

Regional Development Authority Grants 7-1-22 ato 6-30-23

Organization	TIN	Organization Address 1	City	State	ZIP	GRANT	Proposal Title
100 Black Men Quad Cities,Inc	31-1717138	PO Box 1585	Davenport	IA	52809	\$1,500	Back To School Event (Jesse White Tumblers)
100 Black Men Quad Cities,Inc	31-1717138	PO Box 1585	Davenport	IA	52809	\$30,000	Quad Cities HBCU Educators' Tour Initiative
American Red Cross	53-0196605	1100 River Drive	Moline	IL	61265	\$7,500	A Taste On The River: Building Community Resilience
Azubuike African American Council for The Arts	47-2113430	318 E. 7th Street, Ste 112	Davenport	IA	52803	\$12,700	Pulling Focus, 1st Annual African American Film Festival of the Quad Cities
Backwater Gamblers WaterSki Club, Inc.	36-3796918	5000 44th Street	Rock Island	IL	61201	\$26,000	New Boats and Motors for Free Community Water Ski Shows
Ballet Quad Cities	42-1366753	613 17th Street	Rock Island	IL	61201	\$100,000	A New Building for Ballet Quad Cities
Batting for Kids	85-0926820	8250 N Harrison St	Davenport	IA	52806	\$10,000	Provide essentials/baskets for at-risk children/families/ over the holidays
Batting for Kids	85-0926820	8250 N Harrison St	Davenport	IA	52806	\$10,000	Summer program to assist at-risk kids with ways to utilize their free time.
Beasley's Downtown Boxing Club	45-3128373	1745 West 4th Street	Davenport	IA	52802	\$4,200	Youth Boxing for Positive Change in Davenport
Beasley's Downtown Boxing Club	45-3128373	1745 West 4th Street	Davenport	IA	52802	\$14,100	Youth Boxing for Positive Change in Davenport
Big Brothers Big Sisters of the Mississippi Valley	42-1320908	130 W. 5th Street	Davenport	IA	52801	\$25,000	Real Men Mentor
Big Brothers Big Sisters of the Mississippi Valley	42-1320908	130 W. 5th Street	Davenport	IA	52801	\$12,000	Igniting potential through creativity and expression
Blue Devil Drama Boosters	47-5208760	2016 Lorton Ave	Davenport	IA	52803	\$11,000	International Thespian Festival
Boys & Girls Clubs of the Mississippi Valley	36-3838421	338 6th Street	Moline	IL	61265	\$6,000	Youth Cello and Violin Program
Boys & Girls Clubs of the Mississippi Valley	36-3838421	338 6th Street	Moline	IL	61265	\$9,480	STEAM Education and Career Exploration Through Technology
Cafe On Vine	43-2072739	PO Box 3375 932 W 6th St	Davenport	IA	52808	\$660	Board grant Maria W

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Center for Active Seniors, Inc.	42-1011267	1035 W. Kimberly Rd.	Davenport	IA	52806	\$50,000	Senior Enrichment and Support
Children's Therapy Center of the Quad Cities, NFP	36-2207922	4450 48th Ave. Ct.	Rock Island	IL	61201	\$2,301	Purchase of all-in-one fitness system for PT in older children
City of Bettendorf, Iowa	42-6004276	1609 State St	Bettendorf	IA	52722	\$100,000	The Landing - A Waterpark, Youth Rec Center and Permanent Ice Rink
City of Blue Grass	42-6018521	114 N Mississippi Street	Blue Grass	IA	52726	\$9,577	Replaced and Recycled Provides Foundation for Community Culture
City of Blue Grass	42-6018521	114 N Mississippi Street	Blue Grass	IA	52726	\$15,000	Family Restroom and Storm-shelter facilities for Black Bear Park
City of Eldridge Police Department	42-6004628	305 N. 3rd St	Eldridge	IA	52748	\$13,000	K-9 Police Vehicle
Clock, Inc	83-2945356	321 24th St.	Rock Island	IL	61201	\$1,000	Clock, Inc
Common Chord	43-2005678	129 N Main Street	Davenport	IA	52726	\$20,000	InTune Music Mentorship: Building Positive Futures Through Music
Common Chord	43-2005678	129 N Main Street	Davenport	IA	52726	\$15,000	Diversifying Our Live Music Scene
Community Health Care, Inc.	42-1060724	500 West River Drive	Davenport	IA	52801	\$53,095	Implementing a new Electronic Health Records System to Improve Patient Care
Davenport Central Vocal Music Boosters	26-0369919	2016 Lorton Ave.	Davenport	IA	52803	\$5,500	The Great River Regional Show Choir Invitational
DAVENPORT, CITY OF/CITIBUS	42-6004463	300 W River Dr	Davenport	IA	52801	\$25,000	Funding support for Low/No Emission Grant toward 4 battery-electric buses.
Dress for Success Quad Cities	45-1825338	423 E. 32nd St	Davenport	IA	52803	\$10,000	Ladder to Success
Dress for Success Quad Cities	45-1825338	423 E. 32nd St	Davenport	IA	52803	\$10,000	Working Together to Provide Equity and Inclusivity for Women
Edwards Congregational United Church of Christ	42-0702055	3420 Jersey Ridge Rd	Davenport	IA	52807	\$3,580	Edwards Tutoring Ministry for Children Who are Academically at Risk
EveryChild	36-2937848	524 15th Street	Moline	IL	61265	\$11,500	Roof Replacement
EveryChild	36-2937848	524 15th Street	Moline	IL	61265	\$15,000	Healthy Families Doula Services - Scott County

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Family Museum	61-1508009	2900 Learning Campus Drive	Bettendorf	IA	52722	\$30,000	"On the Road" Gallery Renovation
Family Resources, Inc.	42-0698225	2800 Eastern Avenue	Davenport	IA	52748	\$50,000	Operating a Successful Shelter During a Housing Crisis
Figge Art Museum	42-6090398	225 West 2nd Street	Davenport	IA	52801	\$200,000	Evanescent Field: Light sculpture for the Figge Art Museum
Freight House Farmers Market	26-4362654	102 S Harrison St, Unit 5	Davenport	IA	52801	\$33,000	Creating Visibility to the Indoor Market by Adding Exterior Windows
Freight House Farmers Market	26-4362654	102 S Harrison St, Unit 5	Davenport	IA	52801	\$18,000	Music at the Market
Fresh Films	32-0246706	639 38th Avenue	Rock Island	IL	61201	\$25,000	Workforce Development and Career Pathway Program for Underserved QC Teens
FRIENDS OF DAVENPORT PUBLIC LIBRARY	42-1204594	321 N Main St	Davenport	IA	52801	\$150,000	Vibrant Early Literacy Spaces at Your Library
Friends of the Quad Cities	42-1406400	1601 River Drive, Suite 110	Moline	IL	61265	\$50,000	QC, That's Where: Meetings & Sporting Events Thrive
Friends of the Quad Cities	42-1406400	1601 River Drive, Suite 110	Moline	IL	61265	\$100,000	QC, That's Where Group Business Matters
GiGi's Playhouse Quad Cities	45-2777850	3906 38th Ave	Moline	IL	61265	\$5,000	Annual Gala 2023
Girl Scouts of Eastern Iowa and Western Illinois	42-1008848	940 Golden Valley Drive	Bettendorf	IA	52722	\$25,000	Leadership Development Opportunities for Girls in Scott County
Habitat for Humanity Quad Cities	42-1404937	3625 Mississippi Avenue	Davenport	IA	52807	\$18,380	Phone System Upgrade
Habitat for Humanity Quad Cities	42-1404937	3625 Mississippi Avenue	Davenport	IA	52807	\$15,000	Computers for Organizational Efficiency
Hand In Hand	42-1508508	3860 Middle Road	Bettendorf	IA	52722	\$12,500	Hand in Hand Summer Programs
Handicapped Development Center	42-0947868	3402 Hickory Grove Road	Davenport	IA	52806	\$25,634	Enhancing an Entrance for Safety & Serenity
Hilltop Campus Village Corporation	27-0761714	122 East 15th Street	Davenport	IA	52803	\$30,000	Bridge funding for a new Executive Director
Hot Glass Inc.	46-1964135	104 Western Ave	Davenport	IA	52801	\$20,000	Gardens of Glass at The Quad City Botanical Center

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Humane Society of Scott County	42-0801836	2802 W Central Park Ave	Davenport	IA	52804	\$8,750	Pet Reunification Project
Humble Dwellings	83-2440081	PO Box 213	ELDRIDGE	IA	52748	\$35,925	Continue providing beds for disadvantaged clients to have a place to sleep.
Humble Dwellings	83-2440081	PO Box 213	ELDRIDGE	IA	52748	\$35,150	Continue to provide new beds to clients for a place to sleep better.
Humility Homes and Services, Inc.	01-0916973	519 Fillmore	Davenport	IA	52802	\$44,366	From Homelessness to Housing
Illowa Council, Boy Scouts of America	36-2616917	4412 N. Brady St.	Davenport	IA	52806	\$12,500	Scoutreach Program
Illowa Council, Boy Scouts of America	36-2616917	4412 N. Brady St.	Davenport	IA	52806	\$25,000	Scoutreach Program
Iowa College Access Network	27-0915418	1950 E. 54th Street, Office 8	Davenport	IA	52807	\$10,000	Raising Attainment Levels in Education & the Workforce
Iowa Jobs for America's Graduates	42-1492988	400 E 14th Street, Grimes State Office Bld, 3rd Fl	Des Moines	IA	50319	\$20,000	Leveraging Employer Partnerships to Prepare Underserved Youth for Careers
Iowa Legal Aid	42-1079227	736 Federal St., Suite 2309	Davenport	IA	52803	\$50,000	Scott County Eviction Diversion Project
Junior Achievement of the Heartland	36-2684253	800 12th Avenue	Moline	IL	61265	\$100,000	Junior Achievement Inspiration Center - Pathways to Success
Keep Scott County Beautiful	42-1520648	5640 Carey Ave	Davenport	IA	52807	\$4,000	Reaching Volunteers to Clean Up the Community
Kinnas House Of Love Inc.	85-2995891	215 E. 14th St, Apt 1	Davenport	IA	52803	\$8,000	General Operating Support for ongoing programs at Lincoln Community Center
LeadHer	81-1436934	PO Box 4182	Davenport	IA	52808	\$10,000	Strike a Match Mentorship for Workforce Development
Living Lands & Waters	36-4244353	17624 Route 84 North	East Moline	IL	61244	\$12,500	Bison Bridge Project
Living Proof Exhibit	27-3500764	2814 47th Street	Moline	IL	61265	\$2,500	Increasing Diversity in Therapeutic Arts Programming
LivWell Cares	82-3142376	1603 W 29th Street	Davenport	IA	52804	\$20,000	Placement & Referrals for Low-Income Seniors & Those Seeking Longterm Care
Martin Luther King Jr Center	36-3100490	630 9th Street	Rock Island	IL	61201	\$7,500	Thanksgiving Meals

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Mississippi Bend AEA Special Events Committee	20-5722133	729 21st Street	Bettendorf	IA	52722	\$21,113	David E. Lane Coats for Kids
Mississippi Valley Blues Society	42-1233714	102 S. Harrison Street, Suite 300	Davenport	IA	52801	\$17,350	Celebrating Blues Music and Blues Musicians at the new MLK Park
Nahant Marsh Education Center	38-3667579	4220 Wapello Ave.	Davenport	IA	52802	\$100,000	Partnering to expand Nahant Marsh
Nahant Marsh Education Center	38-3667579	4220 Wapello Ave.	Davenport	IA	52802	\$40,000	Expanding Environmental Educational and Recreational Opportunities
NAMI Greater Mississippi Valley	42-1188963	1035 W. Kimberly Road, Suite 4	Davenport	IA	52806	\$25,000	Development Funding for Building New Partnerships & Revenue Streams Year 2
NEST (Nourish Everyone Sustainably Together)	84-4424697	1524 4th Ave	Rock Island	IL	61201	\$15,000	Food costs for daily service and community outreach
New Kingdom Trailriders	36-3344113	18929 81st Street	Sherrard	IL	61281	\$8,450	Building Capacity, Increasing Safety, and Efficiency
Niabi Zoo / Rock Island County Forest Preserve District	46-3206576	13010 Niabi Zoo Road	Coal Valley	IL	61240	\$32,500	Operational Projects: Building Improvements
Normaleah Ovarian Cancer Initiative	26-2976159	1614 Second Ave	Rock Island	IL	61201	\$12,500	Transitional Operations Support
North Scott Community School District	42-6023564	251 E. Iowa Street	Eldridge	IA	52748	\$100,000	Regional Innovation Center: Collaborative Education for Workforce Growth
One Eighty	32-0100540	601 Marquette Street	Davenport	IA	52802	\$30,000	Piloting Prevent Services for At-Risk Davenport Middle School Students
ONE Foundation	41-2116399	2501 18th Street	Bettendorf	IA	52722	\$5,500	Enhancing Life's Opportunities
Opera Quad Cities	42-1521354	2427 32nd Avenue Court	Moline	IL	61265	\$7,250	Singing for our Senior Communities
Our Lady of the River Catholic Church	42-6141685	28200 226th St. Place, PO Box 32	Le Claire	IA	52753	\$7,500	Quad Cities Night to Shine Prom
Park View Park Board	42-1287166	17 Lincoln Avenue	Park View	IA	52748	\$11,150	Ma'am, what's the score?
Putnam Museum and Science Center	42-0680474	1717 W 12th St.	Davenport	IA	52804	\$27,500	Enhanced Accessibility and Communication Project (EACP)
Putnam Museum and Science Center	42-0680474	1717 W 12th St.	Davenport	IA	52804	\$23,500	Amplifying Mission Project (AMP)

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Quad Cities Astronomical Society	42-1236940	PO Box 3706	Davenport	IA	52808-3706	\$17,750	New Control Room and Equipment for the Menke Observatory Expansion Project
Quad Cities Chamber Foundation - Iowa	42-1292789	1601 River Drive Suite 310	Moline	IL	61265	\$40,000	Alternating Currents Festival
Quad Cities Chamber Foundation - Iowa	42-1292789	1601 River Drive Suite 310	Moline	IL	61265	\$50,000	Expanding Regional Talent Attraction and Retention
Quad Cities Community Broadcasting Group, Inc.	32-0066891	1800 3rd Avenue, Suite 420	Rock Island	IL	61201	\$25,000	Media Messaging for Breast and Cervical Cancer Screening
Quad Cities Community Broadcasting Group, Inc.	32-0066891	1800 3rd Avenue, Suite 420	Rock Island	IL	61201	\$12,500	Access to Opportunity (Online)
Quad Cities Community Foundation	42-6122716	852 Middle Road, Ste 100	Bettendorf	IA	52722	\$150,000	RDA Future Fund
Quad Cities Community Foundation	42-6122716	852 Middle Road, Ste 100	Bettendorf	IA	52722	\$150,000	Strengthen QC nonprofit sector by launching Center for Nonprofit Excellence
Quad Cities Housing Council	42-1496268	3420 Jersey Ridge Rd	Davenport	IA	52807	\$1,000	Owl Communication System
Quad Cities Housing Council	42-1496268	3420 Jersey Ridge Rd	Davenport	IA	52807	\$50,000	Preservation and Creation of Affordable Housing Units
Quad Cities Housing Council	42-1496268	3420 Jersey Ridge Rd	Davenport	IA	52807	\$25,000	Winter Emergency Shelter (WES) 5 Year Plan
Quad Cities Housing Council	42-1496268	3420 Jersey Ridge Rd	Davenport	IA	52807	\$75,000	Creation and Preservation of Affordable Housing Units
Quad Cities Housing Council	42-1496268	3420 Jersey Ridge Rd	Davenport	IA	52807	\$25,000	Housing Council New Unit Initiative
Quad Cities Jazz Festival, LTD	36-3935551	PO Box 552	Moline	IL	61266	\$5,000	Third Sunday Jazz Workshop and Matinee Series
Quad Cities Jazz Festival, LTD	36-3935551	PO Box 552	Moline	IL	61266	\$5,000	Third Sunday Jazz Series and Bill Bell Jazz & Heritage Festival
Quad Cities Latino Foundation	81-1324538	LULAC Council 10 P.O. Box 4616	Davenport	IA	52808	\$10,000	Latino Leadership Development Program Augmentation
Quad Cities Open Network	84-3550907	1 Montgomery Dr, Ste 22	Moline	IL	61265	\$5,000	Emergency Request
Quad Cities Open Network	84-3550907	1 Montgomery Dr, Ste 22	Moline	IL	61265	\$50,000	SEAP Spring 2023

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Quad City Alliance for Immigrants and Refuges - QCAIR	46-0538091	1800 7th Ave	Moline	IL	61265	\$5,000	Launching the Quad Cities Immigrant and Refugee Council
Quad City Alliance for Immigrants and Refuges - QCAIR	46-0538091	1800 7th Ave	Moline	IL	61265	\$5,000	Strategic Planning for Succession Planning and Organizational Longevity
Quad City Arts	36-3122824	1715 2nd Ave.	Rock Island	IL	61201	\$23,000	2022-2023 Visiting Artist Series
Quad City Botanical Center	36-3496537	2525 Fourth Avenue	Rock Island	IL	61201	\$30,000	School Bus Greenhouse Mobile Plants
Quad City Rollers	27-3978577	PO Box 4546	Davenport	IA	52808	\$1,750	Open Door for All
Quad City Sailing School	42-1428711	3202 East 18th Place	Bettendorf	IA	52722	\$28,170	Purchase of New Sailboats
Quad City Symphony Orchestra	42-6017663	327 Brady Street	Davenport	IA	52801	\$25,000	2023-24 Masterworks Concert Season
Quad City Veterans Outreach Center	81-3541588	2720 W. Locust St. 9B	Davenport	IA	52804	\$18,910	Holiday Food Giveaway Project
Quad City Veterans Outreach Center	81-3541588	2720 W. Locust St. 9B	Davenport	IA	52804	\$45,000	VETERANS FOOD TRUCK PROJECT
Ridgecrest Foundation	39-1889281	4130 Northwest Blvd Apt	Davenport	IA	52806	\$9,500	Wider, Electric Bed Enhancement
River Action, Inc.	42-1267366	822 E River Dr.	Davenport	IA	52803	\$7,000	Quad City Flood Resiliency Alliance CRS Assistance
River Action, Inc.	42-1267366	822 E River Dr.	Davenport	IA	52803	\$12,500	Creating Quad City Flood Resiliency Through Collaboration
River Bend Foodbank	36-3147342	4010 Kimmel Drive	Davenport	IA	52806	\$25,000	River Bend Food Bank Food Purchasing
River Bend Foodbank	36-3147342	4010 Kimmel Drive	Davenport	IA	52806	\$1,000	AJ Loss Grant
River Bend Foodbank	36-3147342	4010 Kimmel Drive	Davenport	IA	52806	\$100,000	Land Purchase for Phase III of Expanding to End Hunger Capital Campaign
River Bend Transit	42-1014552	7440 Vine Street Court	Davenport	IA	52806	\$50,000	Construction of a bus storage facility with vehicle charging stations
Royal Drama	85-3714106	417 Northbrook Dr	Davenport	IA	52806	\$7,329	Building capacity for inner city youth.
Safe Families for Children Alliance	45-3194102	1826 16th St.	Moline	IL	61265	\$2,500	We are a family preservation movement keeping families together

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Safer Foundation	36-2762168	1702 N. Main St.	Davenport	IA	52803	\$26,950	Furthering Success for Justice Impacted Youth through Supportive Services
SALVATION ARMY FAMILY SERVICES	36-2167910	100 Kirkwood Blvd	Davenport	IA	52803	\$100,000	Keeping our Community Housed
SBC Outreach Music & Arts Academy	36-4458256	919-6th Avenue	Rock Island	IL	61201	\$5,000	Music scholarships, music and art supplies and administrative costs
SBC Outreach Music & Arts Academy	36-4458256	919-6th Avenue	Rock Island	IL	61201	\$10,000	Provides low cost high quality music lessons to students of the Quad Cities
Scott County Sheriff's Office	42-6004465	400 W. 4th Street	Davenport	IA	52801	\$17,500	Quad City Multi-jurisdictional Mobile Field Force Equipment
St. Alphonsus ECEC	42-0703281	2626 Boies Ave	Davenport	IA	52802	\$22,000	Facility updates for safety and expansion of services.
St. Ambrose University	42-0703280					\$25,000	IT Bootcamp
St. Anthony Catholic Church	53-0196617	417 N. Main Street	Davenport	IA	52801	\$7,500	Historic Church School Renovation
St. Anthony Catholic Church	53-0196617	417 N. Main Street	Davenport	IA	52801	\$75,000	Building Renovations Serve Davenport's Homeless and Underserved
STEAM on Wheels	83-2758163	2967 state street	bettendorf	IA	52722	\$800	Invest Fest
STEAM on Wheels	83-2758163	2967 state street	bettendorf	IA	52722	\$25,000	Bringing Summer STEAM Education to Underserved Davenport Students
Tapestry Farms	82-1925820	PO Box 2332	Davenport	IA	52809	\$15,000	Tapestry Farms: Investing in the Lives of Refugees in Scott County
Testimonies of Hope, Inc/Argrow's House of Healing and Hope	47-2446305	2216 N Blanchard Street	Davenport	IA	52804	\$21,530	Building Capacity to Grow and Sustain Argrow's House Programs and Services
Testimonies of Hope, Inc/Argrow's House of Healing and Hope	47-2446305	2216 N Blanchard Street	Davenport	IA	52804	\$17,500	Building Capacity to Grow Domestic Abuse Survivor Programs and Services
TMBC - Together Making A Better Community	81-2252531	318 E 7th Street	Davenport	IA	52804	\$12,000	TMBC Lincoln Center Mural
TMBC - Together Making A Better Community	81-2252531	318 E 7th Street	Davenport	IA	52804	\$52,500	Bridge Grant - Part II

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Transitions Mental Health Services (TMHS)	36-3153563	2326 16TH ST	MOLINE	IL	61265	\$22,500	The 7th Judicial Mental Health Court Program
Treasure Box U-S	47-5320319	2503 W. 40th Street	Davenport	IA	52806	\$8,415	Keys to Creativity and Success
Treasure Box U-S	47-5320319	2503 W. 40th Street	Davenport	IA	52806	\$25,000	Keys to Creativity and Success - Summer Vibe Program
Two Rivers YMCA	36-2169199	2040 53rd Street	Moline	IL	61265	\$5,000	Increased Safety for Youth on the Water
Underwear Because We Care	81-3489058	underwearbwc@gmail.com	Davenport	IA	52806	\$6,000	Providing Underclothes/Underwear
United Way of the Quad Cities Area	36-2725960	852 Middle Road, Suite 401	Bettendorf	IA	52722	\$25,250	Learn United: Empowering Students Thru Community Engagement & Collaboration
United Way of the Quad Cities Area	36-2725960	852 Middle Road, Suite 401	Bettendorf	IA	52722	\$37,500	Expanding the QC Educational Data Exchange to Measure Math & Programs
United Way of the Quad Cities Area	36-2725960	852 Middle Road, Suite 401	Bettendorf	IA	52722	\$21,000	Vision to Learn – Equipping Children with the Glasses They Need to Succeed
Unity House of Davenport	47-1718075	2341 East Pleasant Street	Davenport	IA	52801	\$7,700	Furniture to Improve Comfort and Safety for Men Recovering from Addiction
Western Illinois University Foundation	37-6046814	Sherman Hall 308 1 University Circle	Macomb	IL	61455	\$5,000	WIU-Quad Cities STEM and STEAM Enrichment Camps
Western Illinois University Foundation on behalf of WQPT Quad Cities PBS	37-6046814	1 University Circle, Sherman 303	Macomb	IL	61455	\$25,000	Membership Support Challenge Grant to Support Educational Initiatives
World Relief Quad Cities	23-6393344	1852 16th St	Moline	IL	61265	\$51,464	Increased Service Capacity for the Refugee Health and Wellness
WVIK Public Radio Foundation (Augustana College)	36-2166962	639 38th St	Rock Island	IL	61201	\$25,000	WVIK Challenger's Match Incentive Funding
WVIK Public Radio Foundation (Augustana College)	36-2166962	639 38th St	Rock Island	IL	61201	\$48,750	Launching WVIK News & WVIK Classical
YWCA of the Quad Cities	36-2171176	229 16th St.	Rock Island	IL	61201	\$100,000	Iowa Empowerment Center Expansion & Renovations

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City of Davenport Joint Development	42-6004463	226 W 4th St	Davenport	IA	52801	\$2,134,013	Infrastructure
						\$6,411,492	Sub-Total
						(55,256)	Less: Grants Paid in Future Years
						\$6,356,236	Net Total

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 202023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to **www.irs.gov/Form8879TE** for the latest information.

Name of filer

EIN or SSN

REGIONAL DEVELOPMENT AUTHORITY

42-1347125

Name and title of officer or person subject to tax

MATT MENDENHALL PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>7,862,647.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize TIMMER AND ASSOCIATES, CPA, PC to enter my PIN 00841 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36261112345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

JOHN D. TIMMER, CPA

Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **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. REGIONAL DEVELOPMENT AUTHORITY	Taxpayer identification number (TIN) 42-1347125
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 101 W 2ND STREET SUITE 306	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAVENPORT, IA 52801	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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 (section 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		

• The books are in the care of ▶ MATT MENDENHALL 101 W 2ND ST DAVENPORT IA 52801

Telephone No. ▶ (563) 323-5177 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 5/15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 22, and ending 6/30, 20 23.

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

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	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	3 b	\$	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	3 c	\$	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.

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

Return of Organization Exempt From Income Tax

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

2022

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning 7/01, **2022**, and ending 6/30, **20** 2023

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	REGIONAL DEVELOPMENT AUTHORITY 101 W 2ND STREET SUITE 306 DAVENPORT, IA 52801	42-1347125
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		563.323.5177
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ <u>7,862,647.</u>
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	F Name and address of principal officer: <u>MATT MENDENHALL</u> <u>SAME AS C ABOVE</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.

I Tax-exempt status:	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website:	<u>WWW.RDAUTHORITY.ORG</u>
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Year of formation:	<u>1990</u>
M State of legal domicile:	<u>IA</u>
	H(c) Group exemption number

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO AWARD GRANTS TO COMMUNITY NON-PROFIT AGENCIES FOR CHARITABLE PURPOSES IN ACCORDANCE WITH THE IOWA EXCURSION GAMBLING ACT.</u>			
Activities & Governance	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		19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5		1
	6 Total number of volunteers (estimate if necessary)	6		0
	7a 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)	7,661,351.	7,433,050.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-551,649.	429,597.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,109,702.	7,862,647.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,012,779.	6,356,236.
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		158,194.	165,868.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25)				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,493.	75,570.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,217,466.	6,597,674.	
19 Revenue less expenses. Subtract line 18 from line 12	892,236.	1,264,973.		
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)	4,541,432.	5,769,327.	
	22 Net assets or fund balances. Subtract line 21 from line 20	801,662.	764,584.	
		3,739,770.	5,004,743.	

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			
	<u>MATT MENDENHALL</u> Type or print name and title	<u>PRESIDENT</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>JOHN D. TIMMER, CPA</u>	<u>JOHN D. TIMMER, CPA</u>			<u>P00118477</u>
	Firm's name	<u>TIMMER AND ASSOCIATES, CPA, PC</u>			Firm's EIN
	Firm's address	<u>4480 - 48TH AVENUE CT, SUITE 3</u> <u>ROCK ISLAND, IL 61201</u>			<u>36-3794537</u>
			Phone no.	<u>563-323-9407</u>	

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

1 Briefly describe the organization's mission:

TO AWARD GRANTS TO COMMUNITY NON-PROFIT AGENCIES FOR CHARITABLE PURPOSES IN ACCORDANCE WITH THE IOWA EXCURSION GAMBLING ACT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 6,356,236. including grants of \$ 6,356,236.) (Revenue \$)

PROVIDED SUPPORT TO ORGANIZATIONS QUALIFIED TO RECEIVE FUNDS INTO THE FOLLOWING CATEGORIES: RIVERFRONT DEVELOPMENT, NEIGHBORHOOD DEVELOPMENT, ECONOMIC DEVELOPMENT, CULTURE, HERITAGE, AND EDUCATION.

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 6,356,236.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent. 1b 19		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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. SEE SCHEDULE O.	X	
b	Other officers or key employees of the organization.		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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.
 Own website Another's website 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
MATT MENDENHALL 101 W 2ND ST DAVENPORT IA 52801 (563) 323-5177

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) MATT MENDENHALL PRESIDENT & CEO	40 0			X			154,046.	0.	0.	
(2) MICHAEL COLE DIRECTOR	0 0	X					0.	0.	0.	
(3) DANIELLE HINES DIRECTOR	0 0	X					0.	0.	0.	
(4) AJ LOSS CHAIRMAN	0 0	X					0.	0.	0.	
(5) FRAN MAUS DIRECTOR	0 0	X					0.	0.	0.	
(6) SEAN MOELLER DIRECTOR	0 0	X					0.	0.	0.	
(7) DENNIS NARANJO DIRECTOR	0 0	X					0.	0.	0.	
(8) RICKEY PEER DIRECTOR	0 0	X					0.	0.	0.	
(9) SHERWIN ROBINSON DIRECTOR	0 0	X					0.	0.	0.	
(10) SAM SKOREPA DIRECTOR	0 0	X					0.	0.	0.	
(11) SUTEESH TANDON DIRECTOR	0 0	X					0.	0.	0.	
(12) BETH TINSMAN DIRECTOR	0 0	X					0.	0.	0.	
(13) MARIA WATERMAN DIRECTOR	0 0	X					0.	0.	0.	
(14) LADRINA WILSON DIRECTOR	0 0	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 for related organizations below dotted line	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) NANCY CHAPMAN SECRETARY	0			X			0.	0.	0.
(16) SUE DALY TREASURER	0			X			0.	0.	0.
(17) STEVE GIEFMAN VICE CHAIRMAN	0			X			0.	0.	0.
(18) KATIE SELDEN DIRECTOR	0			X			0.	0.	0.
(19) DANA WILKINSON DIRECTOR	0			X			0.	0.	0.
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

1b Subtotal	154,046.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	154,046.	0.	0.

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 **1**

	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

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)					
	1f All other contributions, gifts, grants, and similar amounts not included above					
	1g Noncash contributions included in lines 1a-1f					
	h Total. Add lines 1a-1f					
Program Service Revenue	2a <u>PROGRAM SERVICE REVENUE</u>	7,433,050.	7,433,050.			
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	7,433,050.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)	429,597.	82,202.		347,395.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
		6a				
		6b Less: rental expenses				
	6c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		7a				
		7b Less: cost or other basis and sales expenses				
	7c Gain or (loss)					
	d Net gain or (loss)					
	Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
		8b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
9b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11a -----					
	b -----					
	c -----					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		7,862,647.	7,515,252.	0.	347,395.	

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.	6,356,236.	6,356,236.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	154,046.	0.	154,046.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	11,822.		11,822.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	12,800.		12,800.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	30,665.		30,665.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.	4,039.		4,039.	
14 Information technology.	12,767.		12,767.	
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	10,498.		10,498.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	4,801.		4,801.	
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 -----				
b -----				
c -----				
d -----				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	6,597,674.	6,356,236.	241,438.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	814,368.	1	1,330,688.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	417,595.	4	581,462.
	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		
	b Less: accumulated depreciation	10b		10c
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,309,469.	15	3,857,177.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,541,432.	16	5,769,327.	
Liabilities	17 Accounts payable and accrued expenses	3,889.	17	4,055.
	18 Grants payable	797,773.	18	760,529.
	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		23	
	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		25	
	26 Total liabilities. Add lines 17 through 25	801,662.	26	764,584.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input type="checkbox"/>			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input checked="" type="checkbox"/>			
	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	3,739,770.	31	5,004,743.
32 Total net assets or fund balances	3,739,770.	32	5,004,743.	
33 Total liabilities and net assets/fund balances	4,541,432.	33	5,769,327.	

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	7,862,647.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,597,674.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,264,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,739,770.
5	Net unrealized gains (losses) on investments	5	
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,004,743.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
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		

**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

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

REGIONAL DEVELOPMENT AUTHORITY

42-1347125

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments – Other Securities. N/A
 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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) NONENDOWED FUND AT QC COM FDN	3,857,177.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	3,857,177.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (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	7,862,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	7,862,647.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	7,862,647.

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	6,597,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	6,597,674.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	6,597,674.

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.

**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

2022

**Open to Public
Inspection**

Name of the organization

REGIONAL DEVELOPMENT AUTHORITY

Employer identification number

42-1347125

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
(1) SEE ATTACHED LIST OF GRANTEEES 101 W 2ND ST DAVENPORT, IA 52801			6,356,236.	0.			
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

REGIONAL DEVELOPMENT AUTHORITY

Employer identification number

42-1347125

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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		

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

Schedule J (Form 990) 2022

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			(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			
MATT MENDENHALL 1 PRESIDENT & CEO	(i)	141,680.	12,366.	0.	0.	154,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2022

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

REGIONAL DEVELOPMENT AUTHORITY

Employer identification number

42-1347125

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS REVIEWED BY THE TREASURER AND THE FINANCE COMMITTEE BEFORE IT IS
SIGNED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE COMMITTEE OF THE BOARD EXECUTES THE PRESIDENT'S COMPENSATION PACKAGE.
THIS INCLUDES MONITORING PERFORMANCE, REVIEWING COMPENSATION COMPARISONS, AND
MAINTAINING COMPETITIVE COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS CHOOSE NOT TO VOTE ON GRANTS FOR ORGANIZATIONS THAT THEY ARE RELATED
TO OR HAVE A SIGNIFICANT INTEREST IN