Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	e 2009 calenda	ar year,	or tax year beginning	July 1	, 2009,	and e	ending	J	une 3	0	, 20	10
В	Check if	applicable	Please	C Name of organization	-			1	D Empl	oyer ıc	lentification	on numb	er e
	Address	change use IRS Quad Cities Scholars Program, Inc.						4	2-12762 ⁻	17			
님	Name c		pnnt or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele			E Telep	hone n	umber					
H	Initial re Termina		In IEDE W. Conned Street					56	3-328-33	353			
Ħ	Amende		Specific Instruc-	City or town, state or country, ar	nd ZIP + 4		1		F Grou	лр Ехе	mption		
ŏ		tion pending	tions	Davenport, IA 52801						nber I	•		
	• Sec	ction 501(c)(3)	organiz	ations and 4947(a)(1) nonex	empt charitable trusts	must attach		G Accoun	tına M	ethod.	✓ Cas	h \square A	ccrual
				npleted Schedule A (Form 9				Other (s	_				
								H Check	<u>▶</u> □	ıf the d	organizati	ion is no	ot
1 /	Webs	ite: ► N/A					ı	required	d to att	ach S	chedule I	3 (Form	990,
J.	Гах-ех	empt status (check or	nly one) – 🗹 501(c) (3) ◀	(insert no))(1) or 🔲 52	27	990-EZ	, or 99	0-PF).			
K	Check	▶ ☐ if the	e organi	zation is not a section 509(a)(3)) supporting organization	and its gros	s rece	pts are no	rmally	not m	ore than	\$25,000	Α
_	Form 9			turn is not required, but if the									
<u>L /</u>	Add line	es 5b, 6b, and 7	b, to line	9 to determine gross receipts,	ıf \$500,000 or more, file F	orm 990 inste	ad of	Form 990-E	z ▶	. \$			17,950
P	art I	Revenu	e, Exp	enses, and Changes in	n Net Assets or Fu	nd Balanc	es (S	See the i	nstru	ction	s for Pa	ırt I.)	
	1	Contribution	ns, gift	s, grants, and similar amou	unts received					1		•	17,950
	2	Program se	ervice r	evenue including governme	ent fees and contract	s				2			
	3	Membersh	ıp dues	and assessments					[_3⊤	CE	10 /10	
	4	Investment	Incom	e					4	AL.		. I W (C	
	5a	Gross amo	unt fro	m sale of assets other than	inventory	. 5a				200			
	b	Less. cost	or othe	r basis and sales expenses	s	. 5b				* * * * * * * * * * * * * * * * * * * *	OCT 7	5 20	10
_	c	Gain or (los	ss) from	sale of assets other than	inventory (Subtract lin	ne 5b from l	ine 5	a)		5c			
ΞĒ	6	Special events	s and act	ivities (complete applicable parts o	of Schedule G) If any amou	int is from gam	ing, cl	heck here▶			EU		
Revenue	a	Gross reve	nue (no	ot including \$	of contribut	ions			15	2)GD	EM	UTA
	1	reported or	n line 1)		. <u>6a</u>			**	1 3 4		<u>با احد</u>	
	b	Less: direc	t exper	nses other than fundraising	expenses	. 6b							
	C	Net income	e or (los	ss) from special events and	l activities (Subtract II	ne 6b from	line 6	ia)		6c			
	7a	Gross sales	s of inv	entory, less returns and all	owances	. 7 a				*3.			
	b	Less: cost	of good	blos at		. 7 b				30 kg 45			
	C	Gross profi	it or (los	ss) from sales of inventory	(Subtract line 7b from	n line 7a) .				7c			
	8	Other rever	nue (de	scribe						8			
	9	Total reve	nue. Ac	dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8	<u> </u>			. ▶	9			17,950
	10	Grants and	l similaı	r amounts paid (attach sch	edule)				.	10			
	11	Benefits pa	aid to o	r for members						11			
es	12	Salaries, ot	ther co	mpensation, and employee	benefits					12			
Expenses	13	Professiona	al fees	and other payments to ind	ependent contractors					13			7,640
ğ	14	Occupancy	y, rent,	utilities, and maintenance						14			
Ш	15	Printing, pu	ublication	ons, postage, and shipping						15			
	16	Other expe	enses (c	describe See Attached)	16			13,353
	17			Add lines 10 through 16	<u> </u>		<u> </u>	<u></u>	. ▶	17			20,993
S	18			for the year (Subtract line						18		(3,043)
SSe	19	Net assets	or fun	d balances at beginning of	of year (from line 27,	column (A))	(mu	st agree	with	2 & 4			
Net Assets		·=	-	reported on prior year's re	· · · · · ·					19			27,477
	20			net assets or fund balance						20			
	21			balances at end of year. (· ·		. ▶	21	=-		24,434
ناع	art II	Ralance	Snee	ts. If Total assets on line 2		250,000 or	more	_					
	_			(See the instructions for	•			(A) Begin				end of yea	
2							2	7,477			24,434		
2		and and buildings							23				
24		ther assets (d)				24		
2	-								2	7,477	-		24,434
20	T C	otal liabilitie:	s (desc	ribe ► alances (line 27 of column	(D)	line Od)	_)			7 477	26		24 434
ა.	, ~	ICL MASELS OF	iuna n	arances one 77 or column	COLIMUSE AGree With	mie / 11				1 A//	-271		/A A 1A

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

Cat No 10642I

Form **990-EZ** (2009)

Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses	
Wha	t is the organization's primary exempt purpose?	Encourage minority student	s to graduate & ma	triculate	(Requ	ured for section	
		ganization's exempt purposes. In a clear and concise)(3) and 501(c)(4)	
		of persons benefited, and other relevant information for				izations and section	
	program title.	or persons benefited, and t	other relevant into	illation to		(a)(1) trusts, optional	
eaci	program title.				for ot	ners)	
28							
	(Grante \$) If this amount	includes foreign grants, ch	 ock boro	·	28a		
~~	(Grants \$) If this amount	includes foreign grants, ch	ecitiere	· • ·	200	-	
29					ļ		
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🔲	29a		
30	·						
30							
	(O ₁ , -1, -Φ)	t1 -1					
		includes foreign grants, ch			30a		
31	Other program services (attach schedule)						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 📙	31a		
32	Total program service expenses (add lines 28a t	through 31a)		▶	32		
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)	
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances	
Eron	t Klinooh	devoted to position	cinci o ij	deterred comper	1345011	other anomandes	
	k Klipsch	President					
	W. 2nd Street, Davenport, IA 52801		0		0	0	
	Oseland	Secretary			0		
201	W. 2nd Street, #1000, Davenport, IA 52801	Cooletaly	0			0	
Leah	n Wilson						
606	W. 2nd Street, Davenport, IA 52801	Treasurer	0		0	0	
Don	Harvey						
	John Deere Place, Moline, IL 61266	Board Member	o		0	0	
	is Williams	Board Member			_	_	
	60th Street, Moline, IL 61266		0		0	0	
Julie	Haack	Board Member					
518	W. Locust Street, Davenport, IA 52803		0		0	0	
Amy	Johnson	Daniel March - II					
2040	53rd Street, Moline, IL 61265	Board Member	0		0	0	
Chri	stopher Lopez						
	Avenue of the Cities, Moline, IL 61265	Board Member	0		0	0	
	n Hansen	Board Member			_	_	
201	N. Harrison St. #300, Davenport, IA 52801		0		0	0	
						-	
							
		 					
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		<u> </u>					
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		_					
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		1					

	0-EZ (2009)	_	F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		V	A1-
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	3) ş	*** *** ***	*
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		N/A X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization file Form 1120-POL for this year?	37b 38a	2. \ 2. \ 2. \ 2. \	Ñ/Ā
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	Zj	√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u>* * * * * * * * * * * * * * * * * * * </u>	√
41	List the states with which a copy of this return is filed. ▶ Iowa			
42a	3	563-32	-	1
	Located at ▶ 606 W. 2nd Street, Davenport, IA ZIP + 4 ▶	528	301	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	NO.
	If "Yes," enter the name of the foreign country: ▶	42b	3 5	, *.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	· · · · · · · · · · · · · · · · · · ·	3 X	1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2
	and Financial Accounts.	* 10 4	A 18 .	1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	> □ /A
			Yes	Nο
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			,,,,
45	Form 990-EZ	44	3.00	√
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt chari	xempt charitat table trusts mus	ole trusts only. A st answer questio	il section ns 46–49t	b		
	Did the organization engage in direct or indirect		es on behalf of o	r in opposition to	Yes	No		
	candidates for public office? If "Yes," complete				46	✓		
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a	Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," was the related organization a section 527 organization?							
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated employ 000 of compensation from	yees (other than o	officers, directors, t	rustees and	d key		
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expen			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account a other allowa	and		
None	than 4 to 500	devoted to position			Other allowa	inces		
			L					
			-					
	······							
51	Complete this table for the organization's five is \$100,000 of compensation from the organization	highest compensated inde	pendent contract one."	ors who each rece	lved more	than		
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Compensa	ation		
None								
d	Total number of other independent contractors e	each receiving over \$100,00	00 ►	1		<u> </u>		
	Under penalties of penury, I declare that I have examine and belief it is true, correct, and contracte. Declaration	ed this return, including accompany of preparer (other than officer) is be	ring schedules and sta ased on all information	atements, and to the besi of which preparer has a	of my knowle ny knowledge	 edge e		
Sign Here	Senature of office Frank Klipsch, President			10/11/16 Date				
	Type or print name and title	Data	Chook if	Preparer's identifying num	har /Sae instruc	tione)		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	r reparer s identifying hum	ue (See Instruct	uons)		
Use Onl	Tilli Stianie (Of		Ell Ph	one no 🕨				
May the	e IRS discuss this return with the preparer shown	n above? See instructions	· · · · · · ·		Yes 🗆 N	No.		
					m 990-EZ			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Quad Cities Scholars Program, Inc. 1276217 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I b Type II d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (ii) EIN (III) Type of organization (i) Name of supported (iv) is the organization (vii) Amount of (v) Did you notify (vi) Is the the organization in organization (described on lines 1-9 in col (i) listed in your organization in col support above or IRC section col (i) of your governing document? (i) organized in the (see instructions)) US2 support? Yes Yes No Yes **Total**

Sche	dule A (Form 990 or 990-EZ) 2009	•			•	1	Page 2
_	Support Schedule for Org (Complete only if you chec					and 170(b)(1	
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,825	22,560	20,152	51,500	17,950	134,987
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	22,825	22,560	20,152	51,500	17,950	134,987
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4	* / - 200 / -	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77 - X 3- 4	** ** *** ***		134,897
	tion B. Total Support	L	1	L	×* ** *	"+ *	134,037
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		22,825	22,560	20,152	51,500	17,950	134.987
7	Amounts from line 4	22,023	22,500	20,132	31,300	17,550	134,307
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .	e*					134,897
12	Gross receipts from related activities, etc	(see instruction	ons)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he		n's first, secor	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) . \blacktriangleright \Box
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2009 (line	6, column (f) dr	vided by line 1	1, column (f))		14	100 %
15	Public support percentage from 2008 Sci	hedule A, Part I	II, line 14 .			15	100 %
16a	a 33½ % support test – 2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 18	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						

Addendum to Quad Cities Scholars Program, Inc.

Form 990-EZ EIN: 42-1276217

Part I, Line 17, Other Expenses:

Scholarships	\$5,000
Programming	7,772
Misc./Administrative Costs	581

Total \$13,353