | 37,500 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 764,426 | 23 | 714,199 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 364,143 | 25 | 395,668 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,591,334 | 26 | 1,509,520 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 82,058,450 | 27 | 99,732,879 |
| | 28 Net assets with donor restrictions | 295,854 | 28 | 193,320 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 82,354,304 | 32 | 99,926,199 | |
| 33 Total liabilities and net assets/fund balances | 83,945,638 | 33 | 101,435,719 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 25,916,968 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,077,877 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 16,839,091 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 82,354,304 |
| 5 | Net unrealized gains (losses) on investments | 5 | 731,253 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 1,551 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 99,926,199 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Additional Data

Software ID:

Software Version:

EIN: 42-1526614

Name: COMMUNITY FOUNDATION OF GREATER DUBUQUE

Form 990 (2019)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION OF GREATER DUBUQUE WORKS TO IMPROVE THE QUALITY OF LIFE IN THE REGION BY SERVING DONORS, MAKING GRANTS AND PROVIDING COMMUNITY LEADERSHIP THROUGH COLLABORATION AND CONVENING. THEREGION INCLUDES METRO DUBUQUE AND DUBUQUE COUNTY AS WELL AS ALLAMAKEE, CLAYTON, CLINTON, DELAWARE, JACKSON AND JONES COUNTIES.IN SERVING DONORS, THE COMMUNITY FOUNDATION PERSONALLY ADVISES INDIVIDUALS, FAMILIES, CORPORATIONS, AND NON-PROFIT GROUPS ABOUT HOW TO BUILD BOTH ENDOWMENTS AND NON-ENDOWED OR PROJECT FUNDS TO SERVE THE CHARITABLE NEEDS OF THE COMMUNITY EFFECTIVELY AND EFFICIENTLY.IN MAKING GRANTS, THE COMMUNITY FOUNDATION SEEKS TO BE A HUB FOR COMMUNITY KNOWLEDGE AND THEN ADVISES INDIVIDUALS, FAMILIES, AND CORPORATIONS AS THEY MAKE GRANTS IN THE COMMUNITY. IN ADDITION, THE COMMUNITY FOUNDATION HOSTS AND ADMINISTERS THE FOLLOWING ANNUAL GRANTMAKING PROGRAMS: COMMUNITY IMPACT, THEISENS MORE FOR YOUR COMMUNITY GRANTS, YAPPERS GRANTS, WOMEN'S GIVING CIRCLE GRANTS AND MEDIACOM GRANTS. WE ALSO ASSIST IN THE GRANTMAKING PROCESS FOR THE COUNTIES OF ALLAMAKEE, DELAWARE, JACKSON AND JONES. THE STATE OF IOWA AWARDS MONEY TO COUNTIES THAT DO NOT HAVE GAMING INSTITUTIONS. PART OF THE MONEY GOES INTO A PERMANENT ENDOWMENT AND PART GOES TO GRANTMAKING FOR THE COUNTY.IN PROVIDING COMMUNITY LEADERSHIP THROUGH COLLABORATION AND CONVENING,THE COMMUNITY FOUNDATION GATHERS DATA ABOUT URGENT AND EMERGING NEEDS IN THE COMMUNITY. THE COMMUNITY FOUNDATION THEN CONVENES STAKEHOLDERS BY FACILITATING MEETINGS, EDUCATIONAL OPPORTUNITIES AND PROGRAMS WHICH ENCOURAGE CONVENING AND COLLABORATION INCLUDING HEART AND SOUL, GRADE-LEVEL READING, GRANTS TO GREEN, INCLUSIVE DUBUQUE, PROJECT HOPE, WOMEN'S GIVING CIRCLE AND YAPPERS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|------------|------------|-----------|------------|------------|------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 11,576,768 | 12,966,035 | 9,641,471 | 10,313,073 | 11,087,899 | 55,585,246 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | 11,576,768 | 12,966,035 | 9,641,471 | 10,313,073 | 11,087,899 | 55,585,246 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6,138,016 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 49,447,230 |

| Section B. Total Support | | | | | | | |
|--|--|------------|------------|-----------|------------|------------|-------------------|
| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. | 11,576,768 | 12,966,035 | 9,641,471 | 10,313,073 | 11,087,899 | 55,585,246 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 1,178,998 | 1,327,528 | 851,905 | 1,871,062 | 2,395,330 | 7,624,823 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 63,210,069 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | | 12 239,458 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|---|---|--|--|--|--|-------------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 78.230 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 80.060 % |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | | | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|------------------|-----------------------|
| PART II | 2017 WAS A SHORT YEAR |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 197 | 297 |
| 2 Aggregate value of contributions to (during year) | 5,155,618 | 2,460,891 |
| 3 Aggregate value of grants from (during year) | 2,073,131 | 1,118,175 |
| 4 Aggregate value at end of year | 28,644,409 | 13,305,315 |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 63,731,771 | 68,237,406 | 60,851,133 | 51,666,162 | 42,709,056 |
| b Contributions | 4,986,472 | 5,934,595 | 3,430,820 | 6,229,182 | 14,082,953 |
| c Net investment earnings, gains, and losses | 12,658,106 | -5,605,589 | 4,699,356 | 6,334,772 | -1,154,173 |
| d Grants or scholarships | 2,783,931 | 3,657,737 | 322,017 | 2,358,558 | 3,071,145 |
| e Other expenditures for facilities and programs | | | | | 830 |
| f Administrative expenses | 1,240,265 | 1,176,904 | 421,886 | 1,020,425 | 899,699 |
| g End of year balance | 77,352,153 | 63,731,771 | 68,237,406 | 60,851,133 | 51,666,162 |

2

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

a

Board designated or quasi-endowment ▶ 100.000 %

b

Permanent endowment ▶ 0 %

c

Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,357,588 | 456,468 | 901,120 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 901,120 |

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 395,668 |

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

Schedule D (Form 990) 2019

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 23,351,576 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 731,253 |
| b | Donated services and use of facilities | 2b | 51,501 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 46,213 |
| e | Add lines 2a through 2d | 2e | 828,967 |
| 3 | Subtract line 2e from line 1 | 3 | 22,522,609 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 227,957 |
| b | Other (Describe in Part XIII.) | 4b | 3,166,402 |
| c | Add lines 4a and 4b | 4c | 3,394,359 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 25,916,968 |

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

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 8,227,147 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 51,501 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 44,662 |
| e | Add lines 2a through 2d | 2e | 96,163 |
| 3 | Subtract line 2e from line 1 | 3 | 8,130,984 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 227,957 |
| b | Other (Describe in Part XIII.) | 4b | 718,936 |
| c | Add lines 4a and 4b | 4c | 946,893 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 9,077,877 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:
Software Version:
EIN: 42-1526614
Name: COMMUNITY FOUNDATION OF GREATER DUBUQUE

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | EARNINGS ON ENDOWMENTS ARE USED FOR CHARITABLE PURPOSES. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | <p>THE FOUNDATION IS ORGANIZED AS AN IOWA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS FOUNDATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.</p> |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | CHG IN VALUE OF SPLIT INTEREST AGREEMENTS IN REVENUE PER FINANCIAL STMT 1,551. REVENUE NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FAS 136 FUNDRAISING EXPENSES NET WITH REVENUE FOR FORM 990 7,297. SPECIAL EVENT EXPENSES NET WITH REVENUE FOR FORM 990 17,680. SPECIAL PROJECT EXPENSES NET WITH REVENUE FOR FORM 990 19,155. MISCELLANEOUS REVENUE FROM REFUNDS NETTED WITH EXPENSES 530. |

| Supplemental Information | |
|---------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | REVENUE NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FAS 136 3,166,402. |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | FUNDRAISING EXPENSES NET WITH REVENUE ON FORM 990 7,297. SPECIAL EVENT EXPENSES NET WITH R EVENUE FOR FORM 990 17,680. SPECIAL PROJECT EXPENSES NET WITH REVENUE FOR FORM 990 19,155. MISCELLANEOUS REVENUE FROM REFUNDS NETTED WITH EXPENSES 530. |

| Supplemental Information | |
|--|---|
| Return Reference | Explanation |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | EXPENSES NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FAS 136 718,936. |

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--------------------------------------|--------------------------------------|-----------------------------|---------------------------------|
| | | FDPS LUNCHEON (event type) | FDPS DINE-OUT (event type) | 15 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 62,352 | 12,394 | 38,147 | 112,893 |
| | 2 Less: Contributions | 59,598 | | 24,004 | 83,602 |
| | 3 Gross income (line 1 minus line 2) | 2,754 | 12,394 | 14,143 | 29,291 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 1,219 | | | 1,219 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 320 | | 5,758 | 6,078 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 7,297 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 21,994 | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

| | | | |
|------------|--|------------------------------|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ | | |
| c | If "Yes," enter name and address of the third party: | | |
| | Name ► | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided ► | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 | Mandatory distributions: | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number

42-1526614

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 194
- 3 Enter total number of other organizations listed in the line 1 table ▶ 6

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS | 143 | 149,545 | | | |
| (2) PROMISING FUTURE FUND | 3 | 1,925 | | | |
| (3) MORE MOMENTS MORE MEMORIES | 9 | 27,440 | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | THE UNRESTRICTED FUND IS A FUND FROM WHICH INCOME AND/OR PRINCIPAL MAY BE DISTRIBUTED TO CHARITIES DESIGNATED AS 501(C)(3) ORGANIZATIONS AND TO CHARITABLE CAUSES AND CONCERNS. APPLICATIONS FOR GRANTS MUST BE SUBMITTED BY ORGANIZATIONS. FROM THE APPLICATIONS SUBMITTED, A COMMITTEE ESTABLISHED BY THE BOARD WILL DECIDE WHICH ORGANIZATIONS GRANTS WILL BE AWARDED. THE BOARD OF DIRECTORS RETAINS COMPLETE DISCRETION AS TO THE SELECTION OF GRANTEEES AND PROGRAMS TO RECEIVE HELP FROM SUCH A FUND, AND IN MEETING EMERGING AND PRIORITY COMMUNITY NEEDS AND OPPORTUNITIES. THE FIELD OF INTEREST FUND IS A FUND FROM WHICH INCOME AND/OR PRINCIPAL MAY BE DISTRIBUTED TO CHARITIES DESIGNATED AS 501(C)(3) ORGANIZATIONS OR TO GROUPS WITH POTENTIAL FOR ACHIEVING 501(C)(3) STATUS WHICH PROVIDE SERVICES IN A SPECIFIED FIELD OR FIELDS OF CHARITABLE ACTIVITY, SUCH AS ARTS AND CULTURE, COMMUNITY AFFAIRS AND DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH, HISTORIC PRESERVATION, AND HUMAN SERVICES. THE BOARD OF DIRECTORS OF THE FOUNDATION SHALL EXERCISE COMPLETE DISCRETION IN IDENTIFYING FUNDING OPPORTUNITIES AND SELECTING GRANTEEES WITHIN THE SPECIFIED FIELDS OF INTEREST. DESIGNATED FUNDS ARE FUNDS FROM WHICH INCOME AND/OR PRINCIPAL IS DISTRIBUTED BY THE BOARD OF DIRECTORS OF THE FOUNDATION TO 501(C)(3) CHARITIES NAMED OR SPECIFIED BY THE DONOR(S) AT THE TIME THE FUND IS ESTABLISHED. AGENCY ENDOWMENT FUNDS ARE FUNDS THAT MAY BE ESTABLISHED BY IRS 501(C)(3) ORGANIZATIONS FROM WHICH INCOME AND/OR PRINCIPAL MAY BE DISTRIBUTED BY THE BOARD OF DIRECTORS OF THE FOUNDATION FOR THE PARTICULAR ORGANIZATION'S OWN BENEFIT. DONOR ADVISED FUNDS ARE FUNDS FROM WHICH INCOME AND/OR PRINCIPAL IS DISTRIBUTED BY THE BOARD OF DIRECTORS TO 501(C)(3) CHARITIES IN RESPONSE TO RECOMMENDATIONS MADE BY THE DONOR, THE DONOR'S FAMILY, OR AN ADVISOR. IN ACCORDANCE WITH INTERNAL REVENUE CODE REQUIREMENTS, HOWEVER, SUCH RECOMMENDATIONS ARE ADVISORY ONLY AND NOT BINDING ON THE BOARD OF DIRECTORS OF THE FOUNDATION. |
| PART III | SCHOLARSHIPS: STUDENTS THAT MEET ELIGIBILITY REQUIREMENTS SET FORTH IN THE FUND AGREEMENT SUBMIT APPLICATIONS. STAFF REVIEW THE APPLICATIONS TO ENSURE ELIGIBILITY AND THEN A COMMITTEE OF AT LEAST THREE INDIVIDUALS REVIEW THE APPLICATIONS AND DECIDE UPON THE AWARDS. MORE MOMENTS MORE MEMORIES: INDIVIDUALS THAT MEET ELIGIBILITY REQUIREMENTS THAT THEY ARE PARTICIPATING IN A CLINICAL TRIAL FOR CANCER RESEARCH SUBMIT APPLICATIONS FOR EXPENSES RELATED TO THEIR TRAVEL (FLIGHTS, HOTELS, MEALS, ETC). STAFF REVIEW THE APPLICATIONS TO ENSURE ELIGIBILITY AND THEN A COMMITTEE OF AT LEAST THREE INDIVIDUALS REVIEW THE APPLICATIONS AND DECIDE UPON THE AWARDS. ONCE AN AWARD IS DECIDED UPON THE GRANT AWARD IS LOADED ONTO A PREPAID CARD THROUGH GLOBAL CASH CARD (A THIRD PARTY PROVIDER). EXPENSES ARE REVIEWED ONCE A MONTH BY STAFF. PROMISING FUTURES FUND: INDIVIDUALS THAT MEET ELIGIBILITY REQUIREMENTS THAT THEY ARE PARTICIPATING IN A PROGRAM THROUGH ONE OF FOUR NONPROFIT PARTNERS IN THE COMMUNITY (NICC, CITY OF DUBUQUE FAMILY SELF SUFFICIENCY, FOUNTAIN OF YOUTH OR DREAM CENTER) SUBMIT APPLICATIONS FOR PURCHASES THAT WILL ELIMINATE A BARRIER TO EMPLOYMENT OR EDUCATION. STAFF REVIEW THE APPLICATIONS TO ENSURE ELIGIBILITY AND THEN A COMMITTEE OF AT LEAST THREE INDIVIDUALS REVIEW THE APPLICATIONS AND DECIDE UPON THE AWARDS. ONCE AN AWARD IS DECIDED UPON THE GRANT AWARD IS SENT TO THE NONPROFIT PARTNER AND THEY WORK WITH THE INDIVIDUAL TO MAKE PURCHASES. |

Additional Data

Software ID:
Software Version:
EIN: 42-1526614
Name: COMMUNITY FOUNDATION OF GREATER DUBUQUE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALBRECHT ACRES FOUNDATION 2894 THORNWOOD CT DUBUQUE, IA 52003 | 42-1423952 | 501(C)(3) | 60,667 | | | | COMMUNITY SUPPORT |
| ALLAMAKEE COMMUNITY SCHOOL DISTRICT 1061 - 3RD AVE NW WAUKON, IA 52172 | 42-6036591 | 170(C)(1) | 45,100 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| ALLAMAKEE SCHOLARSHIP FUND PO BOX 144 WAUKON, IA 52172 | 46-5059446 | 501(C)(3) | 5,010 | | | | EDUCATIONAL |
| ANAMOSA BOOSTERS 209 SADIE STREET ANAMOSA, IA 52205 | 42-1385468 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| APUFRAM INTERNATIONAL PO BOX 10085 RUSSELLVILLE, AR 72812 | 27-0493212 | 501(C)(3) | 9,000 | | | | COMMUNITY SUPPORT |
| ARCHDIOCESE OF DUBUQUE 1229 MT LORETTA AVE PO BOX 479 DUBUQUE, IA 52004 | 42-0680409 | 501(C)(3) | 47,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| BECKMAN CATHOLIC HIGH SCHOOL 1325 - 9TH ST SE DYERSVILLE, IA 52040 | 42-0923753 | 501(C)(3) | 57,608 | | | | EDUCATIONAL |
| BELL TOWER THEATER AND EVENT CENTER 2728 ASBURY RD DUBUQUE, IA 52001 | 87-0690005 | 501(C)(3) | 9,266 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| BETHANY FOR CHILDREN AND FAMILIES 115 S SECOND ST 6 MAQUOKETA, IA 52060 | 36-2166973 | 501(C)(3) | 6,563 | | | | COMMUNITY SUPPORT |
| BETHANY HOME 1005 LINCOLN AVE DUBUQUE, IA 52001 | 42-0698260 | 501(C)(3) | 5,540 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| BOYS AND GIRLS CLUB OF GREATER DUBUQUE 1299 LOCUST ST DUBUQUE, IA 52001 | 42-0710263 | 501(C)(3) | 67,415 | | | | COMMUNITY SUPPORT |
| BRAIN HEALTH NOW INC 898 MOUNT CARMEL RD DUBUQUE, IA 52003 | 84-2010000 | 501(C)(3) | 6,000 | | | | HEALTH |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CAMP ALBRECHT ACRES 14837 SHERRILL RD PO BOX 50 SHERRILL, IA 52073 | 42-1125110 | 501(C)(3) | 10,508 | | | | COMMUNITY SUPPORT |
| CAMP COURAGEOUS OF IOWA 12007 - 190TH ST PO BOX 418 MONTICELLO, IA 52310 | 23-7210932 | 501(C)(3) | 23,254 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CANVAS HEALTH 7066 STILLWATER BLVD N OAKDALE, MN 55128 | 41-0955577 | 501(C)(3) | 5,000 | | | | HEALTH |
| CATHOLIC CHARITIES 1229 MT LORETTA AVE DUBUQUE, IA 52003 | 42-0680493 | 501(C)(3) | 29,194 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CEDAR JONES EARLY CHILDHOOD IOWA 24594 - 110TH ST ANAMOSA, IA 52205 | 42-6004230 | 170(C)(1) | 13,893 | | | | EDUCATIONAL |
| CEDAR VALLEY CATHOLIC SCHOOLS 650 STEPHAN AVENUE WATERLOO, IA 50701 | 20-0113009 | 501(C)(3) | 10,000 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CENTRAL DEWITT COMMUNITY SCHOOLS DISTRICT 331 E 8TH ST PO BOX 110 DEWITT, IA 52742 | 42-6040381 | 170(C)(1) | 48,524 | | | | EDUCATIONAL |
| CITY OF CASCADE 320 - 1ST AVE W PO BOX 400 CASCADE, IA 52033 | 42-6004327 | 170(C)(1) | 400,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CITY OF DEWITT - FRANCES BANTA WAGGONER COMMUNITY LIBRARY 505 10TH STREET DEWITT, IA 52742 | 42-6004584 | 170(C)(1) | 25,000 | | | | COMMUNITY SUPPORT |
| CITY OF DUBUQUE - GREEN IOWA AMERICORPS 50 W 13TH ST CITY HALL DUBUQUE, IA 52001 | 42-6004596 | 170(C)(1) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CITY OF GUTTENBERG PO BOX 580 GUTTENBERG, IA 52052 | 42-6004748 | 170(C)(1) | 13,805 | | | | COMMUNITY SUPPORT |
| CITY OF LANSING PO BOX 470 LANSING, IA 52151 | 42-6004861 | 170(C)(1) | 12,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CITY OF MANCHESTER 208 E MAIN MANCHESTER, IA 52057 | 42-6004909 | 170(C)(1) | 6,290 | | | | COMMUNITY SUPPORT |
| CITY OF MCGREGOR 416 MAIN ST PO BOX 505 MCGREGOR, IA 52157 | 42-6004957 | 170(C)(1) | 12,325 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CITY OF MONTICELLO 200 E 1ST ST MONTICELLO, IA 52310 | 42-6004981 | 170(C)(1) | 12,090 | | | | COMMUNITY SUPPORT |
| CITY OF MONTICELLO - PUBLIC LIBRARY 205 E GRAND ST MONTICELLO, IA 52310 | 42-6004981 | 170(C)(1) | 8,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CLARITY CLINIC 3365 HILLCREST RD DUBUQUE, IA 52002 | 36-3918188 | 501(C)(3) | 10,041 | | | | HEALTH |
| CLARKE UNIVERSITY 1550 CLARKE DR DUBUQUE, IA 52001 | 42-0680408 | 501(C)(3) | 58,899 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CLAYTON COUNTY ENERGY DISTRICT C/O COMMUNITY SAVINGS BANK PO BOX 77 EDGEWOOD, IA 52042 | 81-4518964 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |
| COALITION OF IMMOKALEE WORKERS PO BOX 603 IMMOKALEE, FL 34143 | 65-0641010 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| COLTS YOUTH ORGANIZATION 2300 TWIN VALLEY DR DUBUQUE, IA 52003 | 42-1057444 | 501(C)(3) | 5,985 | | | | COMMUNITY SUPPORT |
| CONVIVIUM URBAN FARMSTEAD 2811 JACKSON ST DUBUQUE, IA 52001 | 47-2427763 | 501(C)(3) | 15,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| COVENANT HOUSE FLORIDA 733 BREAKERS AVE FT LAUDERDALE, FL 33304 | 59-2323607 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| CRESCENT COMMUNITY HEALTH CENTER 1690 ELM STREET SUITE 300 DUBUQUE, IA 52001 | 48-1302204 | 501(C)(3) | 367,909 | | | | HEALTH |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CRETIN-DERHAM HALL HIGH SCHOOL 550 S ALBERT ST ST PAUL, MN 55116 | 41-1570394 | 170(C)(1) | 10,000 | | | | EDUCATIONAL |
| DARBY FAMILY AQUATIC CENTER - CITY OF MONONA PO BOX 298 MONONA, IA 52159 | 42-6004974 | 170(C)(1) | 5,890 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DELAWARE COUNTY ECONOMIC DEVELOPMENT 200 E MAIN ST MANCHESTER, IA 52057 | 42-1298348 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |
| DELHI LITTLE LEAGUE PO BOX 338 DELHI, IA 52223 | 42-1457050 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DIVINE WORD COLLEGE PO BOX 380 EPWORTH, IA 52045 | 42-0788226 | 501(C)(3) | 11,500 | | | | EDUCATIONAL |
| DIVINE WORD MISSIONARIES PO BOX 6099 TECHNY, IL 60082 | 36-2379644 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE ARBORETUM 3800 ARBORETUM DR DUBUQUE, IA 52001 | 42-1160989 | 501(C)(3) | 25,328 | | | | COMMUNITY SUPPORT |
| DUBUQUE AREA CHAMBER OF COMMERCE 300 MAIN ST SUITE 200 DUBUQUE, IA 52001 | 42-0223700 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE ARTS COUNCIL 2728 ASBURY RD STE 220 DUBUQUE, IA 52001 | 42-1051941 | 501(C)(3) | 7,550 | | | | COMMUNITY SUPPORT |
| DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY RD DUBUQUE, IA 52001 | 42-6001531 | 170(C)(1) | 141,699 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE COMMUNITY YMCA YWCA 35 N BOOTH ST DUBUQUE, IA 52001 | 42-0934471 | 501(C)(3) | 19,019 | | | | COMMUNITY SUPPORT |
| DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001 | 42-1270933 | 501(C)(3) | 18,570 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE DREAM CENTER 1600 WHITE STREET DUBUQUE, IA 52001 | 81-1062794 | 501(C)(3) | 29,333 | | | | COMMUNITY SUPPORT |
| DUBUQUE FOOD PANTRY 1598 JACKSON STREET DUBUQUE, IA 52001 | 42-1310910 | 501(C)(3) | 8,208 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE LUTHERAN SCHOOL 2145 JFK DUBUQUE, IA 52001 | 75-3110118 | 501(C)(3) | 58,735 | | | | EDUCATIONAL |
| DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001 | 26-2227941 | 501(C)(3) | 21,387 | | | | HEALTH |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE MUSEUM OF ART 701 LOCUST ST DUBUQUE, IA 52001 | 42-1071185 | 501(C)(3) | 27,534 | | | | COMMUNITY SUPPORT |
| DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE RD DUBUQUE, IA 52002 | 42-6039535 | 501(C)(3) | 17,798 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DUBUQUE RESCUE MISSION PO BOX 147 DUBUQUE, IA 52004 | 42-0844836 | 501(C)(3) | 58,731 | | | | COMMUNITY SUPPORT |
| DUBUQUE SYMPHONY ORCHESTRA 2728 ASBURY RD STE 900 DUBUQUE, IA 52001 | 23-7429727 | 501(C)(3) | 110,779 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DYERSVILLE HEALTH FOUNDATION 1111 - 3RD ST SW DYERSVILLE, IA 52040 | 20-5383271 | 501(C)(3) | 19,980 | | | | HEALTH |
| EAA CHAPTER 327 955 PRINCE PHILLIP DR DUBUQUE, IA 52003 | 83-1145233 | 501(C)(3) | 7,570 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| EARLVILLE UNITED PARISH 111 N WEST ST EARLVILLE, IA 52041 | 42-1240340 | 501(C)(3) | 31,190 | | | | COMMUNITY SUPPORT |
| EAST CENTRAL INTERGOVERNMENTAL CORPORATION 7600 COMMERCE PARK DUBUQUE, IA 52002 | 47-5131300 | 501(C)(3) | 7,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| EASTLAND COMMUNITY UNIT SCHOOL DISTRICT #308 500 S SCHOOL DR LANARK, IL 61046 | 93-9744330 | 170(C)(1) | 6,500 | | | | EDUCATIONAL |
| EDGEWOOD-COLESBURG SCHOOL DISTRICT - HIGH SCHOOL 403 W UNION ST PO BOX 316 EDGEWOOD, IA 52042 | 42-6040190 | 170(C)(1) | 8,263 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| ELKADER HISTORICAL SOCIETY 702 DAVIDSON ST NW ELKADER, IA 52043 | 42-1119953 | 501(C)(3) | 5,750 | | | | COMMUNITY SUPPORT |
| EWALU CAMP AND RETREAT CENTER 37776 ALPHA AVE STRAWBERRY POINT, IA 52076 | 42-0865245 | 501(C)(3) | 19,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| FAIRVIEW CEMETERY 708 CHARLOTTE ST EARLVILLE, IA 52041 | 42-0240172 | 501(C)(3) | 5,830 | | | | COMMUNITY SUPPORT |
| FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST 255 W 10TH ST DUBUQUE, IA 52001 | 42-0842209 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FLAMES OF LOVE INTERNATIONAL MINISTRIES 8616 ARBOLEDA STREET EL PASO, TX 79907 | 74-2374868 | 501(C)(3) | 30,000 | | | | COMMUNITY SUPPORT |
| FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305 | 42-1177880 | 501(C)(3) | 16,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FOOD FOR THE POOR PO BOX 979001 COCONUT CREEK, FL 33097 | 59-2174510 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| FORT MYERS RESCUE MISSION 6900 MISSION LANE FORT MYERS, FL 33916 | 59-2469860 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FOUR MOUNDS FOUNDATION 4900 PERU RD DUBUQUE, IA 52001 | 42-1265303 | 501(C)(3) | 13,215 | | | | COMMUNITY SUPPORT |
| FRIENDS OF JACKSON COUNTY CONSERVATION 18670 - 63RD ST MAQUOKETA, IA 52060 | 42-1521029 | 501(C)(3) | 5,400 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GALENA ART AND RECREATION CENTER 413 S BENCH ST GALENA, IL 61036 | 36-2616288 | 501(C)(3) | 12,600 | | | | COMMUNITY SUPPORT |
| GIGI'S PLAYHOUSE 6507 UNIVERSITY AVE WINDSOR HEIGHTS, IA 50324 | 61-1611262 | 501(C)(3) | 16,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GOOD NEIGHBOR SOCIETY 105 MCCARREN DR MANCHESTER, IA 52057 | 42-0846668 | 501(C)(3) | 10,448 | | | | COMMUNITY SUPPORT |
| GRAND OPERA HOUSE 135 W 8TH ST DUBUQUE, IA 52001 | 42-1133812 | 501(C)(3) | 10,660 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HARRY CHAPIN FOOD BANK 3760 FOWLER ST FT MYERS, FL 33901 | 59-2332120 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| HELPING SERVICES FOR YOUTH & FAMILIES - DECORAH PO BOX 372 DECORAH, IA 52101 | 42-0989563 | 501(C)(3) | 6,045 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HIGHLAND CATHOLIC SCHOOL 2017 BOHLAND AVE ST PAUL, MN 55116 | 41-0972541 | 501(C)(3) | 5,000 | | | | EDUCATIONAL |
| HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001 | 42-0680411 | 501(C)(3) | 24,584 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HILLS AND DALES CHILD DEVELOPMENT CENTER 1011 DAVIS ST DUBUQUE, IA 52001 | 42-1388270 | 501(C)(3) | 25,438 | | | | COMMUNITY SUPPORT |
| HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE ST DUBUQUE, IA 52001 | 42-0792429 | 501(C)(3) | 175,759 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HOLY FAMILY CATHOLIC SCHOOLS - WAHLERT HIGH SCHOOL 2005 KANE STREET DUBUQUE, IA 52001 | 42-0792429 | 501(C)(3) | 19,450 | | | | EDUCATIONAL |
| HOPE FOR HAITI 1021 - 5TH AVE N NAPLES, FL 34102 | 59-3564329 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HOPE HOUSE DUBUQUE CATHOLIC WORKER HOUSE 1592 LOCUST STREET DUBUQUE, IA 52001 | 42-0844836 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| HORIZONS - A FAMILY SERVICE ALLIANCE - CEDAR RAPIDS 819 5TH STREET SE CEDAR RAPIDS, IA 52401 | 42-1135083 | 501(C)(3) | 8,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HOSPICE OF DUBUQUE 1670 JOHN F KENNEDY ROAD DUBUQUE, IA 52002 | 42-1205973 | 501(C)(3) | 21,764 | | | | HEALTH |
| IMMACULATE HEART OF MARY CHURCH PO BOX 309 HOUSTON, MS 38851 | 53-0196617 | 501(C)(3) | 6,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| IOWA CHILD ADVOCACY BOARD 321 E 12TH ST 4TH FLOOR LUCAS BUILDING DES MOINES, IA 50319 | 42-6004508 | 170(C)(1) | 7,000 | | | | COMMUNITY SUPPORT |
| IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233 | 27-0915418 | 501(C)(3) | 6,750 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| IOWA STATE UNIVERSITY - SPONSERED PROGRAM ACCOUNTING 2221 WANDA DALEY DR ADMINISTRATIVE SERVICE BLDG RM 18 AMES, IA 50011 | 42-6004224 | 501(C)(3) | 5,600 | | | | EDUCATIONAL |
| JACKSON COUNTY ENERGY DISTRICT 18670 63RD ST MAQUOKETA, IA 52060 | 84-2773508 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JONES COUNTY COMMUNITY FOOD BANK PO BOX 462 ANAMOSA, IA 52205 | 42-0940030 | 501(C)(3) | 5,910 | | | | COMMUNITY SUPPORT |
| JONES COUNTY EMS ASSOCIATION 303 JACKSON ST PO BOX 301 OLIN, IA 52320 | 42-6004230 | 170(C)(1) | 13,800 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JONES REGIONAL MEDICAL CENTER FOUNDATION 1795 HWY 64 EAST ANAMOSA, IA 52205 | 42-1429225 | 501(C)(3) | 11,120 | | | | HEALTH |
| JULIEN DUBUQUE INTERNATIONAL FILM FESTIVAL PO BOX 735 DUBUQUE, IA 52004 | 26-4261800 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LAKE DELHI RECREATIONAL FACILITY AND WATER DISTRICT - DELAWARE COUNTY 301 E MAIN STREET ROOM 210 MANCHESTER, IA 52057 | 42-6004911 | 170(C)(1) | 138,599 | | | | COMMUNITY SUPPORT |
| LANARK PUBLIC LIBRARY 111-B SOUTH BROAD ST LANARK, IL 61046 | 36-4154604 | 170(C)(1) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LITTLE SISTERS OF THE POOR CHICAGO PROVINCE INC 80 WEST NORTHWEST HIGHWAY PALATINE, IL 60067 | 51-0187829 | 501(C)(3) | 12,000 | | | | COMMUNITY SUPPORT |
| LIVING FAITH UNITED METHODIST PARISH 702 S MAIN ST PO BOX 280 MONONA, IA 52159 | 42-1203217 | 501(C)(3) | 60,159 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LORAS COLLEGE 1450 ALTA VISTA PO BOX 178 DUBUQUE, IA 52004 | 42-0680412 | 501(C)(3) | 91,205 | | | | EDUCATIONAL |
| LUTHER COLLEGE 700 COLLEGE DR DEVELOPMENT OFFICE DECORAH, IA 52101 | 42-0680466 | 501(C)(3) | 1,500 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LUTHERAN SERVICES IN IOWA - DES MOINES 3125 COTTAGE GROVE AVE DES MOINES, IA 50311 | 42-0698267 | 501(C)(3) | 11,100 | | | | COMMUNITY SUPPORT |
| MAKE-A-WISH FOUNDATION OF IOWA 3009 - 100TH ST URBANDALE, IA 50322 | 42-1310530 | 501(C)(3) | 13,600 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAQUOKETA AREA FAMILY YMCA 500 E SUMMIT ST MAQUOKETA, IA 52060 | 42-0703278 | 501(C)(3) | 9,000 | | | | COMMUNITY SUPPORT |
| MAQUOKETA COMMUNITY CUPBOARD 902 W PLATT PO BOX 743 MAQUOKETA, IA 52060 | 42-1269332 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAQUOKETA COMMUNITY SCHOOLS 612 S VERMONT ST MAQUOKETA, IA 52060 | 42-6037701 | 170(C)(1) | 22,889 | | | | EDUCATIONAL |
| MAQUOKETA VALLEY COMMUNITY SCHOOL DISTRICT PO BOX 186 DELHI, IA 52223 | 42-6037858 | 170(C)(1) | 5,000 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAQUOKETA VALLEY DOLLARS FOR SCHOLARS PO BOX 62 DELHI, IA 52223 | 46-5193481 | 501(C)(3) | 230,712 | | | | COMMUNITY SUPPORT |
| MARQUETTE CATHOLIC SCHOOLS 403 PARK ST BELLEVUE, IA 52031 | 42-0955523 | 501(C)(3) | 64,180 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MARRIAGE AND FAMILY COUNSELING SERVICE 1800 3RD AVENUE SUITE 512 ROCK ISLAND, IL 61201 | 36-2606683 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |
| MARYKNOLL FATHERS AND BROTHERS PO BOX 302 MARYKNOLL, NY 10545 | 13-1740144 | 501(C)(3) | 30,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MARY'S INN MATERNITY HOME PO BOX 3338 DUBUQUE, IA 52004 | 36-4768362 | 501(C)(3) | 15,824 | | | | COMMUNITY SUPPORT |
| MAYFLOWER HOMES INC 616 BROAD ST GRINNELL, IA 50112 | 42-0727497 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MFL - MARMAC DOLLARS FOR SCHOLARS PO BOX 607 MONONA, IA 52159 | 04-2296967 | 501(C)(3) | 6,880 | | | | COMMUNITY SUPPORT |
| MIDWEST FREERIDERS 16991 ASBURY RD DUBUQUE, IA 52002 | 83-1249107 | 501(C)(3) | 11,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MINDFUL MINUTES FOR SCHOOLS 416 RAYMOND PLACE DUBUQUE, IA 52001 | 82-4614783 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| MONTICELLO YOUTH BASEBALL & SOFTBALL ASSOCIATION PO BOX 302 MONTICELLO, IA 52310 | 42-6004981 | 170(C)(1) | 12,418 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MT CALVARY CEMETERY ASSOCIATION 111 DAVIS AVE DUBUQUE, IA 52001 | 42-0504785 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| MULTICULTURAL FAMILY CENTER 1157 CENTRAL AVE DUBUQUE, IA 52001 | 27-0751743 | 501(C)(3) | 10,860 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NATIONAL MISSISSIPPI RIVER MUSEUM & AQUARIUM 350 E 3RD ST DUBUQUE, IA 52001 | 42-6072050 | 501(C)(3) | 122,420 | | | | COMMUNITY SUPPORT |
| NATIVITY CHURCH 1225 ALTA VISTA ST DUBUQUE, IA 52001 | 53-0196617 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NORTHEAST IOWA COMMUNITY COLLEGE FOUNDATION 8342 NICC DRIVE PEOSTA, IA 52068 | 42-1178729 | 501(C)(3) | 41,409 | | | | EDUCATIONAL |
| NORTHEAST IOWA SCHOOL OF MUSIC 2728 ASBURY RD STE 200 DUBUQUE, IA 52001 | 42-1510485 | 501(C)(3) | 12,914 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NORTHEASTERN IOWA SYNOD - ELCA PO BOX 804 WAVERLY, IA 50677 | 36-3514256 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |
| OPENING DOORS (MARIA HOUSE & TERESA SHELTER) 2100 ASBURY RD STE 8 DUBUQUE, IA 52001 | 42-1490364 | 501(C)(3) | 46,817 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ORDER OF ST CAMILLUS FOUNDATION 10200 W BLUE MOUND RD WAUWATOSA, WI 53226 | 39-1925879 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| OUR LADY OF THE MISSISSIPPI ABBEY 8400 ABBEY HILL LANE DUBUQUE, IA 52003 | 42-0878319 | 501(C)(3) | 7,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| OUR LADY OF THE SIOUX CHURCH PO BOX 140 OGLALA, SD 57764 | 53-0196617 | 501(C)(3) | 6,500 | | | | COMMUNITY SUPPORT |
| OXFORD JUNCTION AMBULANCE 201 MAIN ST OXFORD JUNCTION, IA 52323 | 42-6005108 | 170(C)(1) | 13,250 | | | | HEALTH |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PIARIST SCHOOL PO BOX 369 HAGER HILL, KY 41222 | 61-1177865 | 501(C)(3) | 6,500 | | | | COMMUNITY SUPPORT |
| POSTVILLE COMMUNITY SCHOOL DISTRICT 314 W POST ST POSTVILLE, IA 52162 | 42-6037362 | 170(C)(1) | 20,000 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PRESENTATION LANTERN 900 JACKSON ST SUITE LL5-1 DUBUQUE, IA 52001 | 13-4224124 | 501(C)(3) | 18,226 | | | | COMMUNITY SUPPORT |
| QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION 15623 COALTOWN RD EAST MOLINE, IL 61244 | 93-1332421 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| REGINA FOUNDATION 2140 ROCHESTER AVE IOWA CITY, IA 52245 | 51-0158837 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |
| RESOURCESUNITE 1900 JOHN F KENNEDY RD DUBUQUE, IA 52002 | 36-4761269 | 501(C)(3) | 26,400 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802 | 36-3147342 | 501(C)(3) | 10,746 | | | | COMMUNITY SUPPORT |
| RIVER VALLEY INITIATIVE FOUNDATION CO GREATER DUBUQUE DEVELOPMENT CORPORAT 900 JACKSON ST 109 DUBUQUE, IA 52001 | 32-0051502 | 501(C)(3) | 12,200 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| RIVERVIEW CENTER 2600 DODGE ST DUBUQUE, IA 52002 | 36-3920008 | 501(C)(3) | 21,056 | | | | COMMUNITY SUPPORT |
| SALT AND LIGHT 1819 S PHILO RD URBANA, IL 61802 | 32-0074485 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SALVATION ARMY - DUBUQUE PO BOX 416 DUBUQUE, IA 52004 | 13-5562351 | 501(C)(3) | 5,200 | | | | COMMUNITY SUPPORT |
| SCHOOL SISTERS OF ST FRANCIS 3902 N RIDGEWAY AVE CHICAGO, IL 60618 | 39-1594407 | 501(C)(3) | 6,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SHALOM RETREAT CENTER 1001 DAVIS ST DUBUQUE, IA 52001 | 42-0757421 | 501(C)(3) | 5,500 | | | | COMMUNITY SUPPORT |
| SISTERS OF CHARITY BVM 1100 CARMEL DR PO BOX 858 DUBUQUE, IA 52004 | 52-1235775 | 501(C)(3) | 32,485 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SISTERS OF ST FRANCIS 3390 WINDSOR AVE DUBUQUE, IA 52001 | 42-0757421 | 501(C)(3) | 7,550 | | | | COMMUNITY SUPPORT |
| SISTERS OF THE PRESENTATION OF THE BVM 2360 CARTER ROAD DUBUQUE, IA 52001 | 42-0681050 | 501(C)(3) | 6,768 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SNOCROSS MOBILE MEDICAL TEAM 10192 KARSTON AVE NE 100 ALBERTVILLE, MN 55301 | 81-3904960 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| SOLIDARITY BRIDGE 1703 DARROW AVE 1 EVANSTON, IL 60201 | 36-4481213 | 501(C)(3) | 16,500 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOUTHWEST FRANCISCAN MISSIONS PO BOX 12395 ALBUQUERQUE, NM 87195 | 85-6013190 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| SPORTS WORLD MINISTRIES INCORPORATED 1919 SOUTH POST ROAD INDIANAPOLIS, IN 46239 | 23-7073822 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SPRINGBROOK VOLUNTEER FIRE AND EMS 101 EAST MAIN ST SPRINGBROOK, IA 52075 | 31-1580973 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |
| ST BONAVENTURE INDIAN MISSION & SCHOOL PO BOX 610 THOREAU, NM 87323 | 85-0326009 | 501(C)(3) | 6,000 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST COLUMBKILLE CATHOLIC CHURCH 1240 RUSH ST DUBUQUE, IA 52003 | 42-0680317 | 501(C)(3) | 9,790 | | | | COMMUNITY SUPPORT |
| ST ELIAS THE PROPHET GREEK ORTHODOX CHURCH 419 N GRANDVIEW AVE DUBUQUE, IA 52001 | 42-1422694 | 501(C)(3) | 8,650 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST GILES PARISH 1025 COLUMBIAN AVE OAK PARK, IL 60302 | 36-2171014 | 501(C)(3) | 13,800 | | | | COMMUNITY SUPPORT |
| ST JOHN'S LUTHERAN CHURCH 203 PEARL ST PO BOX 819 GUTTENBERG, IA 52052 | 42-1522040 | 501(C)(3) | 25,976 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST JOSEPH THE WORKER CATHOLIC CHURCH 60 S ALGONA ST DUBUQUE, IA 52001 | 42-0698063 | 501(C)(3) | 80,834 | | | | COMMUNITY SUPPORT |
| ST JOSEPH'S SCHOOL 1138 SEMINOLE AVE WEST ST PAUL, MN 55118 | 41-0705875 | 170(C)(1) | 5,000 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST MARK YOUTH ENRICHMENT 1201 LOCUST ST DUBUQUE, IA 52001 | 42-1338364 | 501(C)(3) | 43,156 | | | | COMMUNITY SUPPORT |
| ST MARY'S CATHOLIC CHURCH PO BOX 847 GUTTENBERG, IA 52052 | 42-0698075 | 501(C)(3) | 17,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST MARY'S MISSION SCHOOL HIGHWAY 1 PO BOX 189 RED LAKE, MN 56671 | 53-0196617 | 501(C)(3) | 6,500 | | | | EDUCATIONAL |
| ST MATTHIAS CHURCH 408 - 3RD AVE NW CASCADE, IA 52033 | 42-0698050 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST PATRICK SCHOOL 200 - 2ND ST SW WAUKON, IA 52172 | 42-0698115 | 501(C)(3) | 10,110 | | | | COMMUNITY SUPPORT |
| ST PETER LUTHERAN CHURCH 3200 ASBURY RD DUBUQUE, IA 52001 | 42-6022856 | 501(C)(3) | 16,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST RAPHAEL'S CATHEDRAL CHURCH 231 BLUFF ST DUBUQUE, IA 52001 | 42-0703275 | 501(C)(3) | 7,200 | | | | COMMUNITY SUPPORT |
| STEEPLE SQUARE 1584 WHITE ST PO BOX 3188 DUBUQUE, IA 52004 | 46-4898142 | 501(C)(3) | 92,432 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| STONEHILL BENEVOLENT FOUNDATION 3485 WINDSOR AVE DUBUQUE, IA 52001 | 42-1337556 | 501(C)(3) | 6,729 | | | | COMMUNITY SUPPORT |
| STONEHILL FRANCISCAN SERVICES 3485 WINDSOR AVE DUBUQUE, IA 52001 | 51-0141775 | 501(C)(3) | 22,280 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SUDAN RELIEF FUND PO BOX 7084 MERRIFIELD, VA 22116 | 52-2148976 | 501(C)(3) | 6,000 | | | | COMMUNITY SUPPORT |
| THE FROELICH FOUNDATION 24397 FROELICH RD MCGREGOR, IA 52157 | 42-1295071 | 501(C)(3) | 16,005 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE MIRACLE LEAGUE OF DUBUQUE 3409 DANIELS ST DUBUQUE, IA 52001 | 81-2454858 | 501(C)(3) | 10,500 | | | | COMMUNITY SUPPORT |
| TRAVEL DUBUQUE 300 MAIN ST STE 120 DUBUQUE, IA 52001 | 46-3010125 | 501(C)(3) | 5,000 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TRI-STATE MOUNTAIN BIKE RIDERS 2424 WINTERWOOD DR ASBURY, IA 52002 | 81-0883450 | 501(C)(3) | 7,000 | | | | COMMUNITY SUPPORT |
| TWO BY TWO CHARACTER DEVELOPMENT 470 W 4TH ST DUBUQUE, IA 52001 | 20-3437767 | 501(C)(3) | 34,766 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITED WAY OF DUBUQUE AREA TRI-STATES 215 W 6TH ST DUBUQUE, IA 52001 | 42-0761060 | 501(C)(3) | 11,576 | | | | COMMUNITY SUPPORT |
| UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVE DUBUQUE, IA 52001 | 42-0680323 | 501(C)(3) | 36,900 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UPPER EXPLORERLAND REGIONAL PLANNING COMMISSION 325 WASHINGTON ST SUITE A DECORAH, IA 52101 | 42-1453295 | 501(C)(3) | 7,500 | | | | COMMUNITY SUPPORT |
| VISION TO LEARN 11611 SAN VICENTE BLVD STE 500 LOS ANGELES, CA 90049 | 45-3457853 | 501(C)(3) | 8,634 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| VISITING NURSES ASSOCIATION 660 IOWA ST DUBUQUE, IA 52001 | 42-0680410 | 501(C)(3) | 6,433 | | | | COMMUNITY SUPPORT |
| WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL DUBUQUE, IA 52003 | 42-0681105 | 501(C)(3) | 6,990 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WAUKON ECONOMIC DEVELOPMENT CORPORATION 101 W MAIN ST WAUKON, IA 52172 | 42-1352802 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |
| WAUKON WELLNESS CENTER 1220 - 3RD AVE NW SUITE 101 WAUKON, IA 52172 | 42-6005340 | 170(C)(1) | 8,930 | | | | HEALTH |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES 318 5TH ST SE CEDAR RAPIDS, IA 52401 | 42-0680307 | 501(C)(3) | 8,500 | | | | COMMUNITY SUPPORT |
| WEST DELAWARE COMMUNITY SCHOOL DISTRICT 605 NEW ST MANCHESTER, IA 52057 | 42-6037588 | 170(C)(1) | 8,150 | | | | EDUCATIONAL |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WINNESHEIK ENERGY DISTRICT 217 W WATER ST UNIT 1 PO BOX 14 DECORAH, IA 52101 | 27-1525603 | 501(C)(3) | 65,750 | | | | COMMUNITY SUPPORT |
| YWCA CLINTON 317 - 7TH AVE S CLINTON, IA 52732 | 42-0716335 | 501(C)(3) | 11,900 | | | | COMMUNITY SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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

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

[illegible]

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4B | THE ORGANIZATION HAS A 457B PLAN FOR NANCY VAN MILLIGEN. IT WAS FUNDED BY THE ORGANIZATION IN THE AMOUNT OF \$7,125 FOR THE CURRENT PERIOD. |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 47 | 2,914,471 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock | X | 2 | 65,879 | APPRAISAL |
| 11 Securities—Partnership, LLC, or trust interests | X | 2 | 271,016 | APPRAISAL |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (GIFT OF GRAIN) | X | 4 | 9,234 | SALES PRICE |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29

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

29

3

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

| Return Reference | Explanation |
|---------------------|---|
| PART I, COLUMN (B): | THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I COL B. |
| PART I, LINE 32B: | THE COMMUNITY FOUNDATION USES AN OUTSIDE ORGANIZATION TO PROCESS STOCKS RECEIVED AS CONTRIBUTIONS |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

42-1526614

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 1 | THE EXECUTIVE COMMITTEE CONSISTS OF NOT LESS THAN FIVE AND NOT MORE THAN SEVEN DIRECTORS, INCLUDING THE CHAIR, VICE CHAIR, SECRETARY, TREASURER AND OTHER DIRECTORS SELECTED AT-LARGE. THE EXECUTIVE COMMITTEE SERVES BETWEEN MEETINGS OF THE BOARD AND POSSESS AND MAY EXERCISE ALL POWERS OF THE BOARD IN THE MANAGEMENT AFFAIRS OF THE COMMUNITY FOUNDATION OF GREATER DUBUQUE, INCLUDING THE RESPONSIBILITY AND POWER TO APPOINT COMMITTEES, TO DETERMINE THE DISTRIBUTION OF PROPERTY, AUTHORITY OVER INVESTMENT POLICIES, AND OTHER DUTIES DELEGATED BY THE BOARD. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AND SUBJECT TO CONTROL, REVISION AND ALTERATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE PRESIDENT/CEO AND FINANCE DIRECTOR REVIEW THE 990 THEN PRESENT IT TO THE EXECUTIVE COMMITTEE FOR FINAL REVIEW PRIOR TO FILING WITH IRS. ONCE FILED THE FORM 990 IS MADE AVAILABLE TO THE GOVERNING BODY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>ANY MEMBER OF THE FOUNDATION'S STAFF, BOARD OF DIRECTORS, AND OFFICERS MUST COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE CHAIR OF THE FOUNDATION AND THE EXECUTIVE DIRECTOR REVIEW THE SIGNED STATEMENTS. ANY POSSIBLE CONFLICTS ARE BROUGHT TO THE BOARD'S ATTENTION. ANY MEMBER OF THE BOARD OF DIRECTORS WHO IS CONNECTED WITH A PROSPECTIVE GRANT RECIPIENT IN ANY OFFICIAL CAPACITY SHALL ABSTAIN FROM VOTING ON THE PROPOSED GRANT. THIS ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING AT WHICH SUCH VOTE OCCURS. IF, BECAUSE OF SUCH ABSTENTIONS AT ANY SUCH MEETING OF THE BOARD OF DIRECTORS, A PARTICULAR GRANT WOULD FAIL FOR LACK OF A MAJORITY VOTE, SUCH A GRANT COULD BE MADE IF APPROVED IN WRITING BY AN ABSENT BUT DISINTERESTED MEMBER OR MEMBERS WITHIN A REASONABLE TIME AFTER THE DIRECTORS' MEETING AT WHICH THE GRANT PROPOSAL WAS FIRST CONSIDERED. IF A SITUATION SHOULD ARISE IN WHICH A MAJORITY OF DIRECTORS WOULD BE DISQUALIFIED FROM VOTING ON A GRANT PROPOSAL BECAUSE OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY, THE BOARD MAY, AFTER FULL DISCLOSURE OF THE POTENTIAL CONFLICT AND BY MAJORITY AFFIRMATIVE VOTE, SUSPEND THE CONFLICT OF INTEREST POLICY AND PROCEED TO MAKE THE GRANT. ALL DISCUSSION AND ACTION WITH RESPECT TO ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE ENTERED INTO THE MINUTES OF THE MEETINGS WHERE SUCH ACTION TAKES PLACE. IT IS THE PRACTICE OF THE COMMUNITY FOUNDATION TO BUILD A WRITTEN RECORD OF ANY SPECIAL RELATIONSHIPS BETWEEN PROSPECTIVE GRANTEEES AND DIRECTORS, STAFF, OR THE FAMILY MEMBERS OF EITHER DIRECTORS OR STAFF FOR THE PURPOSE OF DOCUMENTING THE FACTUAL RECORD AND ENABLING FULL DISCLOSURE TO ALL DIRECTORS. SUCH RECORD SHALL BE KEPT WITH THE PERMANENT MINUTES OF THE BOARD PROCEEDINGS. ANY PERSON HAVING KNOWLEDGE OF ANY ACTION OR CONDUCT IN VIOLATION OF THE POLICIES SHOULD REPORT THE INFORMATION TO THE CHAIR OF THE FOUNDATION BOARD.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15A | THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE PRESIDENT/CEO. SALARY ADJUSTMENTS ARE BASED ON AN ANNUAL EVALUATION AND COMPARABILITY DATA. THE ORGANIZATION DOCUMENTS AND PROVIDES SUBSTANTIATION FOR THE COMPENSATION PROCESS. THE COMPENSATION PROCESS WAS LAST COMPLETED IN FY 2019. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART XI, LINE 9: | CHANGE IN VALUE OF LIFE INSURANCE 1,551. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|---|---|--|---------------------|---------------------------|---|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) CFGD REAL ESTATE LLC 700 LOCUST STREET SUITE 195 DUBUQUE, IA 52001 42-1526614 | ASSIST COMMUNITY FOUNDATION OF GREATER DUBUQUE WITH CHARITABLE GIVING NEEDS | IA | 0 | 0 | COMMUNITY FOUNDATION OF GREATER DUBUQUE |
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| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|--|---|--|----------------------------|---|---|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1)CFGD CHARITABLE TRUST 700 LOCUST STREET SUITE 195 DUBUQUE, IA 52001 35-6840681 | SUPPORT THE COMMUNITY FOUNDATION OF GREATER DUBUQUE | IA | 501(C)(3) | LINE 12A, I | COMMUNITY FOUNDATION OF GREATER DUBUQUE | Yes | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V

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

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

1

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

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

2

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |