

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending																													
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization COMMUNITY FOUNDATION OF GREATER DUBUQUE</td> <td>D Employer identification number 42-1526614</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 563-588-2700</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>700 LOCUST ST</td> <td>195</td> <td rowspan="2">G Gross receipts \$ 73,277,388.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code DUBUQUE, IA 52001-6835</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: NANCY VAN MILLIGEN 700 LOCUST STREET, SUITE 195, DUBUQUE, IA 5</td> <td>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">J Website: WWW.DBQFOUNDATION.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 2001</td> <td>M State of legal domicile: IA</td> </tr> </table>	C Name of organization COMMUNITY FOUNDATION OF GREATER DUBUQUE		D Employer identification number 42-1526614	Doing business as		E Telephone number 563-588-2700	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	700 LOCUST ST	195	G Gross receipts \$ 73,277,388.	City or town, state or province, country, and ZIP or foreign postal code DUBUQUE, IA 52001-6835		F Name and address of principal officer: NANCY VAN MILLIGEN 700 LOCUST STREET, SUITE 195, DUBUQUE, IA 5		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	J Website: WWW.DBQFOUNDATION.ORG		If "No," attach a list. See instructions	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶	L Year of formation: 2001		M State of legal domicile: IA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF GREATER DUBUQUE STRENGTHENS COMMUNITIES AND INSPIRES GIVING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,602,263.	23,948,589.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,012.	13,825.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,154,382.	13,670,615.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,280.	7,286.
		13,780,937.	37,640,315.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,367,061.	6,333,739.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,714,125.	1,900,485.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,171.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,392,847.	1,541,159.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,474,033.	9,775,383.	
19 Revenue less expenses. Subtract line 18 from line 12	4,306,904.	27,864,932.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	113,168,500.	145,486,240.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,501,040.	1,252,662.
		111,667,460.	144,233,578.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ NANCY VAN MILLIGEN, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KATHY FAIRCHILD	KATHY FAIRCHILD	11/10/22	<input type="checkbox"/>	P00222608
Preparer Use Only	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 400 LOCUST STREET, SUITE 640 DES MOINES, IA 50309-2354	Phone no. 515-558-6600			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

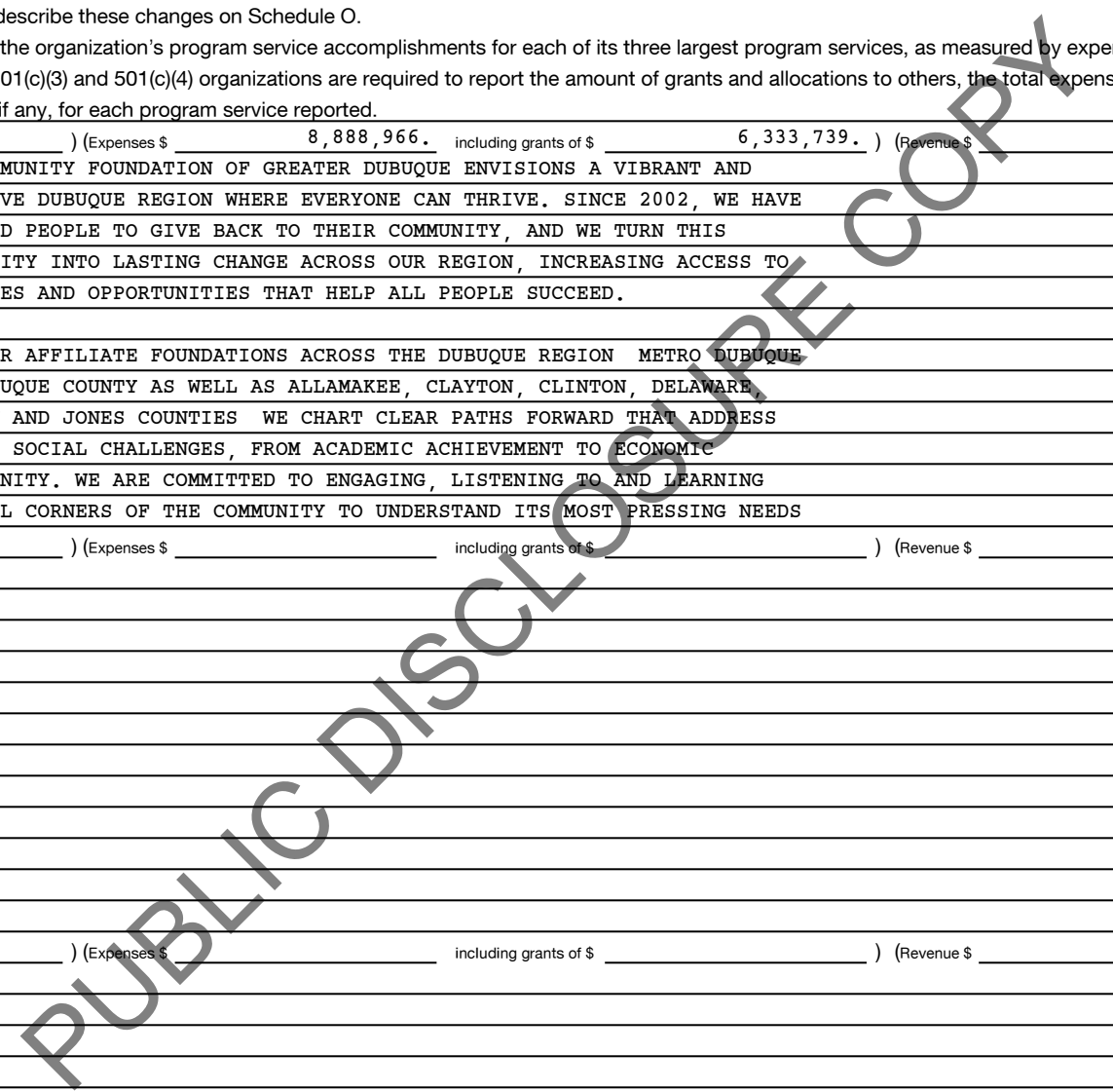
4a (Code:) (Expenses \$ 8,888,966. including grants of \$ 6,333,739.) (Revenue \$ 13,825.) THE COMMUNITY FOUNDATION OF GREATER DUBUQUE ENVISIONS A VIBRANT AND INCLUSIVE DUBUQUE REGION WHERE EVERYONE CAN THRIVE. SINCE 2002, WE HAVE INSPIRED PEOPLE TO GIVE BACK TO THEIR COMMUNITY, AND WE TURN THIS GENEROSITY 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 8,888,966.



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, and 20. Marked 'Yes' (X) in the Yes column 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, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, 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 response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c 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? a The organization's CEO, Executive Director, or top management official b 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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, 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 - SEE SCH J	40.00			X			319,593.	0.	20,475.	
(2) AMY MANTERNACH COO	36.00				X		134,033.	0.	6,408.	
(3) ROBERTA EARLES VP OF PHILANTHROPY/COMMUNICATIONS	40.00				X		118,676.	0.	3,560.	
(4) TERI ZUCCARO CHAIR	1.00	X		X			0.	0.	0.	
(5) TERRY FRIEDMAN VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) JANE MUELLER TREASURER	1.00	X		X			0.	0.	0.	
(7) ROBERT HOEFER SECRETARY	1.00	X		X			0.	0.	0.	
(8) CHAD CHANDLEE DIRECTOR	1.00	X					0.	0.	0.	
(9) CHRIS CORKEN DIRECTOR	1.00	X					0.	0.	0.	
(10) MIKE DONOHUE DIRECTOR	1.00	X					0.	0.	0.	
(11) NANCY DUNKEL DIRECTOR	1.00	X					0.	0.	0.	
(12) JIM GANTZ DIRECTOR	1.00	X					0.	0.	0.	
(13) NATALIE HOFFMANN DIRECTOR	1.00	X					0.	0.	0.	
(14) STEVE KAHLER DIRECTOR	1.00	X					0.	0.	0.	
(15) ABHAY RAWAL DIRECTOR	1.00	X					0.	0.	0.	
(16) NICOLE SALAZAR DIRECTOR	1.00	X					0.	0.	0.	
(17) KURT STRAND 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) CHERYL SYKE DIRECTOR	1.00	X						0.	0.	0.
(19) CHRIS THEISEN DIRECTOR	1.00	X						0.	0.	0.
(20) DR. LIANG CHEE WEE DIRECTOR	1.00	X						0.	0.	0.
(21) KEITH KRAMER SECRETARY (UNTIL 11/2021)	1.00	X						0.	0.	0.
(22) DR. JANE HASEK DIRECTOR (UNTIL 11/2021)	1.00	X						0.	0.	0.
(23) MARK WILLGING DIRECTOR (UNTIL 11/2021)	1.00	X						0.	0.	0.
1b Subtotal								572,302.	0.	30,443.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								572,302.	0.	30,443.

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 335,890.					
	b	Membership dues	1b					
	c	Fundraising events	1c 78,157.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 963,513.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 22,571,029.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 1,389,719.					
	h	Total. Add lines 1a-1f						23,948,589.
Program Service Revenue	2 a	MCCARTHY CENTER RENTAL	Business Code 900099	13,825.	13,825.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			13,825.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,051,325.			3,051,325.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	6 b	Less: rental expenses ...	6b					
	6 c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	7 a		46,249,344.					
	7 b	Less: cost or other basis and sales expenses	7b 35,630,054.					
7 c	Gain or (loss)	7c 10,619,290.						
d	Net gain or (loss)			10,619,290.		10,619,290.		
8 a	Gross income from fundraising events (not including \$ 78,157. of contributions reported on line 1c). See Part IV, line 18							
8 a		14,305.						
8 b	Less: direct expenses	8b 7,019.						
c	Net income or (loss) from fundraising events			7,286.		7,286.		
9 a	Gross income from gaming activities. See Part IV, line 19							
9 a								
9 b	Less: direct expenses	9b						
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	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			37,640,315.	13,825.	0.	13,677,901.	

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 ...	6,113,819.	6,113,819.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	219,920.	219,920.		
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	220,500.	148,546.	62,440.	9,514.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,447,237.	1,077,468.	314,880.	54,889.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,536.	1,089.	38,447.	
9 Other employee benefits	72,924.	53,609.	16,499.	2,816.
10 Payroll taxes	120,288.	83,559.	32,027.	4,702.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,624.	3,941.	25,497.	186.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	388,348.	304,284.	84,064.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	250,886.	240,697.	3,212.	6,977.
12 Advertising and promotion	59,742.	42,827.	14,604.	2,311.
13 Office expenses	57,534.	37,514.	18,208.	1,812.
14 Information technology	103,588.	68,405.	32,580.	2,603.
15 Royalties				
16 Occupancy	111,883.	76,947.	31,776.	3,160.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,388.	13,373.	6,395.	620.
20 Interest	41,297.	35,319.	5,373.	605.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,084.		84,084.	
23 Insurance	112,856.	104,164.	8,356.	336.
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 SPECIAL EVENT EXPENSES	177,587.	176,545.		1,042.
b MEMBERSHIPS AND PUBS	56,296.	44,337.	11,902.	57.
c DONOR/RELATIONS/MEETING	34,955.	31,117.	2,297.	1,541.
d MCCARTHY CENTER EXPENSE	12,091.	11,486.	605.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,775,383.	8,888,966.	793,246.	93,171.
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 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	6,260,014.	2	15,962,348.
	3 Pledges and grants receivable, net	258,859.	3	184,196.
	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 1,397,298.		
	b Less: accumulated depreciation	10b 614,772.	827,915.	10c 782,526.
	11 Investments - publicly traded securities	103,953,815.	11	126,589,910.
	12 Investments - other securities. See Part IV, line 11	1,867,897.	12	1,967,260.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	113,168,500.	16	145,486,240.	
Liabilities	17 Accounts payable and accrued expenses	330,470.	17	254,678.
	18 Grants payable	106,580.	18	143,987.
	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	673,598.	23	466,707.
	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	390,392.	25	387,290.
	26 Total liabilities. Add lines 17 through 25	1,501,040.	26	1,252,662.
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	111,483,685.	27	143,957,096.
	28 Net assets with donor restrictions	183,775.	28	276,482.
	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	111,667,460.	32	144,233,578.
33 Total liabilities and net assets/fund balances	113,168,500.	33	145,486,240.	

Part XI Reconciliation of Net Assets

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

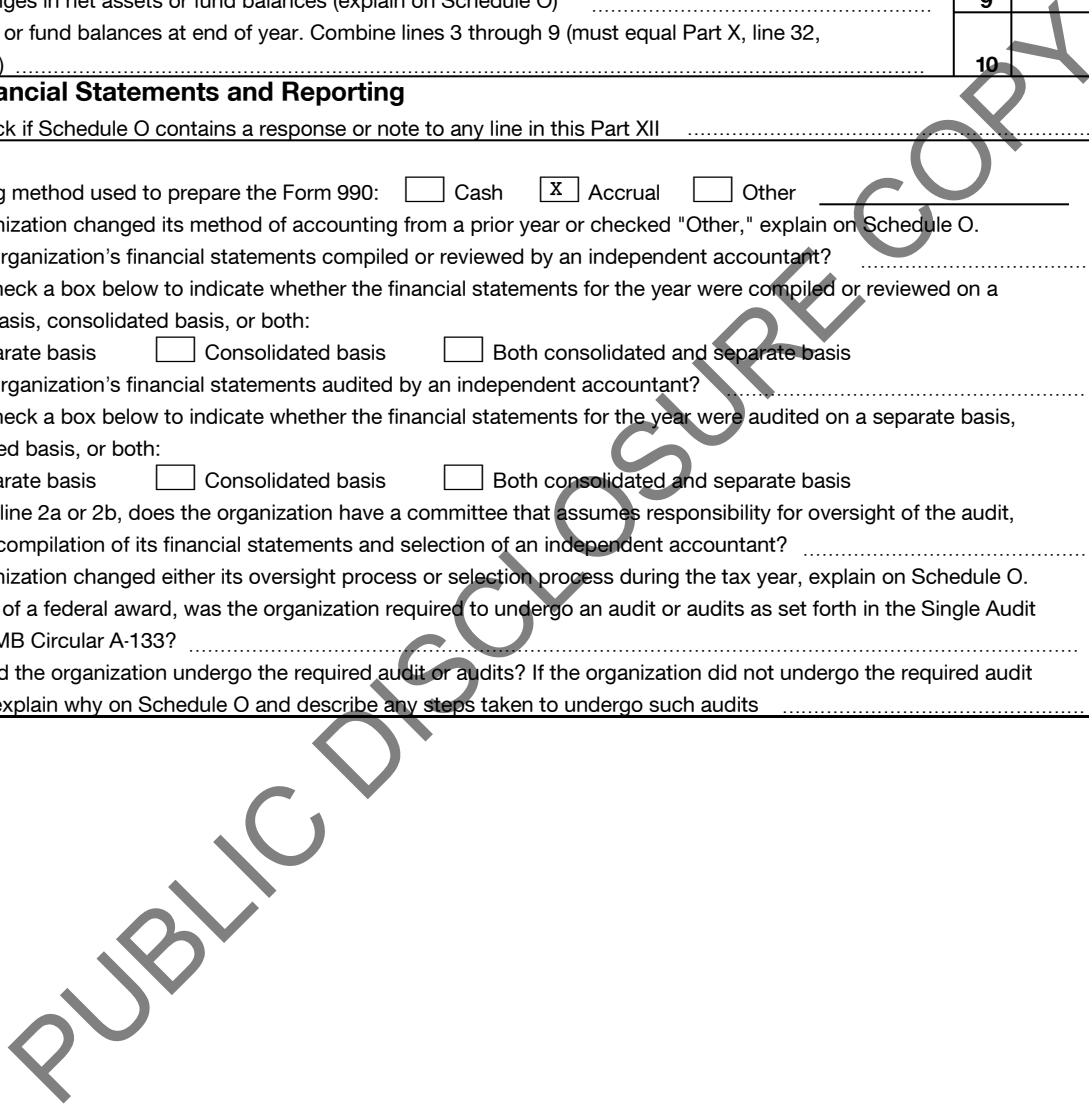
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,640,315.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,775,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,864,932.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111,667,460.
5	Net unrealized gains (losses) on investments	5	4,655,829.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	45,357.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	144,233,578.

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 Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Check box. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. 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; b 33 1/3% support test - 2020. 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; 17a 10% -facts-and-circumstances test - 2021. 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; b 10% -facts-and-circumstances test - 2020. 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; 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.

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 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 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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.		Yes	No
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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

PART II

2017 WAS A SHORT YEAR

PUBLIC DISCLOSURE COPY

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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.

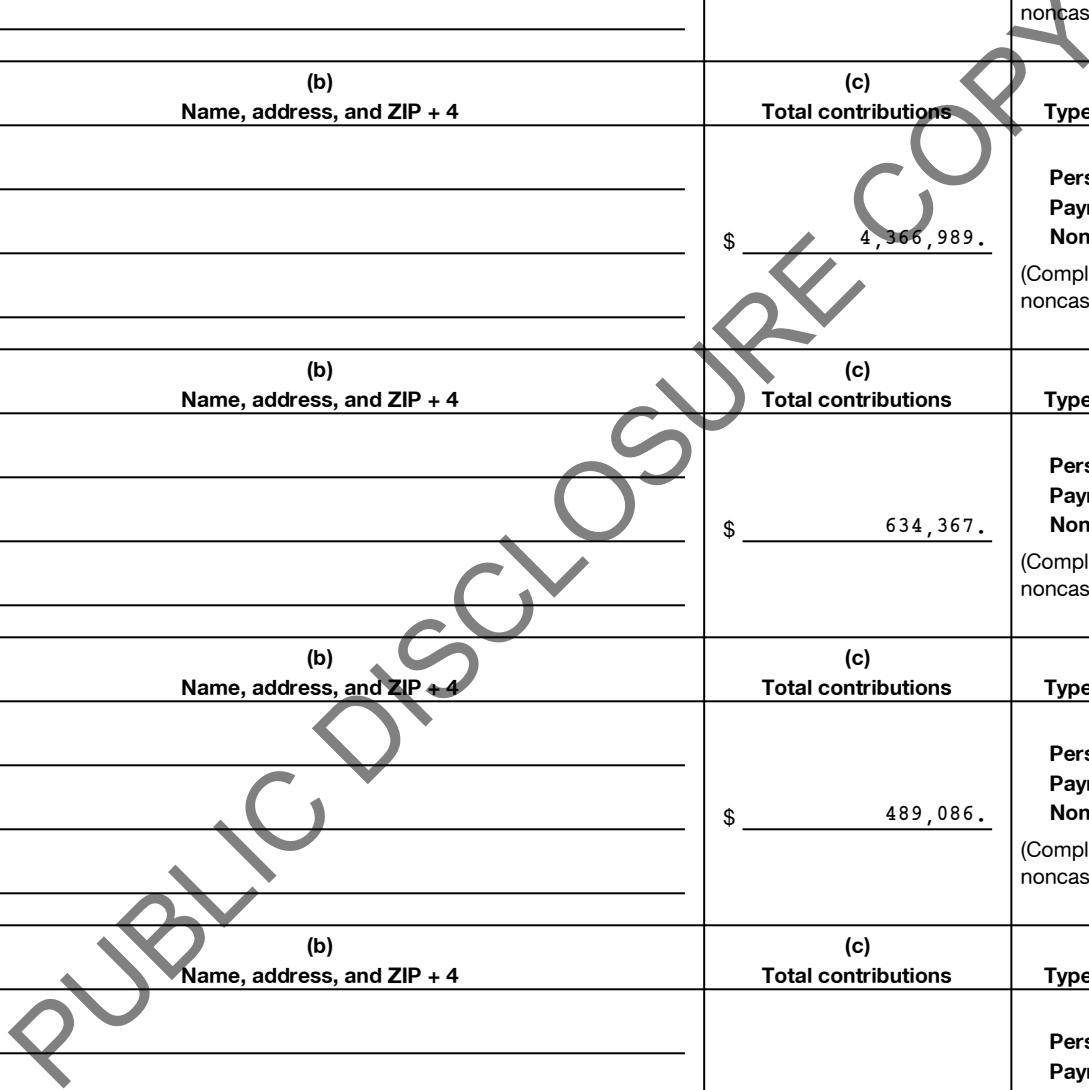
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter 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).

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	<hr/> <hr/> <hr/>	\$ 2,835,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,366,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 634,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 489,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 301,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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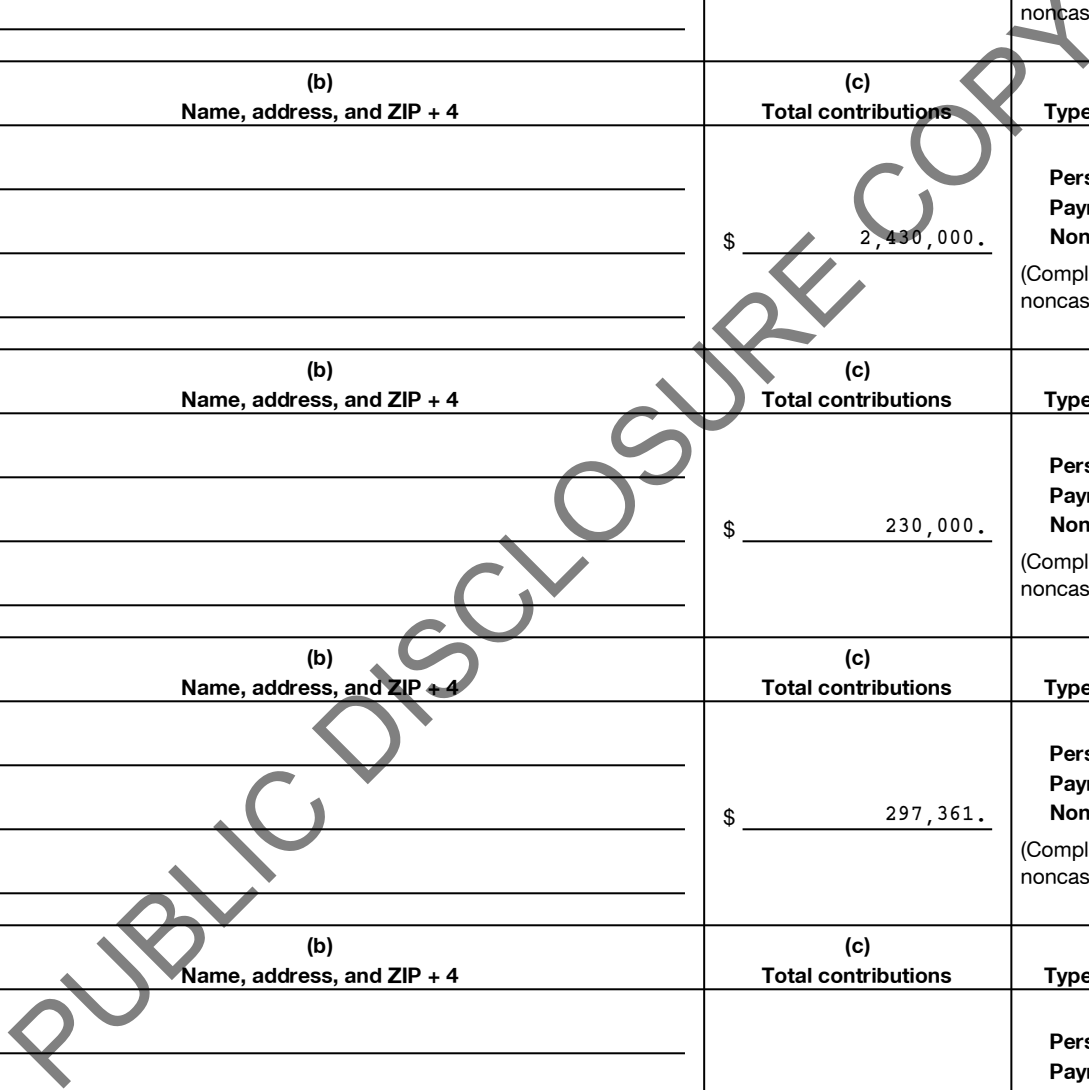
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,438,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>205,142.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>200,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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.

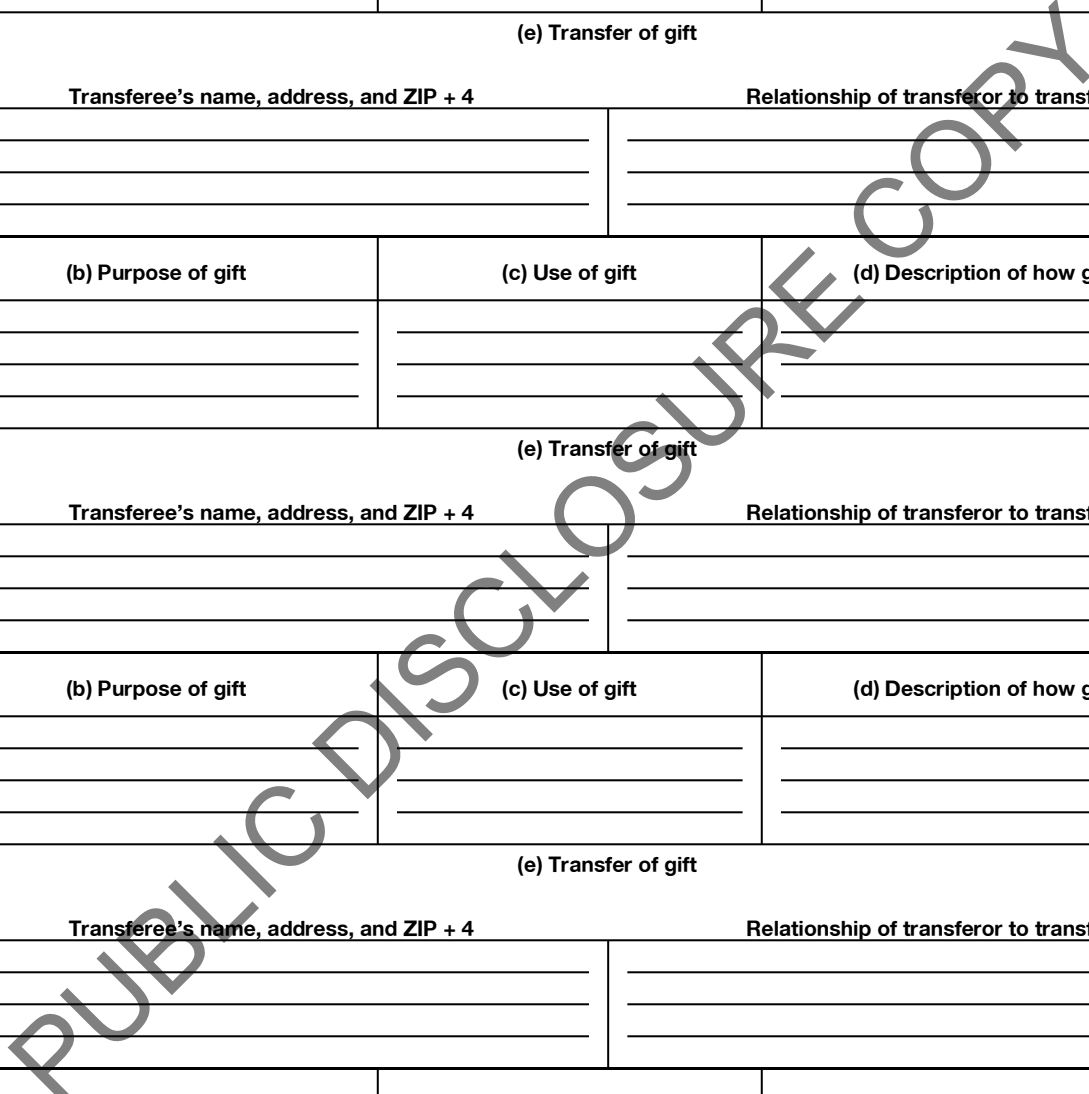
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 328,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 2,430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 297,361.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization 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)

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for types of easements, a table for tracking easements held at the end of the tax year, and questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	85,617,806.	77,352,153.	63,731,771.	68,237,406.	60,851,133.
b Contributions	21,110,716.	3,961,000.	4,986,472.	5,934,595.	3,430,820.
c Net investment earnings, gains, and losses	15,185,834.	8,460,860.	12,658,106.	-5,605,589.	4,699,356.
d Grants or scholarships	5,373,738.	2,872,613.	2,783,931.	3,657,737.	322,017.
e Other expenditures for facilities and programs	-20,065.				
f Administrative expenses	1,635,376.	1,283,594.	1,240,265.	1,176,904.	421,886.
g End of year balance	114,925,307.	85,617,806.	77,352,153.	63,731,771.	68,237,406.

- 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		1,397,298.	614,772.	782,526.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				782,526.

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	229,574.
(3) AMOUNTS DUE UNDER ANNUITY AGREEMENT	24,383.
(4) DEFERRED LEASE LIABILITY	133,333.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	38,246,257.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,655,829.
b	Donated services and use of facilities	2b	49,545.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	72,432.
e	Add lines 2a through 2d	2e	4,777,806.
3	Subtract line 2e from line 1	3	33,468,451.
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	286,283.
b	Other (Describe in Part XIII.)	4b	3,885,581.
c	Add lines 4a and 4b	4c	4,171,864.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	37,640,315.

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

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

1	Total expenses and losses per audited financial statements	1	9,032,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	49,545.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	27,074.
e	Add lines 2a through 2d	2e	76,619.
3	Subtract line 2e from line 1	3	8,956,261.
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	286,283.
b	Other (Describe in Part XIII.)	4b	532,839.
c	Add lines 4a and 4b	4c	819,122.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,775,383.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EARNINGS ON ENDOWMENTS ARE USED FOR CHARITABLE PURPOSES.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS AN IOWA NONPROFIT CORPORATION AND HAS BEEN

RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS

FOUNDATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE

CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI), AND HAS BEEN

DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE

FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT

FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS

Part XIII Supplemental Information (continued)

SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS

ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. MANAGEMENT HAS

DETERMINED THAT THE FOUNDATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME

TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

(FORM 990-T) WITH THE IRS.

MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES

RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE

IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHG IN VALUE OF SPLIT INTEREST AGREEMENTS IN REVENUE PER

FINANCIAL STMT	45,358.
----------------	---------

FUNDRAISING EXPENSES NET WITH REVENUE FOR FORM 990	7,019.
--	--------

SPECIAL EVENT EXPENSES NET WITH REVENUE FOR FORM 990	3,400.
--	--------

SPECIAL PROJECT EXPENSES NET WITH REVENUE FOR FORM 990	11,376.
--	---------

MISCELLANEOUS REVENUE FROM REFUNDS NETTED WITH EXPENSES	5,279.
---	--------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	72,432.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE

WITH FAS 136	3,885,581.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NET WITH REVENUE ON FORM 990	7,019.
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Part XIII Supplemental Information (continued)

SPECIAL EVENT EXPENSES NET WITH REVENUE FOR FORM 990 3,400.

SPECIAL PROJECT EXPENSES NET WITH REVENUE FOR FORM 990 11,376.

MISCELLANEOUS REVENUE FROM REFUNDS NETTED WITH EXPENSES 5,279.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 27,074.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NOT INCLUDED IN FINANCIAL STATEMENTS IN ACCORDANCE

WITH FAS 136 532,839.

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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))
		FDPS LUNCHEON (event type)	DINE OUT FOR PUBLIC SCHOOLS (event type)	15 (total number)	
Revenue	1 Gross receipts	35,250.	10,512.	46,700.	92,462.
	2 Less: Contributions	35,250.	10,512.	32,395.	78,157.
	3 Gross income (line 1 minus line 2)			14,305.	14,305.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses			7,019.	7,019.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,019.
11 Net income summary. Subtract line 10 from line 3, column (d)				7,286.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

PUBLIC DISCLOSURE COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**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)	8,880.	0.			COMMUNITY SUPPORT
ALL SQUARE 4047 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	81-3572476	501(C)(3)	53,500.	0.			COMMUNITY SUPPORT
ALLAMAKEE COMMUNITY SCHOOL DISTRICT - 1061 - 3RD AVE NW - WAUKON, IA 52172	42-6036591	170(C)(1)	20,710.	0.			EDUCATION
ALLAMAKEE COUNTY AGRICULTURAL SOCIETY - PO BOX 208 - WAUKON, IA 52172	42-6006498	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
ALLAMAKEE SCHOLARSHIP FUND PO BOX 144 WAUKON, IA 52172	46-5059446	501(C)(3)	9,060.	0.			EDUCATION
AMERICAN CANCER SOCIETY PO BOX 715 DES MOINES, IA 50303	13-1788491	501(C)(3)	15,360.	0.			HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 210.

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

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

Schedule I (Form 990) 2021

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
APUFRAM INTERNATIONAL PO BOX 10085 RUSSELLVILLE, AR 72812	27-0493212	501(C)(3)	9,000.	0.			COMMUNITY SUPPORT
AQUINAS COMMUNICATIONS INC. 2266 MARTIN DR PO BOX 3306 DUBUQUE, IA 52004	46-4382718	501(C)(3)	7,700.	0.			COMMUNITY SUPPORT
ARCHDIOCESE OF DUBUQUE 1229 MT LORETTA AVE DUBUQUE, IA 52004-0479	42-0680409	501(C)(3)	13,100.	0.			COMMUNITY SUPPORT
ARK ADVOCATES PO BOX 3024 DUBUQUE, IA 52004-3024	42-0760397	501(C)(3)	12,533.	0.			COMMUNITY SUPPORT
BECKMAN CATHOLIC HIGH SCHOOL 1325 - 9TH ST SE DYERSVILLE, IA 52040	42-0923753	501(C)(3)	53,253.	0.			EDUCATION
BELL TOWER THEATER AND EVENT CENTER - 2728 ASBURY RD - DUBUQUE, IA 52001	87-0690005	501(C)(3)	13,897.	0.			COMMUNITY SUPPORT
BELLEVUE AMBULANCE SERVICE 106 NORTH 3RD STREET BELLEVUE, IA 52031	42-6004273	170(C)(1)	5,400.	0.			HEALTH
BETHANY HOME 1005 LINCOLN AVE DUBUQUE, IA 52001	42-0698260	501(C)(3)	7,620.	0.			COMMUNITY SUPPORT
BOY SCOUTS OF AMERICA NORTHEAST IOWA COUNCIL #178 PO BOX DUBUQUE, IA 52004	42-0680414	501(C)(3)	5,880.	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
BOYS AND GIRLS CLUB OF GREATER DUBUQUE - 1299 LOCUST ST - DUBUQUE, IA 52001	42-0710263	501(C)(3)	111,191.	0.			COMMUNITY SUPPORT
BRAIN HEALTH NOW INC. 898 MOUNT CARMEL RD DUBUQUE, IA 52003	84-2010000	501(C)(3)	6,150.	0.			HEALTH
CAMP COURAGEOUS OF IOWA 12007 - 190TH ST PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	501(C)(3)	40,096.	0.			COMMUNITY SUPPORT
CARNEGIE-STOUT PUBLIC LIBRARY FOUNDATION - PO BOX 27 - DUBUQUE, IA 52004-0027	42-1452704	501(C)(3)	7,470.	0.			COMMUNITY SUPPORT
CATHOLIC CHARITIES 1229 MT LORETTA AVE DUBUQUE, IA 52003	42-0680493	501(C)(3)	100,750.	0.			COMMUNITY SUPPORT
CEDAR / JONES EARLY CHILDHOOD IOWA 24594 - 110TH ST ANAMOSA, IA 52205	42-6004230	170(C)(1)	10,728.	0.			COMMUNITY SUPPORT
CENTRAL DEWITT COMMUNITY SCHOOLS DISTRICT - 331 E 8TH ST PO BOX 110 - DEWITT, IA 52742	42-6040381	170(C)(1)	74,398.	0.			EDUCATION
CITY OF CASCADE 320 - 1ST AVE W PO BOX 400 CASACADE, IA 52033	42-6004327	170(C)(1)	30,739.	0.			COMMUNITY SUPPORT
CITY OF CLINTON - PUBLIC LIBRARY 306 8TH AVE S CLINTON, IA 52732	42-6004399	170(C)(1)	5,610.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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CITY OF DEWITT - FRANCES BANTA WAGGONER COMMUNITY LIBRARY - 505 10TH STREET - DEWITT, IA 52742	42-6004584	170(C)(1)	20,341.	0.			COMMUNITY SUPPORT
CITY OF DUBUQUE 350 WEST 6TH ST SUITE 312 DUBUQUE, IA 52001	42-6004596	170(C)(1)	54,000.	0.			COMMUNITY SUPPORT
CITY OF GUTTENBERG PO BOX 580 GUTTENBERG, IA 52052	42-6004748	170(C)(1)	8,850.	0.			COMMUNITY SUPPORT
CITY OF MONTICELLO 200 E 1ST ST MONTICELLO MONTICELLO, IA 52310	42-6004981	170(C)(1)	6,830.	0.			COMMUNITY SUPPORT
CITY OF NEW ALBIN - FIRE AND RESCUE - PO BOX 14 NEW ALBIN - NEW ALBIN, IA 52160	42-6005027	170(C)(1)	20,000.	0.			COMMUNITY SUPPORT
CITY OF WAUKON 101 ALLAMAKEE STREET WAUKON, IA 52172	42-6005340	170(C)(1)	11,778.	0.			COMMUNITY SUPPORT
CLARITY CLINIC 3365 HILLCREST RD DUBUQUE, IA 52002	36-3918188	501(C)(3)	13,430.	0.			HEALTH
CLARKE UNIVERSITY 1550 CLARKE DR DUBUQUE, IA 52001	42-0680408	501(C)(3)	50,172.	0.			COMMUNITY SUPPORT
COALITION OF IMMOKALEE WORKERS PO BOX 603 IMMOKALEE, FL 34143	65-0641010	501(C)(3)	6,000.	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.)

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COLTS YOUTH ORGANIZATION 2300 TWIN VALLEY DR DUBUQUE, IA 52003	42-1057444	501(C)(3)	5,115.	0.			COMMUNITY SUPPORT
COMMUNITY FOUNDATION FOR GREATER BUFFALO - 725 EXCHANGE ST STE - BUFFALO, NY 14210	22-2743917	501(C)(3)	115,000.	0.			COMMUNITY SUPPORT
COMMUNITY SOLUTIONS OF EASTERN IOWA - 7600 COMMERCE PARK - DUBUQUE, IA 52002	84-2847366	501(C)(3)	41,120.	0.			COMMUNITY SUPPORT
COMPASS TO CARE 900 JACKSON ST STE LL5 DUBUQUE, IA 52001	27-0885690	501(C)(3)	21,671.	0.			HEALTH
CONVIVUM URBAN FARMSTEAD 2811 JACKSON ST DUBUQUE, IA 52001	47-2427763	501(C)(3)	8,145.	0.			COMMUNITY SUPPORT
COVENANT HOUSE FLORIDA 733 BREAKERS AVE FT. LAUDERDALE, FL 33304	59-2323607	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
CREATIVE ADVENTURE LAB 210 JONES ST STE 100 DUBUQUE, IA 52001	26-3523626	501(C)(3)	8,596.	0.			COMMUNITY SUPPORT
CRESCENT COMMUNITY HEALTH CENTER 1690 ELM STREET SUITE 300 DUBUQUE, IA 52001	48-1302204	501(C)(3)	225,382.	0.			EDUCATION
DARBY FAMILY AQUATIC CENTER - CITY OF MONONA - PO BOX 298 - MONONA, IA 52159-0298	42-6004974	170(C)(1)	5,830.	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.)

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DEWITT COMMUNITY HOSPITAL FOUNDATION - 1118 - 11TH ST - DEWITT, IA 52742	39-1883528	501(C)(3)	8,500.	0.			HEALTH
DEWITT REFERRAL CENTER 615 - 8TH ST DEWITT, IA 52742	42-1066301	501(C)(3)	7,908.	0.			COMMUNITY SUPPORT
DIVINE WORD COLLEGE PO BOX 380 EPWORTH, IA 52045-0380	42-0788226	501(C)(3)	18,500.	0.			EDUCATION
DUBUQUE ARBORETUM 3800 ARBORETUM DR DUBUQUE, IA 52001	42-1160989	501(C)(3)	29,872.	0.			COMMUNITY SUPPORT
DUBUQUE AREA LABOR HARVEST (DAHL) 1610 GARFIELD AVE DUBUQUE, IA 52001	42-1321098	501(C)(3)	6,150.	0.			COMMUNITY SUPPORT
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY RD DUBUQUE, IA 52001-3095	42-6001531	170(C)(1)	118,074.	0.			EDUCATION
DUBUQUE COMMUNITY THANKSGIVING DINNER INC - PO BOX 512 - DUBUQUE, IA 52004	26-3780536	501(C)(3)	9,362.	0.			COMMUNITY SUPPORT
DUBUQUE COMMUNITY YMCA/YWCA VICTIM SERVICES SHELTER - 35 N BOOTH ST - DUBUQUE, IA 52001	42-0934471	501(C)(3)	10,890.	0.			COMMUNITY SUPPORT
DUBUQUE COUNTY EARLY CHILDHOOD 2310 CHANEY ROAD DUBUQUE, IA 52001	20-8792057	501(C)(3)	22,100.	0.			COMMUNITY SUPPORT

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DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001	42-1270933	501(C)(3)	29,580.	0.			COMMUNITY SUPPORT
DUBUQUE DREAM CENTER 1600 WHITE STREET DUBUQUE, IA 52001	81-1062794	501(C)(3)	102,293.	0.			COMMUNITY SUPPORT
DUBUQUE FOOD PANTRY 1598 JACKSON STREET DUBUQUE, IA 52001	42-1310910	501(C)(3)	21,238.	0.			COMMUNITY SUPPORT
DUBUQUE JAYCEES FOUNDATION PO BOX 63 DUBUQUE, IA 52004-0063	27-4644787	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	26-2227941	501(C)(3)	18,552.	0.			HEALTH
DUBUQUE MUSEUM OF ART 701 LOCUST ST DUBUQUE, IA 52001	42-1071185	501(C)(3)	27,966.	0.			COMMUNITY SUPPORT
DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE RD DUBUQUE, IA 52002	42-6039535	501(C)(3)	26,424.	0.			COMMUNITY SUPPORT
DUBUQUE RESCUE MISSION PO BOX 147 DUBUQUE, IA 52004-0147	42-0844836	501(C)(3)	130,855.	0.			COMMUNITY SUPPORT
DUBUQUE SYMPHONY ORCHESTRA 2728 ASBURY RD STE 900 DUBUQUE, IA 52001	23-7429727	501(C)(3)	105,005.	0.			COMMUNITY SUPPORT

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DUBUQUE VISITING NURSE ASSOCIATION 660 IOWA STREET DUBUQUE, IA 52001	42-0680410	501(C)(3)	10,425.	0.			HEALTH
DURIDE 2728 ASBURY RD SUITE 330 DUBUQUE, IA 52001	26-2988507	501(C)(3)	6,097.	0.			COMMUNITY SUPPORT
DYERSVILLE HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001	20-5383271	501(C)(3)	16,227.	0.			HEALTH
EARLVILLE UNITED PARISH 111 N WEST ST EARLVILLE, IA 52041	42-1240340	501(C)(3)	26,020.	0.			COMMUNITY SUPPORT
EASTLAND COMMUNITY UNIT SCHOOL DISTRICT #308 - 500 S SCHOOL DR - LANARK, IL 61046	93-9744330	170(C)(1)	9,425.	0.			EDUCATION
EDGEWOOD-COLESBURG SCHOOL DISTRICT - HIGH SCHOOL - 403 W UNION ST PO BOX 316 - EDGEWOOD, IA 52042	42-6040190	170(C)(1)	8,557.	0.			EDUCATION
EWALU CAMP AND RETREAT CENTER 37776 ALPHA AVE STRAWBERRY POINT, IA 52076	42-0865245	501(C)(3)	22,330.	0.			COMMUNITY SUPPORT
FAIRVIEW CEMETERY 708 CHARLOTTE ST EARLVILLE, IA 52041	42-0240172	501(C)(13)	5,390.	0.			COMMUNITY SUPPORT
FINLEY HEALTH FOUNDATION 350 N GRANDVIEW AVE DUBUQUE, IA 52001	42-1286953	501(C)(3)	18,803.	0.			HEALTH

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FIRST LUTHERAN CHURCH-MANCHESTER 313 EAST FAYETTE STREET MANCHESTER, IA 52057	42-1229133	501(C)(3)	12,200.	0.			COMMUNITY SUPPORT
FIRST PRESBYTERIAN CHURCH-BELLEVUE 305 MARKET ST BELLEVUE, IA 52031-1219		501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305	42-1177880	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
FOOD FOR THE POOR PO BOX 979001 COCONUT CREEK, FL 33097-9970	59-2174510	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
FORT MYERS RESCUE MISSION 6900 MISSION LANE FORT MYERS, FL 33916	59-2469860	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
FOUNDATION OF CORNERSTONE COMMUNITIES - PO BOX 550 200 MAIN ST - GUTTENBERG, IA 52052	61-1946694	501(C)(3)	24,190.	0.			COMMUNITY SUPPORT
FOUNTAIN OF YOUTH PROGRAM 220 W 7TH ST SUITE 101 DUBUQUE, IA 52001	81-3722764	501(C)(3)	22,925.	0.			COMMUNITY SUPPORT
FOUR MOUNDS FOUNDATION 4900 PERU RD DUBUQUE, IA 52001	42-1265303	501(C)(3)	17,730.	0.			COMMUNITY SUPPORT
FOUR OAKS OF DUBUQUE 2460 KERPER BLVD. STE 701 DUBUQUE, IA 52001-4809	42-0998726	501(C)(3)	5,915.	0.			COMMUNITY SUPPORT

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FRIENDS OF ST. MARY'S PO BOX 3188 DUBUQUE, IA 52001	46-4898142	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
FRIENDS OF THE DUBUQUE COUNTY CONSERVATION BOARD - 13606 SWISS VALLEY ROAD - PEOSTA, IA 52068	20-1592158	501(C)(3)	5,561.	0.			COMMUNITY SUPPORT
FRIENDS OF THE YELLOW RIVER STATE FOREST INC. - PO BOX 171 - HARPERS FERRY, IA 52146	83-1868877	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
GALENA ART AND RECREATION CENTER 413 S BENCH ST GALENA, IL 61036	36-2616288	501(C)(3)	10,510.	0.			COMMUNITY SUPPORT
GIGI'S PLAYHOUSE 6507 UNIVERSITY AVE WINDSOR HEIGHTS, IA 50324	61-1611262	501(C)(3)	38,000.	0.			COMMUNITY SUPPORT
GRAND OPERA HOUSE 135 W 8TH ST DUBUQUE, IA 52001	42-1133812	501(C)(3)	6,475.	0.			COMMUNITY SUPPORT
GREATER DELAWARE COUNTY COMMUNITY FOUNDATION - 200 E MAIN ST - MANCHESTER, IA 52057	42-1045184	501(C)(3)	10,661.	0.			COMMUNITY SUPPORT
HARRY CHAPIN FOOD BANK 3760 FOWLER ST FT. MYERS, FL 33901	59-2332120	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC - (HACAP) PO BOX 490 - HIAWATHA, IA 52233	42-0898405	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT

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HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001	42-0680411	501(C)(3)	39,857.	0.			COMMUNITY SUPPORT
HILLS AND DALES CHILD DEVELOPMENT CENTER - 1011 DAVIS ST - DUBUQUE, IA 52001	42-1388270	501(C)(3)	39,939.	0.			COMMUNITY SUPPORT
HOLY FAMILY CATHOLIC SCHOOLS - WAHLERT HIGH SCHOOL - 2005 KANE STREET - DUBUQUE, IA 52001	42-0792429	501(C)(3)	5,300.	0.			COMMUNITY SUPPORT
HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE ST DUBUQUE, IA 52001-0538	42-0792429	501(C)(3)	292,456.	0.			COMMUNITY SUPPORT
HOPE FOR HAITI DEPT. # 0286 P O BOX 413026 NAPLES, FL 34101	59-3564329	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
HOPE HOUSE / DUBUQUE CATHOLIC WORKER HOUSE - 1592 LOCUST STREET - DUBUQUE, IA 52001	42-0844836	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
HOSPICE OF DUBUQUE 1670 JOHN F. KENNEDY ROAD DUBUQUE, IA 52002	42-1205973	501(C)(3)	28,748.	0.			COMMUNITY SUPPORT
IMMACULATE HEART OF MARY CHURCH PO BOX 309 HOUSTON, MS 38851-0309	53-0196617	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
JACKSON COUNTY SHERIFF'S OFFICE 104 S NIAGARA ST MAQUOKETA, IA 52060	42-6004923	170(C)(1)	6,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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JONES COUNTY FREEDOM ROCK 456 CHAMBER DR ANAMOSA, IA 52205	46-1167745		6,500.	0.			COMMUNITY SUPPORT
JONES COUNTY HISTORICAL SOCIETY 13838 EDINBURGH RD SCOTCH GROVE, IA 52310	42-1429225	501(C)(3)	6,351.	0.			COMMUNITY SUPPORT
JONES REGIONAL MEDICAL CENTER FOUNDATION - 1795 HWY 64 EAST - ANAMOSA, IA 52205	42-1429225	501(C)(3)	26,585.	0.			COMMUNITY SUPPORT
JULIEN DUBUQUE INTERNATIONAL FILM FESTIVAL - PO BOX 735 - DUBUQUE, IA 52004-0735	26-4261800	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
JUNIOR ACHIEVEMENT OF THE HEARTLAND - 800 12TH AVE - MOLINE, IL 61265	36-2684253	501(C)(3)	8,152.	0.			COMMUNITY SUPPORT
LAMOTTE COMMUNITY FIRE DEPARTMENT 609 WATER S PO BOX 276 LAMOTTE, IA 52054	26-0775867	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
LITTLE LION LEARNING CENTER - OLIN DAY CARE - 206 MAPLE ST. - OLIN, IA 52320	42-1450391	501(C)(3)	8,288.	0.			COMMUNITY SUPPORT
LITTLE SISTERS OF THE POOR CHICAGO PROVINCE INC - 80 WEST NORTHWEST HIGHWAY - PLAATINE, IL 60067	51-0187829	501(C)(3)	12,000.	0.			COMMUNITY SUPPORT
LORAS COLLEGE 1450 ALTA VISTA PO BOX 178 DUBUQUE, IA 52004-0178	42-0680412	501(C)(3)	78,054.	0.			EDUCATION

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LUTHER COLLEGE 700 COLLEGE DR DEVELOPMENT OFFICE DECORAH, IA 52101	42-0680466	501(C)(3)	6,000.	0.			EDUCATION
LUTHERAN SERVICES IN IOWA - DES MOINES - 3125 COTTAGE GROVE AVE - DES MOINES, IA 50311	42-0698267	501(C)(3)	12,370.	0.			COMMUNITY SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA 3009 - 100TH ST URBANDALE, IA 50322	42-1310530	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
MAQUOKETA AREA FAMILY YMCA 500 E SUMMIT ST MAQUOKETA, IA 52060	42-0703278	501(C)(3)	17,325.	0.			COMMUNITY SUPPORT
MAQUOKETA COMMUNITY CUPBOARD 908 W PLATT PO BOX 743 MAQUOKETA, IA 52060	42-1269332	501(C)(3)	11,506.	0.			COMMUNITY SUPPORT
MAQUOKETA COMMUNITY SCHOOL DISTRICT - CARDINAL ELEMENTARY SCHOOL - 1003 E PERSHING RD - MAQUOKETA, IA 52060	42-6037701	170(C)(1)	8,300.	0.			EDUCATION
MAQUOKETA COMMUNITY SCHOOLS 612 S VERMONT ST MAQUOKETA, IA 52060	42-6037701	170(C)(1)	128,993.	0.			EDUCATION
MAQUOKETA VALLEY ALLIANCE PO BOX 4 DELHI, IA 52223	26-1520489	501(C)(3)	22,458.	0.			COMMUNITY SUPPORT
MAQUOKETA VALLEY DOLLARS FOR SCHOLARS - PO BOX 62 - DELHI, IA 52223	46-5193481	501(C)(3)	69,860.	0.			EDUCATION

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MARQUETTE CATHOLIC SCHOOLS 403 PARK ST BELLEVUE, IA 52031	42-0955523	501(C)(3)	93,724.	0.			EDUCATION
MARTELLE VOLUNTEER FIRE DEPARTMENT 212 IOWA STREET P.O. BOX 49 MARTELLE, IA 52305	42-1178936	170(C)(1)	5,083.	0.			COMMUNITY SUPPORT
MARYKNOLL FATHERS AND BROTHERS PO BOX 302 MARYKNOLL, NY 10545-9989	13-1740144	501(C)(3)	55,000.	0.			COMMUNITY SUPPORT
MARY'S INN MATERNITY HOME PO BOX 3338 DUBUQUE, IA 52004-3338	36-4768362	501(C)(3)	18,690.	0.			COMMUNITY SUPPORT
MCGREGOR COMMUNITY HOSPITAL INC PO BOX 503 MCGREGOR, IA 52157	42-0654030	501(C)(3)	6,000.	0.			HEALTH
MENTAL HEALTH AMERICA OF DUBUQUE COUNTY - PO BOX 283 - DUBUQUE, IA 52004-0283	42-0931292	501(C)(3)	8,997.	0.			COMMUNITY SUPPORT
MERCYONE DUBUQUE FOUNDATION 250 MERCY DR. DUBUQUE, IA 52001	26-2227941	501(C)(3)	13,610.	0.			COMMUNITY SUPPORT
MFL MARMAC DOLLARS FOR SCHOLARS PO BOX 607 MONONA, IA 52159	04-2296967	501(C)(3)	6,180.	0.			EDUCATION
MID-IOWA COMMUNITY ACTION INC 1001 S 18TH AVE MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	5,250.	0.			COMMUNITY SUPPORT

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MILES COMMUNITY IMPROVEMENT GROUP 3358 525TH AVENUE MILES, IA 52064	42-1465545	170(C)(1)	12,000.	0.			COMMUNITY SUPPORT
MINDFUL MINUTES FOR SCHOOLS 416 RAYMOND PLACE DUBUQUE, IA 52001	82-4614783	501(C)(3)	9,525.	0.			EDUCATION
MONONA UNITED METHODIST CHURCH 702 S MAIN ST PO BOX 280 MONONA, IA 52159	42-1203217	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
MT. PLEASANT HOME 1695 MT PLEASANT ST DUBUQUE, IA 52001-4209	42-0698197	501(C)(3)	30,739.	0.			COMMUNITY SUPPORT
MULTICULTURAL FAMILY CENTER 1157 CENTRAL AVE DUBUQUE, IA 52001	27-0751743	501(C)(3)	31,770.	0.			COMMUNITY SUPPORT
NATIONAL MISSISSIPPI RIVER MUSEUM & AQUARIUM - 350 E 3RD ST - DUBUQUE, IA 52001	42-6072050	501(C)(3)	109,772.	0.			COMMUNITY SUPPORT
NATIVITY CHURCH 1225 ALTA VISTA ST DUBUQUE, IA 52001	53-0196617	501(C)(3)	12,570.	0.			COMMUNITY SUPPORT
NEW YORK FELLOWSHIP 232 EAST 32ND STREET NEW YORK, NY 10016	13-3170824	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA AREA AGENCY ON AGING - WATERLOO - 3840 W 9TH ST - WATERLOO, IA 50702	52-1621262	501(C)(3)	8,500.	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
NORTHEAST IOWA COMMUNITY COLLEGE FOUNDATION - 8342 NICC DRIVE - PEOSTA, IA 52068-9703	42-1178729	501(C)(3)	68,509.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA RC & D INC 101 E GREENE ST PO BOX 916 POSTVILLE, IA 52162	42-1309260	501(C)(3)	26,960.	0.			COMMUNITY SUPPORT
NORTHEAST IOWA SCHOOL OF MUSIC 2728 ASBURY RD STE 200 DUBUQUE, IA 52001	42-1510485	501(C)(3)	20,750.	0.			EDUCATION
OPENING DOORS (MARIA HOUSE & TERESA SHELTER) - 2100 ASBURY RD STE 8 - DUBUQUE, IA 52001	42-1490364	501(C)(3)	38,317.	0.			COMMUNITY SUPPORT
OPERATION EMPOWER 2216 WHITE STREET DUBUQUE, IA 52001	20-4600693	501(C)(3)	46,000.	0.			COMMUNITY SUPPORT
ORDER OF ST. CAMILLUS FOUNDATION 10200 W BLUE MOUND RD WAUWATOSA, WI 53226	39-1925879	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
OUR LADY OF THE MISSISSIPPI ABBEY 8400 ABBEY HILL LANE DUBUQUE, IA 52003-9576	42-0878319	501(C)(3)	7,000.	0.			COMMUNITY SUPPORT
OUR LADY OF THE SIOUX CHURCH PO BOX 140 OGLALA, SD 57764	53-0196617	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
OUR SAVIOR'S LUTHERAN CHURCH 480 DIAGONAL ST LANSING, IA 52151	42-0776446	501(C)(3)	36,093.	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
PIARIST SCHOOL PO BOX 369 HAGER HILL, KY 41222	61-1177865	501(C)(3)	16,500.	0.			EDUCATION
POSTVILLE PARKS POOL AND RECREATION BOARD - PO BOX 242 - POSTVILLE, IA 52162	42-1016174	170(C)(1)	7,400.	0.			COMMUNITY SUPPORT
PRESENTATION LANTERN 900 JACKSON ST SUITE LL5-1 DUBUQUE, IA 52001	13-4224124	501(C)(3)	9,645.	0.			COMMUNITY SUPPORT
PROJECT ROOTED 2250 CLYDESDALE COURT DUBUQUE, IA 52001	84-4698441	501(C)(3)	10,482.	0.			COMMUNITY SUPPORT
RESOURCESUNITE 1900 JOHN F KENNEDY RD DUBUQUE, IA 52002	36-4761269	501(C)(3)	37,382.	0.			COMMUNITY SUPPORT
RESURRECTION PARISH 4300 ASBURY RD DUBUQUE, IA 52002	42-0861036	501(C)(3)	60,680.	0.			COMMUNITY SUPPORT
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-3147342	501(C)(3)	67,722.	0.			COMMUNITY SUPPORT
RIVER VALLEY INITIATIVE FOUNDATION C/O GREATER DUBUQUE DEVELOPMENT CORPORATION 900 JACKSON ST #109 - DUBUQUE, I	32-0051502	501(C)(3)	15,860.	0.			COMMUNITY SUPPORT
RIVERVIEW CENTER 1789 ELM STREET STE C DUBUQUE, IA 52001	36-3920008	501(C)(3)	13,678.	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
RURAL COMMUNITY FOOD PANTRY 350 1ST AVE E ALLEY ENTERANCE PO BO DYERSVILLE, IA 52040	20-8196586	501(C)(3)	6,300.	0.			COMMUNITY SUPPORT
SAFE HAVEN HUMANE SOCIETY 1471 US HIGHWAY 20 W ELIZABETH, IL 61028	36-4242148	501(C)(3)	9,670.	0.			COMMUNITY SUPPORT
SALT AND LIGHT 1819 S PHILO RD URBANA, IL 61802	32-0074485	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
SALVATION ARMY - DUBUQUE PO BOX 416 DUBUQUE, IA 52004-0416	13-5562351	501(C)(3)	21,254.	0.			COMMUNITY SUPPORT
SCHOOL SISTERS OF ST. FRANCIS 3902 N. RIDGEWAY AVE. CHICAGO, IL 60618	39-1594407	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
SISTERS OF CHARITY BVM 1100 CARMEL DR PO BOX 858 DUBUQUE, IA 52003	52-1235775	501(C)(3)	32,750.	0.			COMMUNITY SUPPORT
SISTERS OF ST. FRANCIS 3390 WINDSOR AVE DUBUQUE, IA 52001-1311	42-0757421	501(C)(3)	8,690.	0.			COMMUNITY SUPPORT
SLEEP IN HEAVENLY PEACE INC P.O. BOX 116 KIMBERLY, ID 83341	46-4346568	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SOLIDARITY BRIDGE 1703 DARROW STREET STE1 EVANSON, IL 60201	36-4481213	501(C)(3)	6,700.	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
SOUTHWEST FRANCISCAN MISSIONS PO BOX 12395 ALBURQUERQUE, NM 87195-0395	85-6013190	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
SPRAGUEVILLE COMMUNITY CENTER 127 EAST MAIN STREET SPRAGUEVILLE, IA 52074	42-1176125	170(C)(1)	5,500.	0.			COMMUNITY SUPPORT
ST. BONAVENTURE INDIAN MISSION & SCHOOL - PO BOX 610 - THOREAU, NM 87323-0610	85-0326009	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
ST. COLUMBKILLE CATHOLIC CHURCH 1240 RUSH ST DUBUQUE, IA 52003	42-0680317	501(C)(3)	27,730.	0.			COMMUNITY SUPPORT
ST. GILES PARISH 1025 COLUMBIAN AVE OAK PARK, IL 60302	36-2171014	501(C)(3)	10,300.	0.			COMMUNITY SUPPORT
ST. JOHN'S LUTHERAN CHURCH 203 PEARL ST PO BOX 819 GUTTENBERG, IA 52052	42-1522040	501(C)(3)	50,161.	0.			COMMUNITY SUPPORT
ST. JOSEPH THE WORKER CATHOLIC CHURCH - 60 S ALGONA ST - DUBUQUE, IA 52001	42-0698063	501(C)(3)	48,620.	0.			COMMUNITY SUPPORT
ST. LUKE'S UNITED METHODIST CHURCH 1199 MAIN ST DUBUQUE, IA 52001	42-0703759	501(C)(3)	5,490.	0.			COMMUNITY SUPPORT
ST. MARK YOUTH ENRICHMENT 1201 LOCUST ST DUBUQUE, IA 52001	42-1338364	501(C)(3)	81,830.	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
ST. MARY'S CATHOLIC CHURCH PO BOX 847 GUTTENBERG, IA 52052	42-0698075	501(C)(3)	40,000.	0.			COMMUNITY SUPPORT
ST. MARY'S MISSION SCHOOL HIGHWAY 1 PO BOX 189 RED LAKE, MN 56671	53-0196617	501(C)(3)	6,500.	0.			EDUCATION
ST. PATRICK SCHOOL 200 - 2ND ST SW WAUKON, IA 52172	42-0698115	501(C)(3)	8,550.	0.			EDUCATION
ST. PETER LUTHERAN CHURCH 3200 ASBURY RD DUBUQUE, IA 52001	42-6022856	501(C)(3)	31,021.	0.			COMMUNITY SUPPORT
ST. RAPHAEL'S CATHEDRAL CHURCH 231 BLUFF ST DUBUQUE, IA 52001	42-0703275	501(C)(3)	7,540.	0.			COMMUNITY SUPPORT
STEEPLE SQUARE 1584 WHITE ST PO BOX 3188 DUBUQUE, IA 52004-3188	46-4898142	501(C)(3)	97,611.	0.			COMMUNITY SUPPORT
STONEHILL BENEVOLENT FOUNDATION 3485 WINDSOR AVE DUBUQUE, IA 52001	42-1337556	501(C)(3)	9,430.	0.			COMMUNITY SUPPORT
STONEHILL FRANCISCAN SERVICES 3485 WINDSOR AVE DUBUQUE, IA 52001-9282	51-0141775	501(C)(3)	43,260.	0.			COMMUNITY SUPPORT
SUDAN RELIEF FUND PO BOX 7084 MERRIFIELD, VA 22116-9798	52-2148976	501(C)(3)	6,000.	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
THE FROELICH FOUNDATION 24397 FROELICH RD MCGREGOR, IA 52157	42-1295071	501(C)(3)	14,565.	0.			COMMUNITY SUPPORT
THE MIRACLE LEAGUE OF DUBUQUE 6076 AMBER RIDGE DR ASBURY, IA 52002	81-2454858	501(C)(3)	43,333.	0.			COMMUNITY SUPPORT
TWO BY TWO CHARACTER DEVELOPMENT 470 W 4TH ST DUBUQUE, IA 52001	20-3437767	501(C)(3)	47,331.	0.			COMMUNITY SUPPORT
UNITED METHODIST CHURCH - COLESBURG - 2854 115TH ST - COLESBURG, IA 52035		501(C)(3)	7,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF DUBUQUE AREA TRI-STATES - 215 W 6TH ST - DUBUQUE, IA 52001	42-0761060	501(C)(3)	39,100.	0.			COMMUNITY SUPPORT
UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVE DUBUQUE, IA 52001	42-0680323	501(C)(3)	95,370.	0.			EDUCATION
UNIVERSITY OF WISCONSIN - PLATTEVILLE - 1 UNIVERSITY PLAZA - PLATTEVILLE, WI 53818	39-1805963	170(C)(1)	8,500.	0.			EDUCATION
UPPER EXPLORERLAND REGIONAL PLANNING COMMISSION - 325 WASHINGTON ST SUITE A - DECORAH, IA 52101	42-1453295	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
URBAN BICYCLE FOOD MINISTRY PO BOX 3413 DUBUQUE, IA 52001	84-3203573	501(C)(3)	7,340.	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
VETERANS MEMORIAL HEALTHCARE FOUNDATION - 40 - 1ST ST SE - WAUKON, IA 52172	42-1197820	501(C)(3)	50,130.	0.			COMMUNITY SUPPORT
VICTORY CENTER MINISTRIES 516-9TH AVE S PO BOX 1694 CLINTON, IA 52732	42-1295127	501(C)(3)	15,260.	0.			COMMUNITY SUPPORT
VICTORY CENTER PO BOX 1694 CLINTON, IA 52733	42-1295127	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
VISION TO LEARN 12100 WILSHIRE BLVD. SUITE 1275 LOS ANGELES, CA 90025	45-3457853	501(C)(3)	25,000.	0.			EDUCATION
VISITING NURSES ASSOCIATION 660 IOWA ST DUBUQUE, IA 52001	42-0680410	501(C)(3)	6,275.	0.			HEALTH
VOICES PRODUCTIONS PO BOX 3095 DUBUQUE, IA 52004-3095	46-1571632	501(C)(3)	11,500.	0.			COMMUNITY SUPPORT
WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PL DUBUQUE, IA 52003	42-0681105	501(C)(3)	12,020.	0.			COMMUNITY SUPPORT
WAUKON WELLNESS CENTER 1220 - 3RD AVE NW SUITE 101 WAUKON, IA 52172	42-6005340	170(C)(1)	7,390.	0.			COMMUNITY SUPPORT
WEST DELAWARE COMMUNITY SCHOOL DISTRICT - 605 NEW ST - MANCHESTER, IA 52057	42-6037588	170(C)(1)	11,160.	0.			EDUCATION

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
WEST DELAWARE COMMUNITY SCHOOLS - LAMBERT ELEMENTARY - 1001 DOCTOR ST - MANCHESTER, IA 52057	42-6037588	170(C)(1)	5,147.	0.			EDUCATION
YWCA CLINTON 317 - 7TH AVE S CLINTON, IA 52732	42-0716335	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

PUBLIC DISCLOSURE COPY

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	156	164,240.	0.		
MORE MOMENTS MORE MEMORIES	23	55,680.	0.		

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

PART I, LINE 2:

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

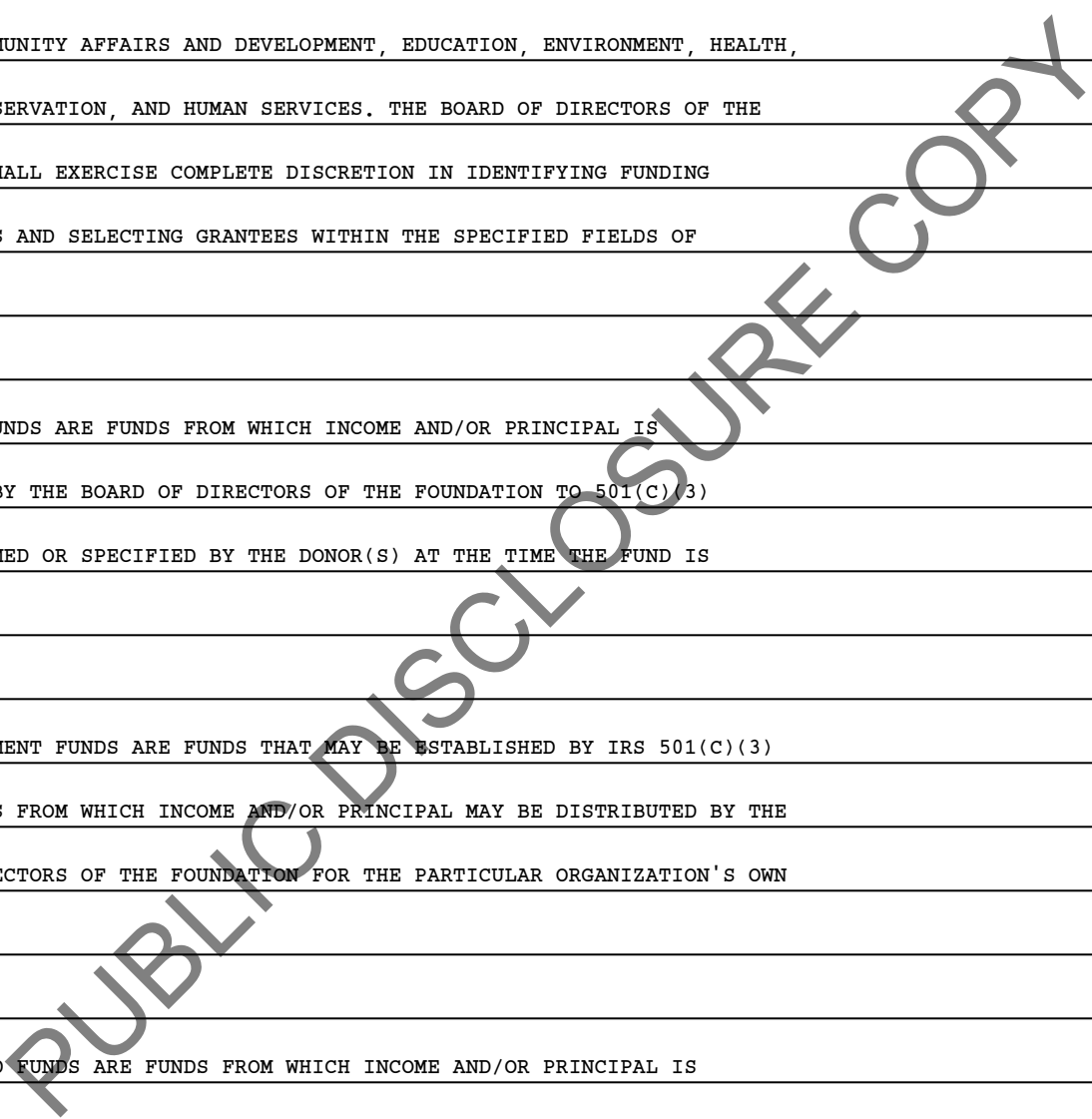
Part IV Supplemental Information

THE FIELD OF INTEREST FUND IS A FUND FROM WHICH INCOME AND/OR PRINCIPAL MAY BE DISTRIBUTED TO CHARITIES DESIGNATED AS 501(C)(3) ORGANIZATIONS OR TO GROUPS WITH POTENTIAL FOR ACHIEVING 501(C)(3) STATUS WHICH PROVIDE SERVICES IN A SPECIFIED FIELD OR FIELDS OF CHARITABLE ACTIVITY, SUCH AS ARTS AND CULTURE, COMMUNITY AFFAIRS AND DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH, HISTORIC PRESERVATION, AND HUMAN SERVICES. THE BOARD OF DIRECTORS OF THE FOUNDATION SHALL EXERCISE COMPLETE DISCRETION IN IDENTIFYING FUNDING OPPORTUNITIES AND SELECTING GRANTEES WITHIN THE SPECIFIED FIELDS OF INTEREST.

DESIGNATED FUNDS ARE FUNDS FROM WHICH INCOME AND/OR PRINCIPAL IS DISTRIBUTED BY THE BOARD OF DIRECTORS OF THE FOUNDATION TO 501(C)(3) CHARITIES NAMED OR SPECIFIED BY THE DONOR(S) AT THE TIME THE FUND IS ESTABLISHED.

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

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

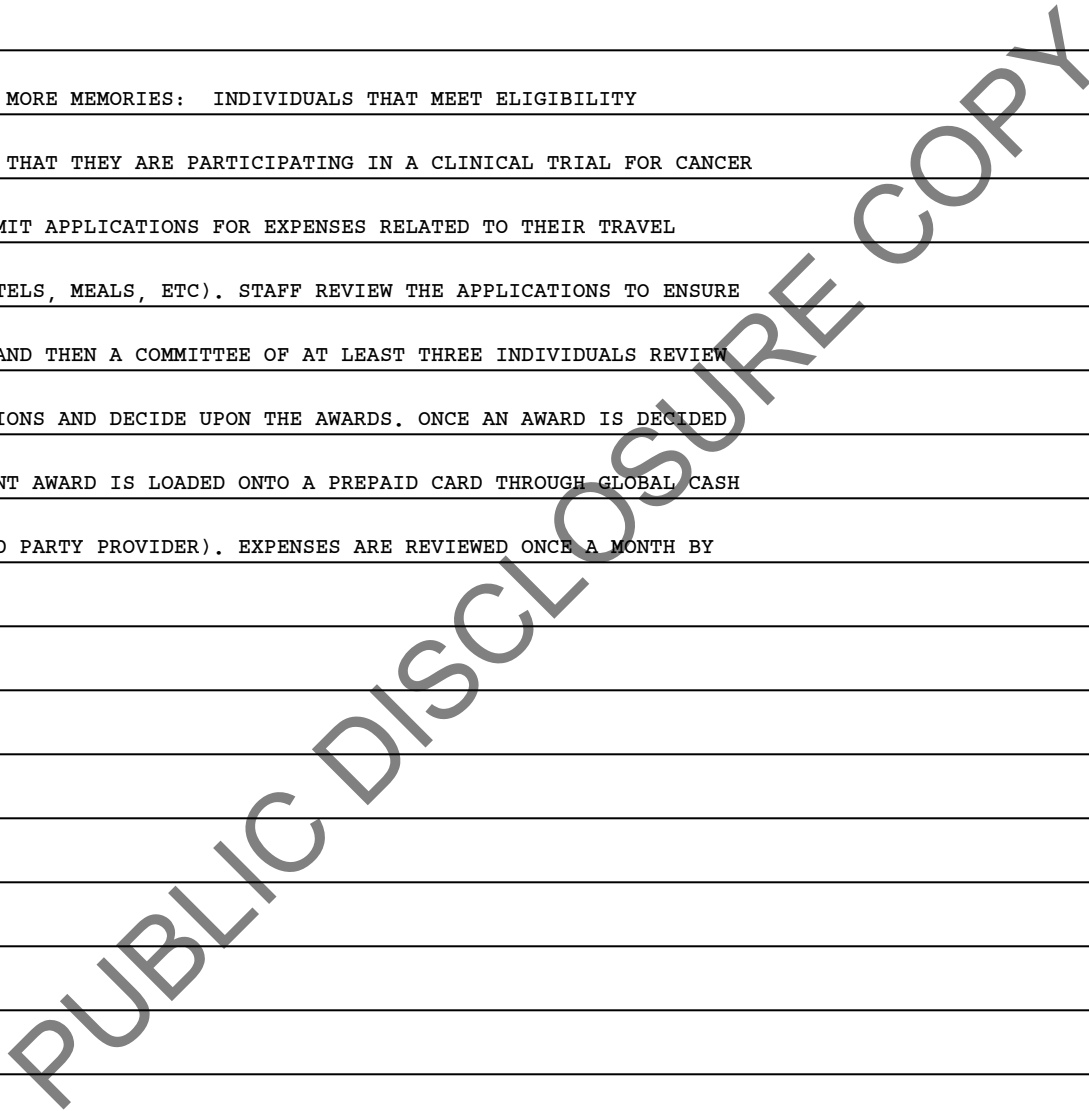


Part IV Supplemental Information

PART III

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

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



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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		

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

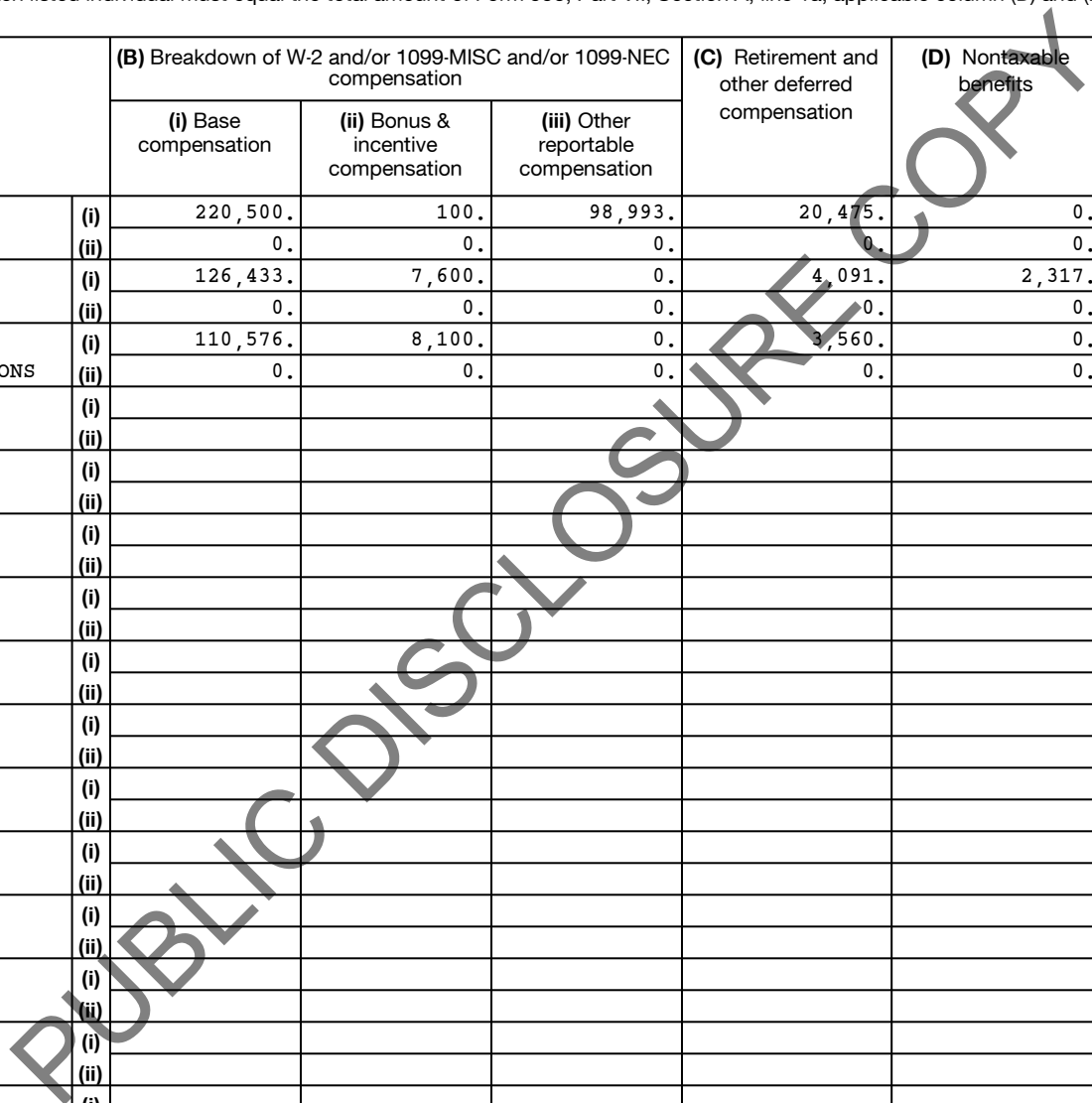
Schedule J (Form 990) 2021

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 - SEE SCH J	(i)	220,500.	100.	98,993.	20,475.	0.	340,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY MANTERNACH COO	(i)	126,433.	7,600.	0.	4,091.	2,317.	140,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERTA EARLES VP OF PHILANTHROPY/COMMUNICATIONS	(i)	110,576.	8,100.	0.	3,560.	0.	122,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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 \$13,857 FOR THE CURRENT PERIOD.

PUBLIC DISCLOSURE COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	1,346,485.	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				
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	8	34,384.	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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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, LINE 32B:

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

PUBLIC DISCLOSURE COPY

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2021

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

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

Schedule O (Form 990) 2021

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

OTHER DIRECTORS SELECTED AT-LARGE. THE EXECUTIVE COMMITTEE SERVES BETWEEN

MEETINGS OF THE BOARD AND POSSESS AND MAY EXERCISE ALL POWERS OF THE BOARD

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

Name of the organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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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 15A:
THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE PRESIDENT/CEO. SALARY ADJUSTMENTS ARE BASED ON AN ANNUAL EVALUATION AND COMPARABILITY DATA. THE ORGANIZATION DOCUMENTS AND PROVIDES SUBSTANTIATION FOR THE COMPENSATION PROCESS. THE COMPENSATION PROCESS WAS LAST COMPLETED IN FY 2020.

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

Name of the organization COMMUNITY FOUNDATION OF GREATER DUBUQUE	Employer identification number 42-1526614
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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	45,357.
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PUBLIC DISCLOSURE COPY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

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	0.	0.	COMMUNITY FOUNDATION OF GREATER DUBUQUE

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

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

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

Schedule R (Form 990) 2021

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		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 Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF GREATER DUBUQUE	Taxpayer identification number (TIN) 42-1526614
File by the due date for filing your return. See instructions.	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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JASON ADAMS

• The books are in the care of ▶ 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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, and ending _____.

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.

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.