

Return of Organization Exempt From Income Tax

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary

Table with 22 rows detailing financial information: 1-7a Governance, 8-12 Revenue, 13-19 Expenses, and 20-22 Net Assets or Fund Balances.

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.

Signature block section for officer (Jason Adams) and preparer (Kathy Fairchild) with dates and titles.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF GREATER DUBUQUE GROWS PHILANTHROPY TO IMPROVE LIFE IN NORTHEAST IOWA BY SERVING DONORS, STRENGTHENING NONPROFITS AND LEADING COLLABORATIVE INITIATIVES TO ADDRESS COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 12,910,086. including grants of \$ 9,312,046.) (Revenue \$ 18,895.) THE COMMUNITY FOUNDATION OF GREATER DUBUQUE ENVISIONS A VIBRANT AND INCLUSIVE DUBUQUE REGION WHERE EVERYONE CAN THRIVE. SINCE 2002, WE HAVE INSPIRED PEOPLE TO GIVE BACK TO THEIR COMMUNITY, AND WE TURN THIS GENEROSITY INTO LASTING CHANGE ACROSS OUR REGION, INCREASING ACCESS TO RESOURCES AND OPPORTUNITIES THAT HELP ALL PEOPLE SUCCEED.

WITH OUR AFFILIATE FOUNDATIONS ACROSS THE DUBUQUE REGION METRO DUBUQUE AND DUBUQUE COUNTY AS WELL AS ALLAMAKEE, CLAYTON, CLINTON, DELAWARE, JACKSON AND JONES COUNTIES WE CHART CLEAR PATHS FORWARD THAT ADDRESS COMPLEX SOCIAL CHALLENGES, FROM ACADEMIC ACHIEVEMENT TO ECONOMIC OPPORTUNITY. WE ARE COMMITTED TO ENGAGING, LISTENING TO AND LEARNING FROM ALL CORNERS OF THE COMMUNITY TO UNDERSTAND ITS MOST PRESSING NEEDS

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

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

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

4e Total program service expenses 12,910,086.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, 14, 16, 17, 18, 19, 20, and 21. 'X' marks indicate 'Yes' responses for questions 1, 2, 6, 10, 11a, 11e, 11f, 12a, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
JASON ADAMS - 563-588-2700
700 LOCUST STREET, SUITE 195, DUBUQUE, IA 52001

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NANCY VAN MILLIGEN PRESIDENT/CEO	40.00			X			255,331.	0.	21,194.	
(2) JASON ADAMS CFO	40.00			X			133,539.	0.	4,901.	
(3) MARY JO JEAN-FRANCOIS VP OF IMPACT	40.00				X		106,324.	0.	3,975.	
(4) CHRIS CORKEN BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) JANE MUELLER VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) NATALIE HOFFMANN TREASURER	1.00	X		X			0.	0.	0.	
(7) TERRY FRIEDMAN SECRETARY	1.00	X		X			0.	0.	0.	
(8) NICOLE BREHM DIRECTOR	1.00	X					0.	0.	0.	
(9) MICHAEL DOYLE DIRECTOR	1.00	X					0.	0.	0.	
(10) NANCY DUNKEL DIRECTOR	1.00	X					0.	0.	0.	
(11) JORDAN FULLAN DIRECTOR	1.00	X					0.	0.	0.	
(12) JIM GANTZ DIRECTOR	1.00	X					0.	0.	0.	
(13) NIC HOCKENBERRY DIRECTOR	1.00	X					0.	0.	0.	
(14) STEVE KAHLER DIRECTOR	1.00	X					0.	0.	0.	
(15) MARIANN KURTZ WEBER DIRECTOR	1.00	X					0.	0.	0.	
(16) JON MCCOY DIRECTOR	1.00	X					0.	0.	0.	
(17) ABHAY RAWAL DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KURT STRAND DIRECTOR	1.00	X						0.	0.	0.
(19) CHERYL SYKE DIRECTOR	1.00	X						0.	0.	0.
(20) CHRIS THEISEN DIRECTOR	1.00	X						0.	0.	0.
(21) MATT THOMPkins DIRECTOR	1.00	X						0.	0.	0.
(22) JASON WESTON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								495,194.	0.	30,070.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								495,194.	0.	30,070.

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 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 394,829.			
	b	Membership dues	1b			
	c	Fundraising events	1c 131,354.			
	d	Related organizations	1d 38,000.			
	e	Government grants (contributions)	1e 885,119.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 14,715,537.			
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,432,071.			
	h	Total. Add lines 1a-1f		16,164,839.		
Program Service Revenue	2 a	MCCARTHY CENTER RENTAL	Business Code 900099	10,425.	10,425.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		10,425.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,986,845.		5,986,845.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses ...				
	6 c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				67,521,046.		
	7 b	Less: cost or other basis and sales expenses		60,646,215.		
7 c	Gain or (loss)		6,874,831.			
d	Net gain or (loss)		6,874,831.		6,874,831.	
8 a	Gross income from fundraising events (not including \$ 131,354. of contributions reported on line 1c). See Part IV, line 18					
		8 a	162,278.			
8 b	Less: direct expenses		69,293.			
c	Net income or (loss) from fundraising events		92,985.		92,985.	
9 a	Gross income from gaming activities. See Part IV, line 19					
		9 a				
9 b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
		10 a				
10 b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code 900099	8,470.	8,470.	
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		8,470.		
12	Total revenue. See instructions		29,138,395.	18,895.	0.	12,954,661.

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 ...	8,988,077.	8,988,077.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	323,969.	323,969.		
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	453,227.	302,572.	127,947.	22,708.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,664,622.	1,111,290.	469,931.	83,401.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,401.	9,016.	14,409.	976.
9 Other employee benefits	110,016.	63,759.	44,741.	1,516.
10 Payroll taxes	147,245.	84,119.	58,716.	4,410.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,133.	1,143.	43,863.	127.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	494,400.	396,996.	97,404.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	311,456.	303,981.	706.	6,769.
12 Advertising and promotion	78,190.	54,272.	21,886.	2,032.
13 Office expenses	72,602.	47,781.	22,949.	1,872.
14 Information technology	125,097.	72,351.	48,458.	4,288.
15 Royalties				
16 Occupancy	168,664.	125,508.	37,644.	5,512.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	81,277.	63,620.	16,005.	1,652.
20 Interest	7,048.	4,659.	2,141.	248.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,006.		127,006.	
23 Insurance	115,279.	108,120.	6,462.	697.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	523,973.	519,578.	1,173.	3,222.
b MEMBERSHIPS AND PUBS	78,684.	59,879.	18,738.	67.
c DONOR/RELATIONS/MEETING	54,568.	44,494.	8,930.	1,144.
d MCCARTHY CENTER EXPENSE	26,027.	5,934.	19,531.	562.
e All other expenses	218,968.	218,968.		
25 Total functional expenses. Add lines 1 through 24e	14,239,929.	12,910,086.	1,188,640.	141,203.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	8,601,997.	2	8,863,619.
	3 Pledges and grants receivable, net	162,133.	3	166,054.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,530,940.		
	b Less: accumulated depreciation	10b 924,651.	695,295.	10c 606,289.
	11 Investments - publicly traded securities	139,528,622.	11	153,652,594.
	12 Investments - other securities. See Part IV, line 11	1,506,184.	12	2,023,608.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	88,258.	15	48,214.
16 Total assets. Add lines 1 through 15 (must equal line 33)	150,582,489.	16	165,360,378.	
Liabilities	17 Accounts payable and accrued expenses	277,409.	17	324,850.
	18 Grants payable	175,606.	18	191,955.
	19 Deferred revenue		19	
	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	238,585.	23	170,835.
	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	451,210.	25	372,304.
	26 Total liabilities. Add lines 17 through 25	1,142,810.	26	1,059,944.
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	149,035,553.	27	163,265,329.
	28 Net assets with donor restrictions	404,126.	28	1,035,105.
	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	149,439,679.	32	164,300,434.	
33 Total liabilities and net assets/fund balances	150,582,489.	33	165,360,378.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,138,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,239,929.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,898,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,439,679.
5	Net unrealized gains (losses) on investments	5	-191,124.
6	Donated services and use of facilities	6	46,327.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	107,086.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	164,300,434.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,602,263.	23,948,589.	16,040,227.	12,887,440.	16,164,839.	79,643,358.
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	10,602,263.	23,948,589.	16,040,227.	12,887,440.	16,164,839.	79,643,358.
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)						12,321,783.
6 Public support. Subtract line 5 from line 4.						67,321,575.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	10,602,263.	23,948,589.	16,040,227.	12,887,440.	16,164,839.	79,643,358.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,963,386.	3,051,325.	3,582,363.	4,168,400.	5,986,845.	18,752,319.
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.)					8,470.	8,470.
11 Total support. Add lines 7 through 10						98,404,147.
12 Gross receipts from related activities, etc. (see instructions)					12	77,027.
13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	68.41	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	68.41	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>		
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Lined area for supplemental information.

PUBLIC DISCLOSURE COPY

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number

42-1526614

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J 	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	S 	\$ 1,000,050.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	 	\$ 900,315.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	 	\$ 835,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	 	\$ 725,119.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	 	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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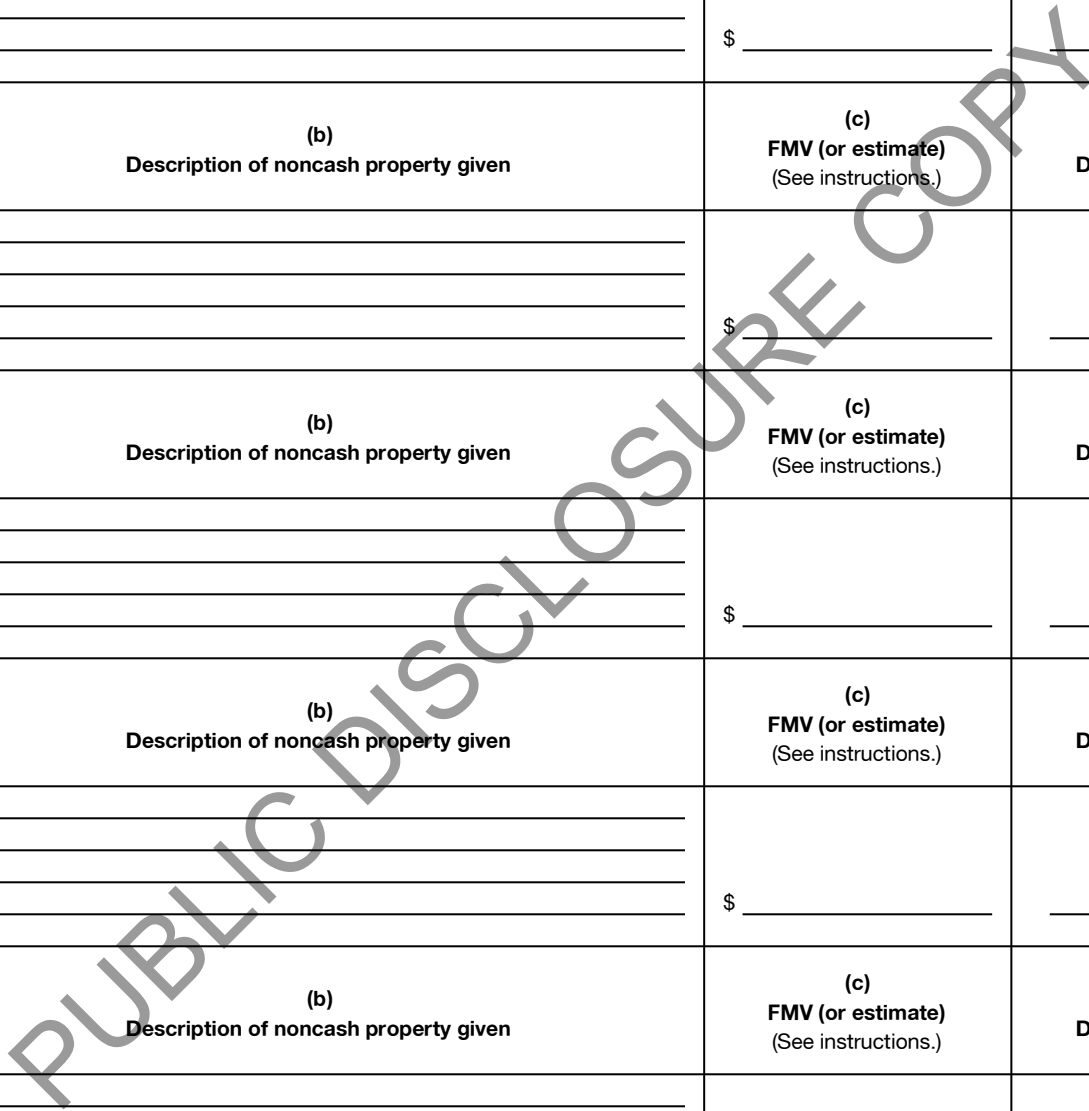
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 415,020.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 341,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 337,364.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

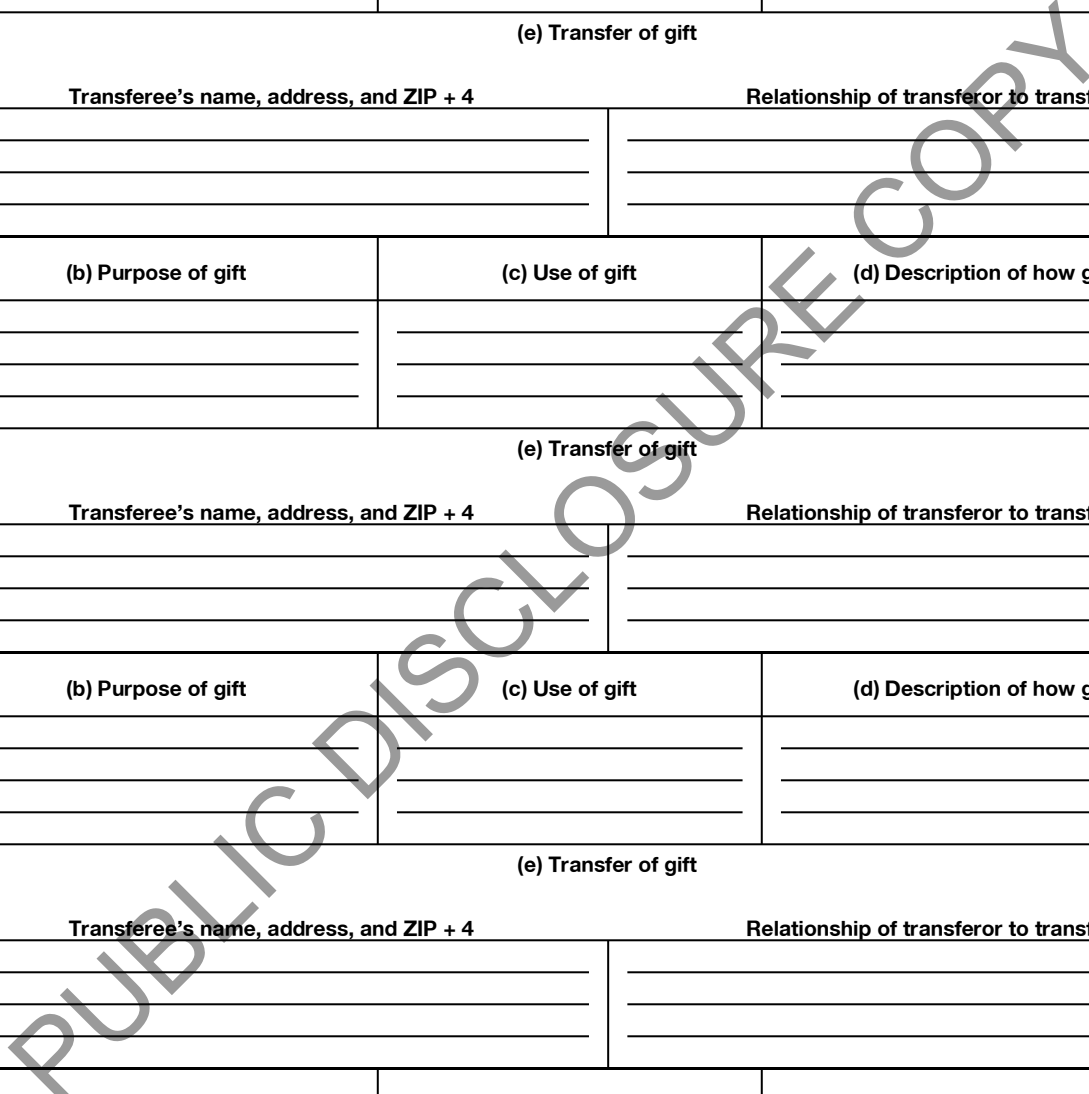
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



Name of organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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



SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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	236	337
2 Aggregate value of contributions to (during year)	4,332,114.	5,510,149.
3 Aggregate value of grants from (during year)	2,855,660.	1,884,580.
4 Aggregate value at end of year	54,505,614.	25,035,724.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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 make 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 program
- e Other _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	117,399,826.	100,444,711.	114,925,307.	85,617,806.	77,352,153.
b Contributions	9,001,959.	7,812,464.	6,501,368.	21,110,716.	3,961,000.
c Net investment earnings, gains, and losses	10,191,085.	14,854,932.	-15,308,930.	15,185,834.	8,460,860.
d Grants or scholarships	4,192,037.	3,980,748.	3,946,119.	5,373,738.	2,872,613.
e Other expenditures for facilities and programs	3,271.	-51,339.	1,756.	-20,065.	
f Administrative expenses	2,013,559.	1,782,872.	1,725,159.	1,635,376.	1,283,594.
g End of year balance	130,384,003.	117,399,826.	100,444,711.	114,925,307.	85,617,806.

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

- a Board designated or quasi-endowment 100 %
- b Permanent endowment .0000 %
- c Term endowment .0000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,530,940.	924,651.	606,289.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				606,289.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	258,974.
(3) AMOUNTS DUE UNDER ANNUITY AGREEMENT	22,427.
(4) OPERATING LEASE LIABILITY	90,903.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,974,864.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-191,124.
b	Donated services and use of facilities	2b	46,327.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	176,379.
e	Add lines 2a through 2d	2e	31,582.
3	Subtract line 2e from line 1	3	26,943,282.
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	395,587.
b	Other (Describe in Part XIII.)	4b	1,799,526.
c	Add lines 4a and 4b	4c	2,195,113.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,138,395.

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	12,390,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	69,293.
e	Add lines 2a through 2d	2e	69,293.
3	Subtract line 2e from line 1	3	12,321,478.
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	395,587.
b	Other (Describe in Part XIII.)	4b	1,522,864.
c	Add lines 4a and 4b	4c	1,918,451.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,239,929.

Part XIII Supplemental Information

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

PART V, LINE 4:

EARNINGS ON ENDOWMENTS ARE USED FOR CHARITABLE PURPOSES.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS AN IOWA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS FOUNDATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHG IN VALUE OF SPLIT INTEREST AGREEMENTS	107,086.
FUNDRAISING EXPENSES NET WITH REVENUE	69,293.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	176,379.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FAS 136	1,799,526.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NET WITH REVENUE	69,293.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FAS 136	1,522,864.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUNDRAISING (event type)	FUNDRAISING (event type)	16 (total number)	
Revenue	1 Gross receipts	129,534.	69,359.	94,739.	293,632.
	2 Less: Contributions	65,850.	2,500.	63,004.	131,354.
	3 Gross income (line 1 minus line 2)	63,684.	66,859.	31,735.	162,278.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,231.		1,585.	3,816.
	7 Food and beverages	16,580.		1,850.	18,430.
	8 Entertainment			16,817.	16,817.
	9 Other direct expenses	9,341.		20,889.	30,230.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				69,293.
11 Net income summary. Subtract line 10 from line 3, column (d)				92,985.	

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))
		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: _____

Part IV Supplemental Information *(continued)*

PUBLIC DISCLOSURE COPY

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBRECHT ACRES FOUNDATION 2894 THORNWOOD CT DUBUQUE, IA 52003	42-1423952	501(C)(3)	25,120.	0.			COMMUNITY SUPPORT
ALL SQUARE 4047 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	81-3572476	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
ALLAMAKEE COMMUNITY SCHOOL DISTRICT - 1059 3RD AVE NE - WAUKON, IA 52172	42-6036591	170(C)(1)	22,540.	0.			EDUCATION
ALLAMAKEE SCHOLARSHIP FUND PO BOX 144 WAUKON, IA 52172	46-5059446	501(C)(3)	14,950.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY IOWA HOPE LODGE - PO BOX 715 - DES MOINES, IA 50303	13-1788491	501(C)(3)	20,747.	0.			HEALTH
BECKMAN CATHOLIC HIGH SCHOOL 1325 - 9TH ST SE DYERSVILLE, IA 52040	42-0923753	501(C)(3)	67,810.	0.			EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **233.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELL TOWER PRODUCTION & DINNER THEATER - 2728 ASBURY RD - DUBUQUE, IA 52001	87-0690005	501(C)(3)	20,136.	0.			COMMUNITY SUPPORT
BETHANY HOME 1005 LINCOLN AVE DUBUQUE, IA 52001	42-0698260	501(C)(3)	8,490.	0.			COMMUNITY SUPPORT
BOYS AND GIRLS CLUB OF GREATER DUBUQUE - 1299 LOCUST ST - DUBUQUE, IA 52001	42-0710263	501(C)(3)	137,562.	0.			COMMUNITY SUPPORT
CAMP COURAGEOUS OF IOWA 12007 - 190TH ST MONTICELLO, IA 52310-0418	23-7210932	501(C)(3)	32,415.	0.			COMMUNITY SUPPORT
CARNEGIE-STOUT PUBLIC LIBRARY FOUNDATION - PO BOX 27 - DUBUQUE, IA 52001	42-1452704	501(C)(3)	12,460.	0.			COMMUNITY SUPPORT
CENTRAL DEWITT COMMUNITY SCHOOLS DISTRICT - 331 E 8TH ST PO BOX 110 - DEWITT, IA 52742	42-6040381	170(C)(1)	9,673.	0.			EDUCATION
CENTRALLY ROOTED 2230 CENTRAL AVE DUBUQUE, IA 52001	88-3971688	501(C)(3)	70,180.	0.			COMMUNITY SUPPORT
CITY OF EARLVILLE 19 NORTHERN AVE. EARLVILLE, IA 52041	42-6004618	170(C)(1)	9,500.	0.			COMMUNITY SUPPORT
CITY OF ELKADER PO BOX 427 ELKADER, IA 52043	42-6004633	170(C)(1)	11,451.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GRAND MOUND 615 SUNNYSIDE ST PO BOX 206 GRAND MOUND, IA 52751	42-6004721	170(C)(1)	7,200.	0.			COMMUNITY SUPPORT
CITY OF MONTICELLO 200 E 1ST ST MONTICELLO, IA 52310	42-6004981	170(C)(1)	23,558.	0.			COMMUNITY SUPPORT
CITY OF POSTVILLE 147 N. LAWLER STREET POSTVILLE, IA 52162	42-6005131	170(C)(1)	11,996.	0.			COMMUNITY SUPPORT
CITY OF WAUKON 101 ALLAMAKEE ST WAUKON, IA 52172	42-6005340	170(C)(1)	89,781.	0.			COMMUNITY SUPPORT
CLARKE UNIVERSITY 1550 CLARKE DRIVE DUBUQUE, IA 52001	42-0680408	501(C)(3)	41,503.	0.			EDUCATION
CLAYTON RIDGE COMMUNITY SCHOOL DISTRICT - PO BOX 520 - GUTTENBERG, IA 52052	68-0596369	170(C)(1)	6,990.	0.			COMMUNITY SUPPORT
CLINTON COUNTY AGRICULTURAL SOCIETY - 328 E 8TH ST - DEWITT, IA 52742	42-6075529	501(C)(3)	8,369.	0.			COMMUNITY SUPPORT
COLTS YOUTH ORGANIZATION 2300 TWIN VALLEY DR DUBUQUE, IA 52003	42-1057444	501(C)(3)	6,474.	0.			COMMUNITY SUPPORT
COMPASS TO CARE 900 JACKSON ST, STE LL5 DUBUQUE, IA 52001	27-0885690	501(C)(3)	23,087.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVIVIVUM URBAN FARMSTEAD 2811 JACKSON ST DUBUQUE, IA 52001	47-2427763	501(C)(3)	34,200.	0.			COMMUNITY SUPPORT
CRESCENT COMMUNITY HEALTH CENTER 1690 ELM STREET SUITE 300 DUBUQUE, IA 52001	48-1302204	501(C)(3)	1,292,499.	0.			HEALTH
DELAWARE COUNTY FAIR SOCIETY 200 EAST ACERS STREET MANCHESTER, IA 52057	42-0937294	501(C)(3)	10,500.	0.			COMMUNITY SUPPORT
DEWITT COMMUNITY HOSPITAL FOUNDATION - 1118 - 11TH ST - DEWITT, IA 52742	39-1883528	501(C)(3)	10,584.	0.			COMMUNITY SUPPORT
DUBUQUE ARBORETUM 3800 ARBORETUM DR DUBUQUE, IA 52001	42-1160989	501(C)(3)	44,478.	0.			COMMUNITY SUPPORT
DUBUQUE AREA CHAMBER OF COMMERCE 300 MAIN ST, SUITE 200 DUBUQUE, IA 52001	42-0223700	170(C)(1)	7,000.	0.			COMMUNITY SUPPORT
DUBUQUE ARTS COUNCIL 2728 ASBURY RD STE 220 DUBUQUE, IA 52001	42-1051941	501(C)(3)	8,250.	0.			COMMUNITY SUPPORT
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY RD DUBUQUE, IA 52001-3095	42-6001531	170(C)(1)	208,754.	0.			EDUCATION
DUBUQUE COUNTY EARLY CHILDHOOD 2310 CHANEY ROAD DUBUQUE, IA 52001	20-8792057	501(C)(3)	5,300.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE COUNTY HISTORICAL SOCIETY 350 E THIRD ST DUBUQUE, IA 52001	42-6072050	501(C)(3)	50,700.	0.			COMMUNITY SUPPORT
DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001	42-1270933	501(C)(3)	35,876.	0.			COMMUNITY SUPPORT
DUBUQUE DREAM CENTER INC 1600 WHITE STREET DUBUQUE, IA 52001	81-1062794	501(C)(3)	34,929.	0.			COMMUNITY SUPPORT
DUBUQUE FOOD PANTRY 1310 WHITE ST DUBUQUE, IA 52001	42-1310910	501(C)(3)	29,663.	0.			COMMUNITY SUPPORT
DUBUQUE HUMANE SOCIETY 4242 CHAVENELLE RD DUBUQUE, IA 52002	42-6039535	501(C)(3)	47,988.	0.			COMMUNITY SUPPORT
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	26-2227941	501(C)(3)	25,254.	0.			HEALTH
DUBUQUE MUSEUM OF ART 701 LOCUST ST DUBUQUE, IA 52001	42-1071185	501(C)(3)	45,093.	0.			COMMUNITY SUPPORT
DUBUQUE RESCUE MISSION PO BOX 147 DUBUQUE, IA 52001	42-0844836	501(C)(3)	122,570.	0.			COMMUNITY SUPPORT
DUBUQUE SENIOR HIGH SCHOOL 1800 CLARKE DR DUBUQUE, IA 52001	42-1385974	170(C)(1)	40,859.	0.			EDUCATION

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DUBUQUE SYMPHONY ORCHESTRA 2728 ASBURY RD, STE 900 DUBUQUE, IA 52001	23-7429727	501(C)(3)	123,744.	0.			COMMUNITY SUPPORT
DURIDE 2728 ASBURY RD, SUITE 330 DUBUQUE, IA 52001	26-2988507	501(C)(3)	6,934.	0.			COMMUNITY SUPPORT
DYERSVILLE HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	20-5383271	501(C)(3)	24,010.	0.			HEALTH
EARLVILLE UNITED PARISH 111 N WEST ST EARLVILLE, IA 52041	42-1240340	501(C)(3)	32,110.	0.			COMMUNITY SUPPORT
EASTLAND COMMUNITY UNIT SCHOOL DISTRICT #308 - 500 S SCHOOL DR - LANARK, IL 61046	93-9744330	170(C)(1)	13,500.	0.			EDUCATION
EASTON VALLEY SCHOOL DISTRICT 321 W SCHOOL ST PRESTON, IA 52069	61-1707158	170(C)(1)	11,375.	0.			EDUCATION
EDGEWOOD-COLESBURG SCHOOL DISTRICT 403 W UNION ST PO BOX 316 EDGEWOOD, IA 52042	42-6040190	170(C)(1)	8,995.	0.			COMMUNITY SUPPORT
EDGEWOOD-COLESBURG SCHOOL DISTRICT - HIGH SCHOOL - 403 W UNION ST PO BOX 316 - EDGEWOOD, IA 52042	42-6040190	170(C)(1)	6,850.	0.			EDUCATION
EWALU CAMP AND RETREAT CENTER 37776 ALPHA AVE STRAWBERRY POINT, IA 52076	42-0865245	501(C)(3)	62,598.	0.			COMMUNITY SUPPORT

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FAIRVIEW CEMETERY 708 CHARLOTTE ST EARLVILLE, IA 52041	42-0240172	501(C)(13)	7,520.	0.			COMMUNITY SUPPORT
FAMILIES HELPING FAMILIES OF IOWA 6000 7TH ST SW CEDAR RAPIDS, IA 52404	71-0985937	501(C)(3)	6,400.	0.			COMMUNITY SUPPORT
FEED MY STARVING CHILDREN 740 WILEY FARM CT SCHAUMBURG, IL 60173	41-1601449	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
FINLEY HEALTH FOUNDATION 350 N GRANDVIEW AVE, SUITE C DUBUQUE, IA 52001	42-1286953	501(C)(3)	17,614.	0.			HEALTH
FIRST CHILDREN'S FINANCE 212 - 3RD AVE N, STE 310 MINNEAPOLIS, MN 55401	41-1694837	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
FOUNDATION OF CORNERSTONE COMMUNITIES - 200 MAIN ST PO BOX 550 - GUTTENBERG, IA 52052	61-1946694	501(C)(3)	37,730.	0.			COMMUNITY SUPPORT
FOUNTAIN OF YOUTH PROGRAM 220 W 7TH ST, SUITE 101 DUBUQUE, IA 52001	81-3722764	501(C)(3)	40,544.	0.			COMMUNITY SUPPORT
FOUR MOUNDS FOUNDATION 4900 PERU RD DUBUQUE, IA 52001	42-1265303	501(C)(3)	10,230.	0.			COMMUNITY SUPPORT
FOUR OAKS FAMILY AND CHILDRENS SERVICES - 2460 KERPER BLVD., STE 701 - DUBUQUE, IA 52001-4809	42-0998726	501(C)(3)	6,101.	0.			COMMUNITY SUPPORT

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FRIENDS OF ST. MARY'S PO BOX 3188 DUBUQUE, IA 52001	46-4898142	501(C)(3)	7,390.	0.			COMMUNITY SUPPORT
GALENA ART AND RECREATION CENTER 413 S BENCH ST GALENA, IL 61036	36-2616288	501(C)(3)	12,960.	0.			COMMUNITY SUPPORT
GIGI'S PLAYHOUSE INC 6507 UNIVERSITY AVE WINDSOR HEIGHTS, IA 50324	61-1611262	501(C)(3)	36,240.	0.			COMMUNITY SUPPORT
GUTTENBERG FIRE ASSOCIATION PO BOX 74 GUTTENBERG, IA 52052	26-4429816	501(C)(3)	5,160.	0.			COMMUNITY SUPPORT
HIGHLAND CEMETERY 503 CHESTNUT ST SE ELKADER, IA 52043	68-0592419	501(C)(13)	6,220.	0.			COMMUNITY SUPPORT
HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001	42-0680411	501(C)(3)	13,865.	0.			COMMUNITY SUPPORT
HILLS AND DALES CHILD DEVELOPMENT CENTER - 1011 DAVIS ST - DUBUQUE, IA 52001	42-1388270	501(C)(3)	45,199.	0.			COMMUNITY SUPPORT
HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE ST DUBUQUE, IA 52001-0538	42-0792429	501(C)(3)	202,165.	0.			EDUCATION
HOSPICE OF DUBUQUE 1670 JOHN F. KENNEDY ROAD DUBUQUE, IA 52002	42-1205973	501(C)(3)	36,296.	0.			HEALTH

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INSPIRATION STABLES INC PO BOX 16 PEOSTA, IA 52068	82-3470817	501(C)(3)	59,948.	0.			COMMUNITY SUPPORT
JONES REGIONAL MEDICAL CENTER FOUNDATION - 1795 HWY 64 EAST - ANAMOSA, IA 52205	42-1429225	501(C)(3)	13,480.	0.			HEALTH
JULIEN DUBUQUE INTERNATIONAL FILM FESTIVAL - PO BOX 735 - DUBUQUE, IA 52004-0735	26-4261800	501(C)(3)	29,900.	0.			COMMUNITY SUPPORT
JUNIOR ACHIEVEMENT OF THE HEARTLAND, INC. - 800 12TH AVE - MOLINE, IL 61265	36-2684253	501(C)(3)	10,490.	0.			COMMUNITY SUPPORT
LORAS COLLEGE 1450 ALTA VISTA DUBUQUE, IA 52004-0178	42-0680412	501(C)(3)	116,788.	0.			EDUCATION
MAQUOKETA COMMUNITY SCHOOLS 612 S VERMONT ST MAQUOKETA, IA 52060	42-6037701	170(C)(1)	29,493.	0.			EDUCATION
MAQUOKETA VALLEY DOLLARS FOR SCHOLARS - PO BOX 62 - DELHI, IA 52223	46-5193481	501(C)(3)	84,755.	0.			EDUCATION
MARQUETTE CATHOLIC SCHOOLS 502 FRANKLIN STREET BELLEVUE, IA 52031	42-0955523	501(C)(3)	65,865.	0.			EDUCATION
MCGREGOR COMMUNITY HOSPITAL PO BOX 503 MCGREGOR, IA 52157	42-0654030	501(C)(3)	5,780.	0.			HEALTH

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MFL MARMAC DOLLARS FOR SCHOLARS SOUTH MAIN STREET PO BOX 607 MONONA, IA 52159	04-2296967	501(C)(3)	21,350.	0.			EDUCATION
MONTICELLO IA MAIN STREET 101 E 1ST STREET PO BOX 711 MONTICELLO, IA 52310	88-3902320	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
MT. PLEASANT HOME 1695 MT PLEASANT ST DUBUQUE, IA 52001-4209	42-0698197	501(C)(3)	23,139.	0.			COMMUNITY SUPPORT
MULTICULTURAL FAMILY CENTER 1157 CENTRAL AVE DUBUQUE, IA 52001	27-0751743	501(C)(3)	9,508.	0.			COMMUNITY SUPPORT
NAMI - DUBUQUE 225 WEST 6TH STREET DUBUQUE, IA 52001	31-1492256	501(C)(3)	13,901.	0.			COMMUNITY SUPPORT
NATIONAL MISSISSIPPI RIVER MUSEUM & AQUARIUM - 350 E 3RD ST - DUBUQUE, IA 52001	42-6072050	501(C)(3)	138,119.	0.			COMMUNITY SUPPORT
NATIVITY CHURCH 1225 ALTA VISTA ST DUBUQUE, IA 52001	53-0196617	501(C)(3)	29,350.	0.			COMMUNITY SUPPORT
NEW HORIZONS OF SOUTHWEST FLORIDA PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA COMMUNITY COLLEGE FOUNDATION - 8342 NICC DRIVE - PEOSTA, IA 52068-9703	42-1178729	501(C)(3)	57,668.	0.			EDUCATION

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NORTHEAST IOWA SCHOOL OF MUSIC 2728 ASBURY RD, STE 200 DUBUQUE, IA 52001	42-1510485	501(C)(3)	36,217.	0.			EDUCATION
OHNWARD FINE ARTS CENTER 1215 E PLATT ST MAQUOKETA, IA 52060	42-1507636	501(C)(3)	5,020.	0.			COMMUNITY SUPPORT
OPENING DOORS 2100 ASBURY ROAD, SUITE 8 DUBUQUE, IA 52001	42-1490364	501(C)(3)	84,294.	0.			COMMUNITY SUPPORT
OUR LADY OF THE MISSISSIPPI ABBEY 8400 ABBEY HILL LANE DUBUQUE, IA 52003-9576	42-0878319	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
PIARIST SCHOOL PO BOX 369 HAGER HILL, KY 41222	61-1177865	501(C)(3)	10,000.	0.			EDUCATION
PRESTON FIRE COMPANY 14 N MITCHELL ST, PO BOX 438 PRESTON, IA 52069	42-1220037	501(C)(3)	14,250.	0.			COMMUNITY SUPPORT
REGIONAL MEDICAL CENTER 709 W MAIN ST, PO BOX 359 MANCHESTER, IA 52057	42-6037649	501(C)(3)	5,527.	0.			HEALTH
RESOURCES UNITE 1900 JOHN F KENNEDY RD DUBUQUE, IA 52002	36-4761269	501(C)(3)	36,706.	0.			COMMUNITY SUPPORT
RESURRECTION PARISH 4300 ASBURY RD DUBUQUE, IA 52002	42-0861036	501(C)(3)	7,534.	0.			COMMUNITY SUPPORT

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RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-3147342	501(C)(3)	14,644.	0.			COMMUNITY SUPPORT
RIVERVIEW CENTER, INC. 1789 ELM STREET STE C DUBUQUE, IA 52001	36-3920008	501(C)(3)	9,728.	0.			COMMUNITY SUPPORT
SACRED HEART CATHOLIC SCHOOL 806 EDDY ST MAQUOKETA, IA 52060	42-0725234	501(C)(3)	6,072.	0.			COMMUNITY SUPPORT
SAFE HAVEN HUMANE SOCIETY 1471 US HIGHWAY 20 W ELIZABETH, IL 61028	36-4242148	501(C)(3)	14,408.	0.			COMMUNITY SUPPORT
SISTERS OF CHARITY BVM 1100 CARMEL DR PO BOX 858 DUBUQUE, IA 52003	52-1235775	501(C)(3)	9,394.	0.			COMMUNITY SUPPORT
SISTERS OF ST. FRANCIS 3390 WINDSOR AVE DUBUQUE, IA 52001-1311	42-0757421	501(C)(3)	12,554.	0.			COMMUNITY SUPPORT
SISTERS OF THE PRESENTATION OF THE B.V.M. - 2360 CARTER ROAD - DUBUQUE, IA 52001	42-0681050	501(C)(3)	11,138.	0.			COMMUNITY SUPPORT
ST. COLUMBKILLE CATHOLIC CHURCH 1240 RUSH ST DUBUQUE, IA 52003	42-0680317	501(C)(3)	165,127.	0.			EDUCATION
ST. GILES PARISH 1025 COLUMBIAN AVE OAK PARK, IL 60302	36-2171014	501(C)(3)	10,300.	0.			COMMUNITY SUPPORT

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ST. JOHN'S LUTHERAN CHURCH 203 PEARL ST PO BOX 819 GUTTENBERG, IA 52052	42-1231792	501(C)(3)	41,460.	0.			COMMUNITY SUPPORT
ST. JOSEPH THE WORKER CATHOLIC CHURCH - 60 S ALGONA ST - DUBUQUE, IA 52001	42-0698063	501(C)(3)	54,110.	0.			COMMUNITY SUPPORT
ST. MARK YOUTH ENRICHMENT PO BOX 568 DUBUQUE, IA 52004	42-1338364	501(C)(3)	175,566.	0.			COMMUNITY SUPPORT
ST. MARY'S CATHOLIC CHURCH PO BOX 847 GUTTENBERG, IA 52052	42-0698075	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
ST. PATRICK SCHOOL 200 - 2ND ST SW WAUKON, IA 52172	42-0883540	501(C)(3)	10,440.	0.			COMMUNITY SUPPORT
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 401 S EGBERT ST PO BOX 1968 - MONONA, IA 52159	42-0810203	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
ST. PETER LUTHERAN CHURCH 3200 ASBURY RD DUBUQUE, IA 52001	42-6022856	501(C)(3)	34,000.	0.			COMMUNITY SUPPORT
STONEHILL BENEVOLENT FOUNDATION 3485 WINDSOR AVE DUBUQUE, IA 52001	42-1337556	501(C)(3)	15,840.	0.			HEALTH
STONEHILL COMMUNITIES 3485 WINDSOR AVE DUBUQUE, IA 52001-9282	51-0141775	501(C)(3)	60,933.	0.			HEALTH

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THE FROELICH FOUNDATION 24397 FROELICH RD MCGREGOR, IA 52157	42-1295071	501(C)(3)	18,073.	0.			COMMUNITY SUPPORT
TWO BY TWO CHARACTER DEVELOPMENT 3250 KENNEDY CIRCLE, SUITE 5 DUBUQUE, IA 52002	38-3908793	501(C)(3)	47,386.	0.			COMMUNITY SUPPORT
UNITED WAY OF DUBUQUE AREA TRI-STATES - 215 W 6TH ST - DUBUQUE, IA 52001	42-0761060	501(C)(3)	84,635.	0.			COMMUNITY SUPPORT
UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVE DUBUQUE, IA 52001	42-0680323	501(C)(3)	171,339.	0.			EDUCATION
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVE ST. PAUL, MN 55105	41-0693970	501(C)(3)	10,500.	0.			EDUCATION
UNIVERSITY OF WISCONSIN - PLATTEVILLE - 1 UNIVERSITY PLAZA - PLATTEVILLE, WI 53818	39-1805963	170(C)(1)	10,000.	0.			EDUCATION
UPPER EXPLORERLAND REGIONAL PLANNING COMMISSION - 325 WASHINGTON ST, SUITE A - DECORAH, IA 52101	42-1453295	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
VESTERHEIM NORWEGIAN AMERICAN MUSEUM - PO BOX 379 - DECORAH, IA 52101	42-6081638	501(C)(3)	5,500.	0.			COMMUNITY SUPPORT
VOLUNTEER IMMIGRANT APPOINTMENT TRANSPORTATION SERVICE (VIATS) - 6552 MITCHELL MILL RD - LA MOTTE, IA 52054-9531	88-1619741	501(C)(3)	13,000.	0.			COMMUNITY SUPPORT

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WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL DUBUQUE, IA 52003	42-0681105	501(C)(3)	14,274.	0.			COMMUNITY SUPPORT
WEST DELAWARE COMMUNITY SCHOOL DISTRICT - 605 NEW ST - MANCHESTER, IA 52057	42-6037588	170(C)(1)	10,880.	0.			EDUCATION
ABBE CENTER FOR COMMUNITY MENTAL HEALTH - 740 N 15TH AVE - HIAWATHA, IA 52233	42-1045257	501(C)(3)	7,222.	0.			HEALTH
ANAMOSA AREA AMBULANCE SERVICE 101 GRANT WOOD DRIVE ANAMOSA, IA 52205	42-1466284	501(C)(3)	6,165.	0.			COMMUNITY SUPPORT
ANAMOSA COMMUNITY SCHOOL DISTRICT 200 S GARNAVILLO ST. ANAMOSA, IA 52205	42-6036591	170(C)(1)	8,504.	0.			EDUCATION
ANAMOSA FESTIVALS P.O. BOX 13 ANAMOSA, IA 52205	26-3913375	501(C)(3)	8,850.	0.			COMMUNITY SUPPORT
ANDREW VOLUNTEER FIREMEN INC. 103 N. MARION ST. PO BOX 32 ANDREW, IA 52030	42-1179624	501(C)(3)	7,392.	0.			COMMUNITY SUPPORT
BELLEVUE COMMUNITY SCHOOLS 1601 STATE ST BELLEVUE, IA 52031	42-0862704	170(C)(1)	13,175.	0.			EDUCATION
CALAMUS WHEATLAND COMMUNITY SCHOOL DISTRICT - 110 EAST PARK ROAD PO BOX 279 - WHEATLAND, IA 52777	42-1353664	170(C)(1)	8,000.	0.			EDUCATION

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CASCADE ENHANCEMENT COMMITTEE PO BOX 400 CASCADE, IA 52033	06-1661058	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF DUBUQUE IOWA - 1229 MT LORETTA AVE - DUBUQUE, IA 52003	42-0680493	501(C)(3)	12,350.	0.			COMMUNITY SUPPORT
CATHOLIC FOUNDATION FOR THE ARCHDIOCESE OF DUBUQUE - 1229 MT LORETTA AVE - DUBUQUE, IA 52004	45-1740219	501(C)(3)	6,650.	0.			COMMUNITY SUPPORT
CENTENNIAL CROSS INCORPORATED PO BOX 1315 DUBUQUE, IA 52004	87-2345730	501(C)(3)	12,600.	0.			COMMUNITY SUPPORT
CENTRAL COMMUNITY HISTORICAL SOCIETY - 628-6TH AVE - DEWITT, IA 52742	42-1159131	501(C)(3)	7,270.	0.			COMMUNITY SUPPORT
CHILD DEVELOPMENT, INC. 101 CRESLANE DRIVE MAQUOKETA, IA 52060	42-1012881	501(C)(3)	51,000.	0.			COMMUNITY SUPPORT
CHILDREN'S CANCER CONNECTION 5701 GREENDALE ROAD JOHNSTON, IA 50131	42-1313167	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
CITY OF ANAMOSA 107 SOUTH FORD STREET ANAMOSA, IA 52205	42-6004229	170(C)(1)	7,800.	0.			COMMUNITY SUPPORT
CITY OF ANDREW 11 E. BENTON STREET ANDREW, IA 52030	42-1011807	170(C)(1)	6,000.	0.			COMMUNITY SUPPORT

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CITY OF CASCADE 320 - 1ST AVE W PO BOX 400 CASCADE, IA 52033	42-6004327	170(C)(1)	975,000.	0.			COMMUNITY SUPPORT
CITY OF CLINTON - PUBLIC LIBRARY 306 8TH AVE S CLINTON, IA 52732	42-6004399	170(C)(1)	7,693.	0.			COMMUNITY SUPPORT
CITY OF GUTTENBERG PO BOX 580 GUTTENBERG, IA 52052-0580	42-6004748	170(C)(1)	10,467.	0.			COMMUNITY SUPPORT
CITY OF HOPKINTON PO BOX 154 HOPKINTON, IA 52237-0154	42-6004774	170(C)(1)	13,020.	0.			COMMUNITY SUPPORT
CITY OF WATERVILLE 115 MAIN ST, UNIT 2 WATERVILLE, IA 52170	93-3872484	170(C)(1)	13,250.	0.			COMMUNITY SUPPORT
CLAYTON COUNTY ENERGY DISTRICT 29862 OSBORNER RD ELKADER, IA 52043	81-4518964	501(C)(3)	56,000.	0.			COMMUNITY SUPPORT
CLINTON HUMANE SOCIETY 1473 MAIN AVENUE CLINTON, IA 52732	42-0725193	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
COMMUNITY AMBULANCE SERVICE OF PRESTON IOWA - PO BOX 474 - PRESTON, IA 52069	42-6269563	501(C)(3)	7,000.	0.			COMMUNITY SUPPORT
DARBY FAMILY AQUATIC CENTER - CITY OF MONONA - PO BOX 298 - MONONA, IA 52159-0298	42-6004974	170(C)(1)	6,220.	0.			COMMUNITY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE COUNTY FAIR SOCIETY 200 EAST ACERS STREET MANCHESTER, IA 52057	42-0937294	501(C)(3)	10,500.	0.			COMMUNITY SUPPORT
DELAWARE COUNTY HISTORICAL SOCIETY PO BOX 70 HOPKINTON, IA 52237	42-1138582	501(C)(3)	8,870.	0.			COMMUNITY SUPPORT
DELTA WATERFOWL FOUNDATION 1412 BASIN AVE BISMARCK, ND 58504	53-0259796	501(C)(3)	28,595.	0.			COMMUNITY SUPPORT
DEWITT THEATER COMPANY PO BOX 13 DEWITT, IA 52742	42-1126075	501(C)(3)	5,294.	0.			COMMUNITY SUPPORT
DUBUQUE CHILDREN'S ZOO BOOSTERS 3115 IDEAL LN DUBUQUE, IA 52001	42-1053874	501(C)(3)	6,300.	0.			COMMUNITY SUPPORT
DUBUQUE COMMUNITY YMCA 35 N. BOOTH ST. DUBUQUE, IA 52001	42-0934471	501(C)(3)	68,331.	0.			COMMUNITY SUPPORT
DUBUQUE YOUTH HOCKEY ASSOCIATION 1800 ADMIRAL SHEEHY DR PO BOX 122 DUBUQUE, IA 52004-0122	42-1166823	501(C)(3)	38,370.	0.			COMMUNITY SUPPORT
FAMILY REACH FOUNDATION 142 BERKELEY STREET, SUITE 310 BOSTON, MA 02116	91-2192211	501(C)(3)	11,666.	0.			COMMUNITY SUPPORT
FOCUSING PHILANTHROPY INC 1637 16TH STREET SANTA MONICA, CA 90404	45-2405071	501(C)(3)	17,355.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF OLIN EMERGENCY SERVICES PO BOX 70 OLIN, IA 52320	47-1729077	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
GREATER DELAWARE COUNTY COMMUNITY FOUNDATION - 200 E MAIN ST - MANCHESTER, IA 52057	42-1045184	501(C)(3)	14,781.	0.			COMMUNITY SUPPORT
GREATER MONTICELLO COMMUNITY FOUNDATION - PO BOX 11 - MONTICELLO, IA 52310	42-1513024	501(C)(3)	5,250.	0.			COMMUNITY SUPPORT
GUTTENBERG ECONOMIC AND INDUSTRIAL DEVELOPMENT COMMITTEE - PO BOX 474 - GUTTENBERG, IA 52052	42-1228767	501(C)(3)	87,084.	0.			COMMUNITY SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL INC - 900 JACKON ST, STE LL5-2E - DUBUQUE, IA 52001	42-1365181	501(C)(3)	8,572.	0.			COMMUNITY SUPPORT
HARPERS FERRY AREA HERITAGE SOCIETY - PO BOX 262 - HARPERS FERRY, IA 52146	46-4504191	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
IA NICE INC 2457 HWY 30 DEWITT, IA 52742	92-0567714	501(C)(3)	6,200.	0.			COMMUNITY SUPPORT
INNOVATE 120 INC. 120 S MAIN ST MAQUOKETA, IA 52060	85-4085470	501(C)(3)	21,000.	0.			COMMUNITY SUPPORT
IOWA COLLEGE FOUNDATION 505 5TH AVE. #1034 DES MOINES, IA 50309	42-0745995	501(C)(3)	6,500.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA ENVIRONMENTAL COUNCIL 505 FIFTH AVE, STE 850 DES MOINES, IA 50309-2317	42-1436090	501(C)(3)	49,000.	0.			COMMUNITY SUPPORT
JACKSON COUNTY ENERGY DISTRICT 18670 63RD ST MAQUOKETA, IA 52060	84-2773508	501(C)(3)	35,000.	0.			COMMUNITY SUPPORT
JONES COUNTY CONSERVATION 12515 CENTRAL PARK ROAD CENTER JUNCTION, IA 52212	42-6004230	170(C)(1)	7,500.	0.			COMMUNITY SUPPORT
L'ARCHE COMMUNITY CLINTON 715 S 3RD ST CLINTON, IA 52733	42-1022789	501(C)(3)	7,516.	0.			COMMUNITY SUPPORT
LITTLE HEROES LEAGUE 4044 N LINCOLN AVE #149 CHICAGO, IL 60618	82-2475198	501(C)(3)	19,500.	0.			COMMUNITY SUPPORT
LUTHERAN SERVICES IN IOWA - DES MOINES - 3125 COTTAGE GROVE AVE - DES MOINES, IA 50311	42-0698267	501(C)(3)	14,020.	0.			COMMUNITY SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA INC 3009 - 100TH ST URBANDALE, IA 50322	42-1310530	501(C)(3)	22,500.	0.			COMMUNITY SUPPORT
MANCHESTER CEMETERY COMPANY 1223 N FRANKLIN ST MANCHESTER, IA 52057	42-0393000	501(C)(13)	6,568.	0.			COMMUNITY SUPPORT
MANCHESTER VITALITY ENDOWMENT PO BOX 147 MANCHESTER, IA 52057	93-4284350	501(C)(3)	7,836.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAQUOKETA ART EXPERIENCE LTD. 124 S. MAIN STREET, SUITE 1 MAQUOKETA, IA 52060	26-1771426	501(C)(3)	12,365.	0.			COMMUNITY SUPPORT
MAQUOKETA VALLEY ALLIANCE PO BOX 4 DELHI, IA 52223	26-1520489	501(C)(3)	15,760.	0.			COMMUNITY SUPPORT
MARY'S INN PO BOX 3338 DUBUQUE, IA 52004	36-4768362	501(C)(3)	27,606.	0.			COMMUNITY SUPPORT
NEW ALBIN CHARITIES INC PO BOX 1 NEW ALBIN, IA 52160	42-1456961	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA AREA AGENCY ON AGING INC. - 2728 ASBURY RD, SPRING BLDG #430 - DUBUQUE, IA 52001	52-1621262	501(C)(3)	7,750.	0.			COMMUNITY SUPPORT
PHEASANTS FOREVER, INC. 1783 BUERKLE CIRCLE SAINT PAUL, MN 55110	41-1429149	501(C)(3)	27,000.	0.			COMMUNITY SUPPORT
PRESENTATION LANTERN CENTER 900 JACKON ST, STE LL5-1 DUBUQUE, IA 52001	13-4224124	501(C)(3)	26,410.	0.			COMMUNITY SUPPORT
RIVER CITIES INFORMATION REFERRAL AND ASSISTANCE SERVICES - 219 1ST AVE - CLINTON , IA 52732	42-1342012	501(C)(3)	6,270.	0.			COMMUNITY SUPPORT
RIVER VALLEY INITIATIVE FOUNDATION 900 JACKSON ST #109 DUBUQUE, IA 52001	32-0051502	501(C)(3)	11,075.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKIN WITH THE SEALS REUNION INC. 14666 SOUTH BOND ST OLATHE, KS 66062	93-4816445	501(C)(3)	8,200.	0.			COMMUNITY SUPPORT
RURAL SCHOOLS COLLABORATIVE INC. PO BOX 1801 GALESBURG, IL 61402	47-1906248	501(C)(3)	5,600.	0.			EDUCATION
SALT AND LIGHT NFP 1819 S PHILO RD URBANA, IL 61802	32-0074485	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SALVATION ARMY - DISTRICT HEADQUARTERS - 5550 PRARIE STONE PARKWAY - HOFFMANN ESTATES, IL 60192	36-2167910	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
SCOUTING AMERICA, NORTHEAST IOWA COUNCIL - PO BOX 732 - DUBUQUE, IA 52004-0732	42-0680414	501(C)(3)	33,147.	0.			COMMUNITY SUPPORT
SLEEP IN HEAVENLY PEACE INC. 669 WEST QUINN ROAD, BLDG 42 POCATELLO, ID 83202	46-4346568	501(C)(3)	6,700.	0.			COMMUNITY SUPPORT
SOCIETY OF ST. VINCENT DE PAUL PARTICULAR COUNCIL CITY OF DUBUQUE - 4990 RADFORD ROAD - DUBUQUE, IA 52002	42-0890358	501(C)(3)	40,593.	0.			COMMUNITY SUPPORT
ST RAPHAEL CATHEDRAL CHURCH DUBUQUE IA - 231 BLUFF ST - DUBUQUE, IA 52001	42-0703275	501(C)(3)	33,900.	0.			COMMUNITY SUPPORT
ST. PAT'S CEMETERY ASSOCIATION 301 RIDGE AVE DELMAR, IA 52037	82-2802525	501(C)(13)	6,506.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF IOWA FOUNDATION - PO BOX 4550 - IOWA CITY, IA 52244	42-0796760	501(C)(3)	23,000.	0.			COMMUNITY SUPPORT
THE EDUCATION FOUNDATION OF CENTRAL DEWITT - PO BOX 41 - DEWITT, IA 52742	92-3546822	501(C)(3)	28,152.	0.			COMMUNITY SUPPORT
THE GRAND OPERA HOUSE 135 W 8TH ST DUBUQUE, IA 52001	42-1133812	501(C)(3)	11,179.	0.			COMMUNITY SUPPORT
THE LEARNING TREE CHILDCARE CENTER PO BOX 105 LANSING, IA 52151	92-3298353	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
THE PREGNANCY CENTER 3365 HILLCREST ROAD DUBUQUE, IA 52002	36-3918188	501(C)(3)	13,725.	0.			COMMUNITY SUPPORT
THE RED BASKET PROJECT 1169 IOWA ST DUBUQUE, IA 52001	84-2590318	501(C)(3)	5,020.	0.			COMMUNITY SUPPORT
THE S.O.U.R.C.E. 1166 1/2 MAIN ST PO BOX 942 DUBUQUE, IA 52001	20-3874661	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
THE SALVATION ARMY PO BOX 416 DUBUQUE, IA 52004-0416	13-5562351	501(C)(3)	8,300.	0.			COMMUNITY SUPPORT
TWIN RIVERS PHEASANTS FOREVER 301 EAST MAIN, PO BOX 228 ANAMOSA, IA 52205	41-1429149	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508	47-0379839	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
URBAN BICYCLE FOOD MISSION DUBUQUE PO BOX 3413 DUBUQUE, IA 52001	84-3203573	501(C)(3)	23,500.	0.			COMMUNITY SUPPORT
VETERANS MEMORIAL HOSPITAL 40 FIRST STREET SE WAUKON, IA 52172	42-1030129	170(C)(1)	18,000.	0.			COMMUNITY SUPPORT
WAUKON FIRE DEPARTMENT ASSOCIATION 618 WEST ST SW WAUKON, IA 52172	93-2499847	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
WYOMING FAIR ASSOCIATION, INC. 9172 HWY 64 WYOMING, IA 52362	42-1018621	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 E. 4TH ST. - DAVENPORT, IA 52801	42-0703278	501(C)(3)	39,750.	0.			COMMUNITY SUPPORT
YWCA OF CLINTON IOWA 317 - 7TH AVE S CLINTON, IA 52732	42-0716335	501(C)(3)	26,000.	0.			COMMUNITY SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	224	253,969.	0.		
CRESCENT CARES	21	70,000.	0.		

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

PART I, LINE 2:

THE UNRESTRICTED FUND IS A FUND FROM WHICH INCOME AND/OR PRINCIPAL MAY BE DISTRIBUTED TO CHARITIES DESIGNATED AS 501(C)(3) ORGANIZATIONS AND TO CHARITABLE CAUSES AND CONCERNS. APPLICATIONS FOR GRANTS MUST BE SUBMITTED BY ORGANIZATIONS. FROM THE APPLICATIONS SUBMITTED, A COMMITTEE ESTABLISHED BY THE BOARD WILL DECIDE WHICH ORGANIZATIONS GRANTS WILL BE AWARDED. THE BOARD OF DIRECTORS RETAINS COMPLETE DISCRETION AS TO THE SELECTION OF 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

Part IV Supplemental Information

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.

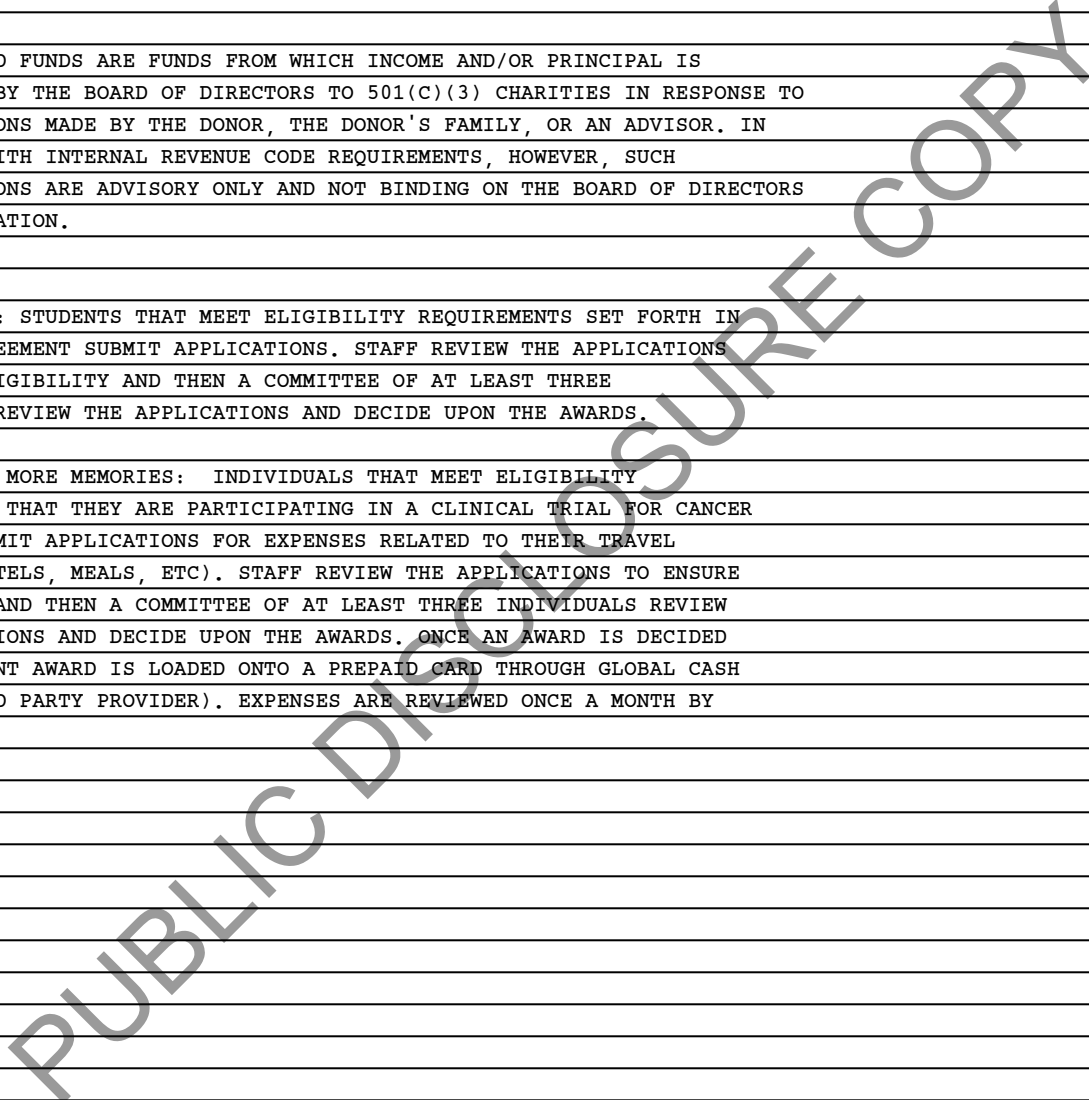
AGENCY ENDOWMENT FUNDS ARE FUNDS THAT MAY BE ESTABLISHED BY IRS 501(C)(3) ORGANIZATIONS FROM WHICH INCOME AND/OR PRINCIPAL MAY BE DISTRIBUTED BY THE BOARD OF DIRECTORS OF THE FOUNDATION FOR THE PARTICULAR ORGANIZATION'S OWN BENEFIT.

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.



**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

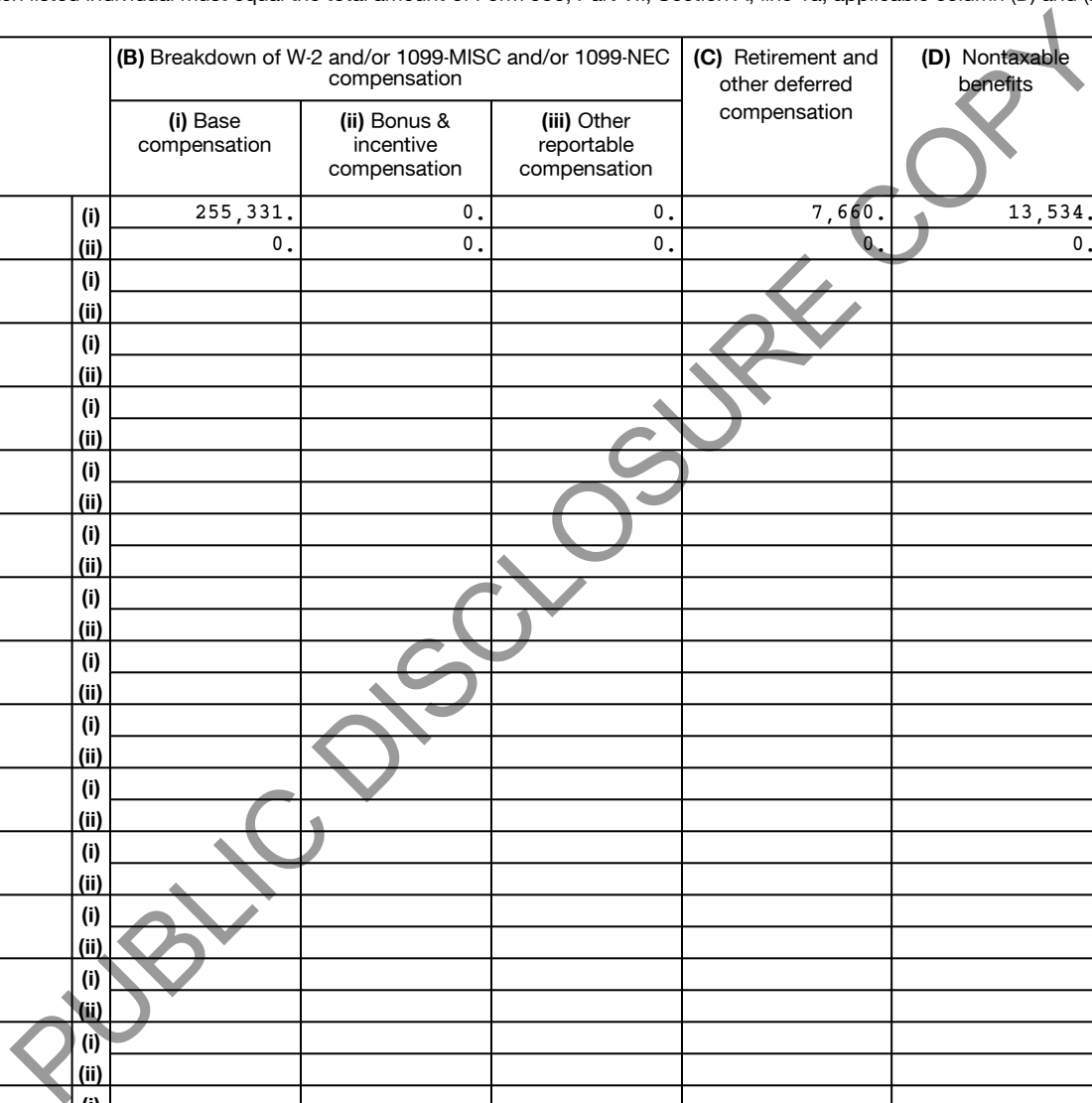
Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY VAN MILLIGEN PRESIDENT/CEO	(i)	255,331.	0.	0.	7,660.	13,534.	276,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

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

PART I, LINE 4B:

THE ORGANIZATION HAS A 457B PLAN FOR NANCY VAN MILLIGEN. IT WAS FUNDED BY
THE ORGANIZATION IN THE AMOUNT OF \$12,767 FOR THE CURRENT PERIOD.

PUBLIC DISCLOSURE COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number

42-1526614

Part I 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	107	2,354,821.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	38,000.	FAIR MARKET VALUE
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	6	39,250.	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 V, Donee Acknowledgement 29 1

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART 1 COL

B.

SCHEDULE M, PART I, LINE 32B:

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

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**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number

42-1526614

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TODAY AND TOMORROW AND THEN BUILDING THE PARTNERSHIPS AND ASSETS
NECESSARY TO ADDRESS THEM.

WE PERSONALLY ADVISE INDIVIDUALS, FAMILIES, CORPORATIONS AND NONPROFITS
TO HELP THEM BECOME MORE INVESTED IN OUR COMMUNITY'S SUCCESS TODAY AND
TOMORROW. ONE WAY WE DO THIS IS BY HELPING THEM BUILD ENDOWMENTS TO
CREATE PERMANENT, LOCALLY CONTROLLED POOLS OF ASSETS THAT SUPPORT THE
WORK OF LOCAL ORGANIZATIONS AND BUILD THEIR CAPACITY TO IMPROVE OUR
REGION. WE ALSO HELP GENEROUS PEOPLE AND ENTITIES BUILD NON-ENDOWED OR
PROJECT FUNDS THAT ALSO SERVE THE CHARITABLE NEEDS OF THE COMMUNITY
EFFECTIVELY AND EFFICIENTLY.

OUR WORK STRENGTHENING GREATER DUBUQUE'S NONPROFITSTHROUGH GRANTMAKING,
CAPACITY-BUILDING AND MOREHELPS THEM MAKE ESSENTIAL RESOURCES
ACCESSIBLE TO OUR ENTIRE COMMUNITY. TO UNDERSTAND HOW GRANTMAKING CAN
HAVE THE BIGGEST IMPACT, WE GATHER KNOWLEDGE ABOUT OUR COMMUNITY BY
LISTENING TO DIVERSE VOICES AND LEARNING ABOUT PRESSING NEEDS FROM
THOSE MOST AFFECTED AND USE THIS KNOWLEDGE TO DRIVE DECISION-MAKING. WE
ADMINISTER SEVERAL ANNUAL GRANTMAKING PROGRAMS: COMMUNITY IMPACT,
THEISEN'S MORE FOR YOUR COMMUNITY, YAPPERS, WOMEN'S GIVING CIRCLE AND
MEDIACOM ARTS AND CULTURE.

WE ALSO ASSIST IN THE GRANTMAKING PROCESS FOR OUR EIGHT AFFILIATE
FOUNDATIONS: ALLAMAKEE COMMUNITY FOUNDATION, CLAYTON COUNTY FOUNDATION
FOR THE FUTURE, FOUNDATION FOR THE FUTURE OF DELAWARE COUNTY,
DYERSVILLE AREA COMMUNITY FOUNDATION, COMMUNITY FOUNDATION OF JACKSON
COUNTY, JONES COUNTY COMMUNITY FOUNDATION, LINCOLNWAY COMMUNITY
FOUNDATION AND RIVER BLUFF COMMUNITY FOUNDATION. 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.

AS CONVENERS, WE BRING COMMUNITY MEMBERS TOGETHER TO ALIGN ON A SHARED
VISION FOR THE REGION AND DETERMINE WHAT WE CAN ALL DO TO HAVE A
LASTING IMPACT ON ITS FUTURE. THROUGH THOUGHTFUL COLLABORATION ACROSS
SECTORS, WE'RE UNIQUELY ABLE TO FACILITATE A CLEAR PATH TOWARD A STRONG
FUTURE FOR OUR COMMUNITY.

WE DO THIS BY FACILITATING MEETINGS, OFFERING EDUCATIONAL OPPORTUNITIES
AND LEADING INITIATIVES THAT INVOLVE DIVERSE COMMUNITY MEMBERS IN
DRIVING CHANGE. THESE INITIATIVES INCLUDE COMMUNITY HEART & SOUL, EVERY
CHILD READS, INCLUSIVE DUBUQUE, PROJECT HOPE, WOMEN'S GIVING CIRCLE AND
YAPPERS, AS WELL AS EFFORTS AIMED AT IMPROVING ACCESS TO CHILD CARE,
BRAIN HEALTH SERVICES AND RESOURCES AND JOBS FOR IMMIGRANT RESIDENTS.

GENEROSITY AND COLLABORATION FUEL EVERYTHING WE DO, AND EVERYONE HAS
SOMETHING TO CONTRIBUTE. VISIT DBQFOUNDATION.ORG TO LEARN ABOUT THE
MANY WAYS WE ARE BUILDING A STRONG, THRIVING GREATER DUBUQUE FOR ALL.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF NOT LESS THAN FIVE AND NOT MORE THAN
SEVEN DIRECTORS, INCLUDING THE CHAIR, VICE CHAIR, SECRETARY, TREASURER AND

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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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.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

ANY MEMBER OF THE FOUNDATION'S STAFF, BOARD OF DIRECTORS, AND OFFICERS MUST COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE CHAIR OF THE FOUNDATION AND THE EXECUTIVE DIRECTOR REVIEW THE SIGNED STATEMENTS. ANY POSSIBLE CONFLICTS ARE BROUGHT TO THE BOARD'S ATTENTION.

ANY MEMBER OF THE BOARD OF DIRECTORS WHO IS CONNECTED WITH A PROSPECTIVE GRANT RECIPIENT IN ANY OFFICIAL CAPACITY SHALL ABSTAIN FROM VOTING ON THE PROPOSED GRANT. THIS ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING AT WHICH SUCH VOTE OCCURS.

IF, BECAUSE OF SUCH ABSTENTIONS AT ANY SUCH MEETING OF THE BOARD OF DIRECTORS, A PARTICULAR GRANT WOULD FAIL FOR LACK OF A MAJORITY VOTE, SUCH A GRANT COULD BE MADE IF APPROVED IN WRITING BY AN ABSENT BUT DISINTERESTED MEMBER OR MEMBERS WITHIN A REASONABLE TIME AFTER THE DIRECTORS' MEETING AT WHICH THE GRANT PROPOSAL WAS FIRST CONSIDERED.

IF A SITUATION SHOULD ARISE IN WHICH A MAJORITY OF DIRECTORS WOULD BE DISQUALIFIED FROM VOTING ON A GRANT PROPOSAL BECAUSE OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY, THE BOARD MAY, AFTER FULL DISCLOSURE OF THE POTENTIAL CONFLICT AND BY MAJORITY AFFIRMATIVE VOTE, SUSPEND THE CONFLICT OF INTEREST POLICY AND PROCEED TO MAKE THE GRANT.

ALL DISCUSSION AND ACTION WITH RESPECT TO ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE ENTERED INTO THE MINUTES OF THE MEETINGS WHERE SUCH ACTION TAKES PLACE.

IT IS THE PRACTICE OF THE COMMUNITY FOUNDATION TO BUILD A WRITTEN RECORD OF ANY SPECIAL RELATIONSHIPS BETWEEN PROSPECTIVE GRANTEEES AND DIRECTORS, STAFF, OR THE FAMILY MEMBERS OF EITHER DIRECTORS OR STAFF FOR THE PURPOSE OF DOCUMENTING THE FACTUAL RECORD AND ENABLING FULL DISCLOSURE TO ALL DIRECTORS. SUCH RECORD SHALL BE KEPT WITH THE PERMANENT MINUTES OF THE BOARD PROCEEDINGS.

ANY PERSON HAVING KNOWLEDGE OF ANY ACTION OR CONDUCT IN VIOLATION OF THE POLICIES SHOULD REPORT THE INFORMATION TO THE CHAIR OF THE FOUNDATION BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

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 2022.

Name of the organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF LIFE INSURANCE 107,086.

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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATION OF GREATER DUBUQUE

Employer identification number
42-1526614

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFGD REAL ESTATE, LLC - 42-1526614 700 LOCUST STREET, SUITE 195 DUBUQUE, IA 52001	ASSIST COMMUNITY FOUNDATION OF GREATER DUBUQUE WITH CHARITABLE GIVING NEEDS	IOWA	38,000.	38,000.	COMMUNITY FOUNDATION OF GREATER DUBUQUE

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CFGD CHARITABLE TRUST - 35-6840681 700 LOCUST STREET, SUITE 195 DUBUQUE, IA 52001	SUPPORT THE COMMUNITY FOUNDATION OF GREATER DUBUQUE	IOWA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER DUBUQUE	X	

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

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

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

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

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

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

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. COMMUNITY FOUNDATION OF GREATER DUBUQUE	Taxpayer identification number (TIN) 42-1526614
	Number, street, and room or suite no. If a P.O. box, see instructions. 700 LOCUST ST, 195	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUBUQUE, IA 52001-6835	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of JASON ADAMS
700 LOCUST STREET, SUITE 195 - DUBUQUE, IA 52001

Telephone No. 563-588-2700 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.