

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2015

<b>Prepared for</b>	THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION 324 3RD ST SE CEDAR RAPIDS, IA 52401
<b>Prepared by</b>	RSM US LLP 201 FIRST ST SE, SUITE 800 CEDAR RAPIDS, IA 52401
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	<p>THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.</p> <p>AN ORGANIZATION MUST MAKE ITS FORM 990 RETURN AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. ATTACHED IS A COPY OF THE FORM 990 THAT CONTAINS ALL PARTS OF THE RETURN, INCLUDING REQUIRED SCHEDULES AND ATTACHMENTS, EXCEPT THE SCHEDULE OF CONTRIBUTORS TO THE ORGANIZATION. PLEASE KEEP THIS COPY ACCESSIBLE FOR INSPECTION UPON REQUEST BY THE PUBLIC.</p>

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>324 3RD ST SE</b> City or town, state or province, country, and ZIP or foreign postal code <b>CEDAR RAPIDS, IA 52401</b> <b>F</b> Name and address of principal officer: <b>LESLIE H. GARNER, JR</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>42-6053860</b> <b>E</b> Telephone number  <b>319-366-2862</b> <b>G</b> Gross receipts \$ <b>18,818,812.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.GCRCF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1987</b>		<b>M</b> State of legal domicile: <b>IA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO HELP DONORS MAKE A LASTING DIFFERENCE IN THEIR COMMUNITIES THROUGH GRANTS TO NONPROFITS.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	<b>5</b>	<b>18</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>203</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>-22,159.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>-35,652.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>5,933,571.</b>	<b>10,781,931.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>50,000.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>9,831,928.</b>	<b>7,974,352.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>111,380.</b>	<b>62,033.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>15,926,879.</b>	<b>18,818,316.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>5,742,296.</b>	<b>7,265,327.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>1,091,899.</b>	<b>1,275,479.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>625,904.</b>	<b>0.</b>	<b>298.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,020,053.</b>	<b>903,184.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>7,854,248.</b>	<b>9,444,288.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>8,072,631.</b>	<b>9,374,028.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>142,031,905.</b>	<b>139,903,246.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>31,790,908.</b>	<b>32,077,545.</b>
<b>22</b>		<b>110,240,997.</b>	<b>107,825,701.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>LESLIE H. GARNER, JR, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CARLEY UMSTEAD</b>	Preparer's signature Date
	Firm's name ▶ <b>RSM US LLP</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00982177</b>
	Firm's address ▶ <b>201 FIRST ST SE, SUITE 800 CEDAR RAPIDS, IA 52401</b>	Firm's EIN ▶ <b>42-0714325</b>
		Phone no. <b>319-298-5333</b>

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: THE MISSION OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION IS TO HELP DONORS GIVE IN MEANINGFUL WAYS, TO STRENGTHEN NONPROFITS, AND TO PROVIDE LEADERSHIP THAT SUPPORTS A VIBRANT COMMUNITY.

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

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

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

4a (Code: ) (Expenses \$ 8,095,930. including grants of \$ 7,265,327. ) (Revenue \$ 57,945. ) THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS OVER 700 FUNDS BUILT WITH GIFTS AND BEQUESTS. IN 2015, THE FOUNDATION RECEIVED \$10.8 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES AND BUSINESSES. ALSO IN 2015, THE COMMUNITY FOUNDATION AWARDED \$7.3 MILLION IN GRANTS TO LOCAL NONPROFIT ORGANIZATIONS.

4b (Code: ) (Expenses \$ 122,398. including grants of \$ ) (Revenue \$ 930. ) THE NONPROFIT NETWORK IS A PROGRAM OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION THAT PROVIDES A POINT OF CONNECTION AND RESOURCES FOR LOCAL NONPROFIT ORGANIZATIONS AND PROFESSIONALS. THE PROGRAMS OF THE NONPROFIT NETWORK FOCUS ON PEER ENGAGEMENT, LEARNING OPPORTUNITIES, AND NONPROFIT INFORMATION.

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

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

4e Total program service expenses 8,218,328.

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	
<b>22</b> 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> .....	<b>X</b>	
<b>23</b> 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> .....	<b>X</b>	
<b>24a</b> 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....		<b>X</b>
<b>34</b> 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> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O .....

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 32		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 18		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	21		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	21		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LESLIE H. GARNER, JR - 319-366-2862**  
**324 3RD ST SE, CEDAR RAPIDS, IA 52401**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS SKOGMAN CHAIR	2.00	X		X				0.	0.	0.
(2) KEVIN WELU CHAIR - ELECT	2.00	X		X				0.	0.	0.
(3) KATIE OBERBROECKLING TREASURER	2.00	X		X				0.	0.	0.
(4) LYDIA BROWN SECRETARY	2.00	X		X				0.	0.	0.
(5) KARL CASSELL DIRECTOR	2.00	X						0.	0.	0.
(6) JOHN CHAIMOV DIRECTOR	2.00	X						0.	0.	0.
(7) TERRI CHRISTOFFERSEN DIRECTOR	2.00	X						0.	0.	0.
(8) BRENT COBB DIRECTOR	2.00	X						0.	0.	0.
(9) LOREN COPPOCK DIRECTOR	2.00	X						0.	0.	0.
(10) PATRICK DEPALMA DIRECTOR	2.00	X						0.	0.	0.
(11) GREG DUNN DIRECTOR	2.00	X						0.	0.	0.
(12) TIFFANY ANN EARL DIRECTOR	2.00	X						0.	0.	0.
(13) SARA FISETTE DIRECTOR	2.00	X						0.	0.	0.
(14) PEGGY HARDESTY DIRECTOR	2.00	X						0.	0.	0.
(15) MAUREEN KENNEY DIRECTOR	2.00	X						0.	0.	0.
(16) AMY LYNCH DIRECTOR	2.00	X						0.	0.	0.
(17) CHERYLE MITVALSKY DIRECTOR	2.00	X						0.	0.	0.



**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS MOORE DIRECTOR	2.00	X					0.	0.	0.	
(19) JULIE NOSEK DIRECTOR	2.00	X					0.	0.	0.	
(20) JOHN OSAKO DIRECTOR	2.00	X					0.	0.	0.	
(21) OATHER TAYLOR DIRECTOR	2.00	X					0.	0.	0.	
(22) LESLIE H. GARNER JR PRESIDENT & CEO	40.00			X			195,298.	0.	33,488.	
(23) JEAN BRENNENMAN CFO	40.00			X			93,672.	0.	17,623.	
(24) MICHELLE BEISKER VP OF DEVELOPMENT	40.00				X		100,545.	0.	13,047.	
<b>1b Sub-total</b>							389,515.	0.	64,158.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							389,515.	0.	64,158.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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
FUND EVALUATION GROUP, 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	130,525.

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

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 6,211.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 252,752.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 10,522,968.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	1,056,637.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 10,781,931.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 3,578,565.			3,578,565.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	25,317.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
	<b>c</b> Rental income or (loss) .....	25,317.				
	<b>d</b> Net rental income or (loss) .....	▶ 25,317.			25,317.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	4,395,798.	485.		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	0.	496.		
		<b>c</b> Gain or (loss) .....	4,395,798.	-11.		
	<b>d</b> Net gain or (loss) .....	▶ 4,395,787.			4,395,787.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME .....	900099	58,875.	58,875.			
<b>b</b> PARTNERSHIP UBIT .....	900099	-22,159.		-22,159.		
<b>c</b> _____						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶	36,716.				
<b>12 Total revenue.</b> See instructions. .....	▶	18,818,316.	58,875.	-22,159.	7,999,669.	

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,236,887.	7,236,887.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	26,440.	26,440.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,000.	2,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	352,217.	93,978.	128,877.	129,362.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	733,018.	293,263.	181,578.	258,177.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,194.	20,710.	12,844.	18,640.
<b>9</b> Other employee benefits	85,061.	32,606.	21,988.	30,467.
<b>10</b> Payroll taxes	52,989.	21,025.	13,040.	18,924.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	4,635.		4,635.	
<b>c</b> Accounting	44,395.		44,395.	
<b>d</b> Lobbying	1,460.		1,460.	
<b>e</b> Professional fundraising services. See Part IV, line 17	298.			298.
<b>f</b> Investment management fees	308,438.	308,438.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,371.	5,531.	2,200.	2,640.
<b>12</b> Advertising and promotion	46,117.	10,553.	15,180.	20,384.
<b>13</b> Office expenses	35,633.	14,697.	8,729.	12,207.
<b>14</b> Information technology	79,411.	33,203.	20,052.	26,156.
<b>15</b> Royalties				
<b>16</b> Occupancy	149,535.	46,897.	65,790.	36,848.
<b>17</b> Travel	20,129.	5,568.	9,778.	4,783.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	17,088.	10,757.	2,843.	3,488.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	105,713.	44,308.	26,591.	34,814.
<b>23</b> Insurance	11,563.	1,144.	9,275.	1,144.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	33,119.	6,230.	3,410.	23,479.
<b>b INVESTMENT EXPENSES</b>	23,443.		23,443.	
<b>c ACCRUED VACATION</b>	11,370.	4,093.	3,184.	4,093.
<b>d LIFE INSURANCE EXPENSE</b>	764.		764.	
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,444,288.	8,218,328.	600,056.	625,904.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	4,774,390.	<b>2</b>	9,183,644.	
	<b>3</b> Pledges and grants receivable, net .....	720,051.	<b>3</b>	558,105.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	18,362.	<b>9</b>	24,877.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,054,131.			
	<b>b</b> Less: accumulated depreciation .....	10b 481,412.			
	<b>11</b> Investments - publicly traded securities .....	1,606,875.	<b>10c</b>	1,572,719.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	101,862,189.	<b>11</b>	93,042,038.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	32,210,822.	<b>12</b>	34,672,515.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	839,216.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	142,031,905.	<b>15</b>	849,348.		
		<b>16</b>	139,903,246.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	53,404.	<b>17</b>	63,458.	
	<b>18</b> Grants payable .....	4,985.	<b>18</b>	11,738.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	29,757,776.	<b>21</b>	29,994,525.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	1,974,743.	<b>25</b>	2,007,824.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	31,790,908.	<b>26</b>	32,077,545.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	107,880,776.	<b>27</b>	106,115,382.	
	<b>28</b> Temporarily restricted net assets .....	2,360,221.	<b>28</b>	1,710,319.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> <b>Total net assets or fund balances</b> .....	110,240,997.	<b>33</b>	107,825,701.		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	142,031,905.	<b>34</b>	139,903,246.		

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	18,818,316.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	9,444,288.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	9,374,028.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	110,240,997.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-11,480,224.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-309,100.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	107,825,701.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
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			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
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			
<b>c</b> 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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION** Employer identification number **42-6053860**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,388,979.	6,980,461.	9,321,993.	5,933,571.	10,781,931.	39,406,935.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,388,979.	6,980,461.	9,321,993.	5,933,571.	10,781,931.	39,406,935.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3,694,022.
<b>6 Public support.</b> Subtract line 5 from line 4.						35,712,913.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	6,388,979.	6,980,461.	9,321,993.	5,933,571.	10,781,931.	39,406,935.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,845,684.	4,555,746.	3,322,648.	3,114,091.	3,603,882.	17,442,051.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		23,338.				23,338.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	8,385.	21,151.	285,380.	76,076.	58,875.	449,867.
<b>11 Total support.</b> Add lines 7 through 10						57,322,191.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	284,638.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	62.30 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	54.61 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number

42-6053860

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6053860</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,821,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,060,904.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>940,019.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>850,301.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>409,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>407,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6053860</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 367,653.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 330,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 302,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	<b>Employer identification number</b> 42-6053860
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	15,000 SHARES CLOSELY HELD STOCK	\$ 367,653.	07/15/15

Name of organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6053860</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	<b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number	<b>42-6053860</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

THE GREATER CEDAR RAPIDS COMMUNITY

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		1,460.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			1,460.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE FOUNDATION PAYS A LOBBYIST TO DISCUSS THE ENDOW IOWA TAX CREDIT WITH THE STATE LEGISLATURE.

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION  
**Employer identification number** 42-6053860

**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 .....	209	3
2 Aggregate value of contributions to (during year) .....	4,976,622.	5,242.
3 Aggregate value of grants from (during year) .....	3,218,669.	20,700.
4 Aggregate value at end of year .....	22,458,171.	406,077.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	104,418,805.	102,892,673.	90,365,236.	80,312,002.	84,326,973.
b Contributions .....	6,425,741.	3,647,845.	7,107,815.	5,394,012.	2,671,999.
c Net investment earnings, gains, and losses	3,398,306.	3,542,909.	9,592,629.	9,209,790.	-443,475.
d Grants or scholarships .....	2,572,572.	2,888,093.	2,449,694.	3,054,513.	4,614,950.
e Other expenditures for facilities and programs .....					
f Administrative expenses .....	9,106,775.	2,776,529.	1,723,313.	1,496,055.	1,628,545.
g End of year balance .....	102,563,505.	104,418,805.	102,892,673.	90,365,236.	80,312,002.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 100.00 %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| (i) unrelated organizations .....  |     | <input checked="" type="checkbox"/> |
| (ii) related organizations .....   |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |     | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		70,000.		70,000.
b Buildings .....		1,543,010.	209,796.	1,333,214.
c Leasehold improvements .....				
d Equipment .....		233,031.	119,620.	113,411.
e Other .....		208,090.	151,996.	56,094.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				1,572,719.

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) REAL ESTATE BASED		
(B) SECURITIES	1,879,502.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	6,069,282.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	19,748,733.	END-OF-YEAR MARKET VALUE
(E) GLOBAL FIXED INCOME BOND		
(F) FUNDS	6,974,998.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>34,672,515.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY &	
(3) UNITRUST AGREEMENTS	2,007,824.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>2,007,824.</b>

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



THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**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	7,029,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-11,480,224.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-11,480,224.
3	Subtract line 2e from line 1	3	18,509,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	308,438.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	308,438.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,818,316.

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

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

1	Total expenses and losses per audited financial statements	1	9,444,950.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	309,100.
e	Add lines 2a through 2d	2e	309,100.
3	Subtract line 2e from line 1	3	9,135,850.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	308,438.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	308,438.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,444,288.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE FOUNDATION ACTS AS AN AGENT FOR CERTAIN UNRELATED ORGANIZATIONS. THE TOTAL AMOUNT OF THE FUNDS HELD ON BEHALF OF THESE ORGANIZATIONS HAS BEEN REFLECTED AS A LIABILITY ON THE STATEMENT OF FINANCIAL POSITION. ON THE STATEMENT OF ACTIVITIES, THE FOUNDATION REPORTS THE GROSS AMOUNT OF SUPPORT, REVENUE AND EXPENSES WITH THE AMOUNT RAISED AND EXPENDED ON BEHALF OF OTHERS BEING SHOWN AS A REDUCTION IN THE GROSS AMOUNTS OF SUPPORT, REVENUE AND EXPENSES.

**PART V, LINE 4:**

WE PROVIDE GRANTS AND SUPPORT TO NONPROFITS BY INVESTING IN INNOVATION, SUSTAINABILITY AND CAPACITY BUILDING ACROSS THE SPECTRUM OF NONPROFIT

**Part XIII** Supplemental Information (continued)

ORGANIZATIONS. WE ALSO PROVIDE LEADERSHP ON COMMUNITY INITIATIVES THAT INVOLVE CHARITABLE GIVING.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES. CERTAIN INVESTMENTS OF THE FOUNDATION ARE SUBJECT TO THE UNRELATED BUSINESS INCOME TAX REGULATIONS, AND OCCASIONALLY WILL REQUIRE THE FOUNDATION TO PAY TAX ON THIS UNRELATED BUSINESS INCOME. THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN ACCORDANCE WITH THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT TO ITS FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES FOR YEARS PRIOR TO 2012, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR TRANSFER OF FUNDS FROM AMOUNTS HELD ON BEHALF OF OTHERS	46,012.
ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	263,088.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	309,100.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION** Employer identification number **42-6053860**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBE, INC DBA ABBEHEALTH 740 N. 15TH AVE HIAWATHA, IA 52233	42-1373123	501(C)(3)	30,000.	0.			ABBE, INC. RE-BRANDING & WEBSITE PROJECT AND RESILIENCE-BUILDING: DEVELOPING AN ELECTRONIC
ACADEMY FOR SCHOLASTIC & PERSONAL SUCCESS - PO BOX 2842 - CEDAR RAPIDS, IA 52406	45-4289211	501(C)(3)	8,300.	0.			MARKETING AND SOCIAL MEDIA FOR THE ACADEMY SPS 2015 PLAN B
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	501(C)(3)	43,636.	0.			ANNUAL DESIGNATED DISTRIBUTION, 2016 ENDLESS POSSIBILITIES PHASE 2, ENDLESS
AG INNOVATIONS NETWORK 101 MORRIS ST. STE. 212 SEBASTOPOL, CA 95472	68-0462304	501(C)(3)	11,064.	0.			DONATION - SUSTAINABLE FOOD LAB - SUSTAINABLE VANILLA INITIATIVE
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	501(C)(3)	34,024.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, MILESTONES FOR "O" AVE FACILITY, AGING
ALBURNETT COMMUNITY SCHOOL DISTRICT - PO BOX 400 - ALBURNETT, IA 52202-0400	42-6000620	GOVERNMENT	10,000.	0.			2016 ALBURNETT ELEMENTARY SCHOOL WELLNESS AND PLAYGROUND PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **146.**

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

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3007	42-0698056	501(C)(3)	7,161.	0.			CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT GIRL SCOUTS
ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER - 317 7TH AVE SE, SUITE 402 - CEDAR RAPIDS, IA 52401	13-3039601	501(C)(3)	10,055.	0.			GEN SUPPORT, RESEARCH, CEDAR RAPIDS WALK- "MOVE" SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
AMERICAN CANCER SOCIETY - CEDAR RAPIDS - 4080 1ST AVE NE STE 101 - CEDAR RAPIDS, IA 52402-3160	13-1788491	501(C)(3)	52,596.	0.			2015 LINN GALA, ANNUAL DESIGNATED DISTRIBUTION, GARY STREIT- RELAY FOR LIFE, AND EMPLOYEE MATCH
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 52233-2070	13-5613797	501(C)(3)	10,043.	0.			GALA SUPPORT, RESEARCH, ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, AND HEART BALL
AMERICAN NATIONAL RED CROSS - SOUTH AND EASTERN IOWA - 6300 ROCKWELL DRIVE NE - CEDAR RAPIDS, IA 52402	53-0196605	501(C)(3)	27,335.	0.			ANNUAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, AND RED CROSS
ARCHDIOCESE OF DUBUQUE DBA PRAIRIEWOODS FRANCISCAN SPIRITUALITY CENTER - 120 E BOYSON RD - HIAWATHA, IA 52233-1277	42-0680409	501(C)(3)	25,000.	0.			PRAIRIEWOODS STREAM RESTORATION AND EDUCATION PROJECT
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	501(C)(3)	107,750.	0.			YOUTH RESIDENTIAL FACILITY CONVERSION PROJECT, TECHNOLOGY IMPROVEMENT PROJECT,
ARTISAN'S SANCTUARY 45 16TH AVE SW CEDAR RAPIDS, IA 52404	47-2882005	501(C)(3)	10,000.	0.			THE ARTISAN'S SANCTUARY - A COMMUNITY RESOURCE FOR THE VISUAL AND PERFORMING ARTS
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA, INC. - 3150 E AVE NW STE 103 - CEDAR RAPIDS, IA 52405-2900	42-1170475	501(C)(3)	111,550.	0.			ANNUAL SUPPORT, GENERAL SUPPORT, GREATAMERICA FINANCIAL SERVICES EMPLOYEE VOLUNTEERS

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG RIVER UNITED WAY PO BOX 251 KEOKUK, IA 52632	42-6036779	501(C)(3)	7,400.	0.			SUPPORT 2016 GIVING CAMPAIGN AND GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CEDAR RAPIDS - 420 6TH STREET SE, SUITE 240 - CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	53,476.	0.			FISH-O-RAMA TROUT LEVEL SUPPORT, DUCK RACE SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
BRUCEMORE 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	501(C)(3)	4,439.	0.			OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AND GENERAL SUPPORT
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	501(C)(3)	82,543.	0.			IN MEMORY OF ALLAN L. HARMS GENERAL SUPPORT, SPRINT TRIATHLON SUPPORT, GENERAL SUPPORT,
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	501(C)(3)	5,210.	0.			ANNUAL DESIGNATED DISTRIBUTION
CATHERINE MCAULEY CENTER INC. 866 4TH AVE SE CEDAR RAPIDS, IA 52403-2423	42-1342872	501(C)(3)	29,800.	0.			GENERAL SUPPORT, TO CONTINUE WORKING WITH RECENT IMMIGRANTS AS WELL AS WOMEN IN TRANSITION,
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405-1015	42-6023551	GOVERNMENT	53,867.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HIGH SCHOOL; ANNUAL DISTRIBUTION TO
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	5,100.	0.			ANNUAL DESIGNATED DISTRIBUTION, IOWA BIG SCHOOL, RESTAURANT CONSULTANT THAT WILL
CEDAR RAPIDS METRO ECONOMIC ALLIANCE - 501 1ST ST SE - CEDAR RAPIDS, IA 52401-2011	42-0172900	501(C)(6)	18,000.	0.			RESTAURANT CONSULTANT THAT WILL SUPPORT RESTAURANT DESIGNATIONS BLUE ZONES CERTIFICATION

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	501(C)(3)	273,684.	0.			AGENCY DISTRIBUTION, IN MEMORY OF JO MCGRATH, ANNUAL DESIGNATED DISTRIBUTION, 3RD CAPITAL
CEDAR RAPIDS OPERA THEATRE 425 2ND ST. SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	501(C)(3)	77,119.	0.			2014-15 17TH SEASON SUPPORT, SUPPORT OF GALA, YOUNG ARTIST PROGRAM PRODUCTION SUPPORT -- MAN
CEDAR RAPIDS PUBLIC LIBRARY 450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	42-6004336	GOVERNMENT	11,225.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVENUE SE - CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	57,136.	0.			CAPITAL DEVELOPMENT FUND, ANNUAL DESIGNATED DISTRIBUTION, GREEN ROOF PLANTERS, GENERAL
CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION DBA ORCHESTRA IOWA - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401-1403	42-0772544	501(C)(3)	186,485.	0.			IN MEMORY OF JO MCGRATH, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 THIRD AVENUE SE - CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	25,507.	0.			ANNUAL DESIGNATED DISTRIBUTION
CEDAR VALLEY FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677	42-1390144	501(C)(3)	20,500.	0.			EMERGENCY SAFE SHELTER AND HOUSING STABILITY
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	501(C)(3)	12,716.	0.			ANNUAL DESIGNATED DISTRIBUTION AND CVHS DIGITAL APPLICATION PROJECT - 2015
CENTRAL COLLEGE 812 UNIVERSITY STREET PELLA, IA 50219	42-0680344	501(C)(3)	6,501.	0.			MEN'S TENNIS PROGRAM SUPPORT AND SCHOLARSHIPS

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	501(C)(3)	31,675.	0.			ANNUAL DESIGNATED DISTRIBUTION
CHILDREN'S THEATRE OF CEDAR RAPIDS DBA PLAYTIME POPPY CHILDREN'S THEATRE - 102 3RD STREET SE - CEDAR RAPIDS, IA 52401-1221	42-6018183	501(C)(3)	6,500.	0.			ANNUAL DESIGNATED DISTRIBUTION, EMERGING OPPORTUNITY: ONE GREAT LINE, AND TECHNOLOGY FOR
CITY OF CEDAR RAPIDS 101 FIRST STREET SE CEDAR RAPIDS, IA 52401	42-6004336	GOVERNMENT	279,853.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, GREENE SQUARE REVIVAL
CITY OF CENTRAL CITY 137 4TH ST N CENTRAL CITY, IA 52214-9596	42-6004353	GOVERNMENT	10,000.	0.			SENIOR DINING-HOME DELIVERED MEALS 2015/2016
CITY OF WALKER 408 ROWLEY ST WALKER, IA 52352-9683	42-6005308	GOVERNMENT	8,267.	0.			WALKER BASKETBALL COURT REPLACEMENT
COE COLLEGE OFFICE OF FINANCIAL AID, 1220 1ST AVE NE - CEDAR RAPIDS, IA 52402-5092	42-0686467	501(C)(3)	293,925.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, AND SCHOLARSHIPS
COGGON AREA BETTERMENT ASSOCIATION 5529 S. HWY 13 COGGON, IA 52218	45-5125345	501(C)(3)	7,750.	0.			GLASS & PORCELAIN
COMMUNITY FOUNDATION OF JOHNSON COUNTY - 325 E WASHINGTON ST - IOWA CITY, IA 52240-3968	42-1508117	501(C)(3)	25,000.	0.			IOWA YOUTH WRITING PROJECT - GENERAL SUPPORT
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	501(C)(3)	205,805.	0.			DIRECT PATIENT CARE - FY2015, AGENCY DISTRIBUTION ANNUAL DESIGNATED DISTRIBUTION,

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	501(C)(3)	175,757.	0.			CRST BROADWAY SERIES SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, THEATRE EDUCATION
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	501(C)(3)	203,267.	0.			BERRY CENTER, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, PRESIDENT'S HOUSE RENOVATION, CORNELL
COUNCIL ON FOUNDATIONS, INC. 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202-3706	13-6068327	501(C)(3)	10,220.	0.			CHARITABLE PORTION OF MEMBERSHIP DUES
DIVERSITY FOCUS 200 2ND ST SE CEDAR RAPIDS, IA 52401-1406	20-3420207	501(C)(3)	42,000.	0.			GENERAL SUPPORT; BLACK AND BROWN EDUCATOR RECRUITMENT AND RETENTION (BBERR); WORKPLACE
DONORSCHOOSE.ORG FINANCIAL OPERATIONS, 134 W. 37TH S NEW YORK, NY 10018	13-4129457	501(C)(3)	25,000.	0.			FUND FOR EDUCATIONAL EXCELLENCE MATCH PARTNERSHIP WITH DONORS CHOOSE
DRAKE UNIVERSITY OFFICE OF ALUMNI AND DEVELOPMENT, 2507 UNIVERSITY AVENUE - DES MOINES, IA 50	42-0680460	501(C)(3)	11,000.	0.			DRAKE UNIVERSITY SUMMER RESEARCH FELLOWSHIPS 2016 AND SCHOLARSHIPS
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	38,750.	0.			ARTS IMAGINARIUM OPEN STUDIO PROJECT, EXTENDED OUTREACH PROGRAM - SUMMER OF 2015, HARVESTING THE
EASTERN IOWA HONOR FLIGHT C/O ROGER UTHOFF, TREASURER, 2876 61ST STREET LANE - VINTON, IA 52349	27-1666013	501(C)(3)	61,750.	0.			GENERAL SUPPORT, EASTERN IA HONOR FLIGHT GOLF TOURNAMENT-HOLE SUPPORT, AND SCHOLARSHIPS FOR THE
ESSENTIAL INSTRUCTION C/O MARION MIXERS - PO.BOX 2107 - CEDAR RAPIDS, IA 52406-2107	46-5762244	501(C)(3)	8,000.	0.			PHYSICAL PRESENCE IN CR AND GENERAL SUPPORT

Schedule I (Form 990)



THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	19,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, FOSTER CARE PROGRAM SUPPORT - LINN CO. NON METRO, AND
FEED IOWA FIRST 1622 42ND ST NE CEDAR RAPIDS, IA 52402	45-4058376	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	501(C)(3)	23,223.	0.			ANNUAL DESIGNATED DISTRIBUTION AND SATURDAY EVENING MEAL PROGRAM 2015
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	501(C)(3)	8,206.	0.			ANNUAL PAYMENT FOR GENERAL SUPPORT; IN MEMORY OF EVELYN MAXINE MOORE, DEACON FUND; AND
FOUNDATION 2 INC. 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405-4865	42-1078444	501(C)(3)	32,680.	0.			ANNUAL DESIGNATED DISTRIBUTION, CONNECTION TO CULTURAL EXPERIENCES FOR FOUNDATION 2 SHELTER
FOUR OAKS FAMILY & CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	297,038.	0.			TOTALCHILD - COMMIT TO A CHILD CAMPAIGN, MENTAL HEALTH RELATED PROGRAM, ANNUAL DESIGNATED
FRIENDS OF CEDAR LAKE INC. 1821 GRANDE AVENUE SE CEDAR RAPIDS, IA 52403	47-2974571	501(C)(3)	7,550.	0.			DISTRIBUTION
FRIENDS OF THE HIAWATHA PUBLIC LIBRARY - 150 WEST WILLMAN ST. - HIAWATHA, IA 52233	26-2946986	501(C)(3)	10,000.	0.			PLAY & LEARN AT HIAWATHA PUBLIC LIBRARY 2015-2016
GEMS OF HOPE 420 6TH STR SE CEDAR RAPIDS, IA 52401	20-3155610	501(C)(3)	12,950.	0.			BUILDING A TOMORROW BY MANAGING INFORMATION AND DATA TODAY AND HOPE BLOOMS DAFFODIL

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GIRLS ON THE RUN OF JOHNSON COUNTY IOWA - PO BOX 3222 - IOWA CITY, IA 52244	45-1294227	501(C)(3)	15,250.	0.			SCHOLARSHIPS FOR PARTICIPANTS IN NEED AND PROGRAM SUPPORT FOR HIGH-NEED SITES IN LINN
GREEN SQUARE MEALS INC. PO BOX 5303 CEDAR RAPIDS, IA 52406-5303	42-1307429	501(C)(3)	10,650.	0.			GENERAL SUPPORT, GREEN SQUARE MEALS 2014, AND FEEDING THE HOMELESS
HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY - 350 6TH AVE SE - CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	87,529.	0.			IN MEMORY OF ALLAN L. HARMS GENERAL SUPPORT FOR LINN COUNTY, 2015
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	27,971.	0.			CORPORATE HOPE BUILDERS IN MEMORY OF ALLAN L. HARMS GENERAL SUPPORT, OPERATION BACKPACK, ANNUAL DESIGNATED
HAWKEYE AREA COUNCIL--BOY SCOUTS 660 32ND AVE SW CEDAR RAPIDS, IA 52404-3910	42-0680304	501(C)(3)	6,648.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH FOR PACK 214, AND ANNUAL
HEIGHTS CENTER INC. 15570 HAGIE DRIVE FORT MYERS, FL 33908	45-5595206	501(C)(3)	12,000.	0.			PATHWAYS TO PROSPERITY 2015
HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	GOVERNMENT	31,869.	0.			ANNUAL DESIGNATED DISTRIBUTION
HOLY FAMILY PARISH 710 S. WACOUTA AVE. PRAIRIE DU CHIEN, WI 53821	80-0823428	501(C)(3)	10,000.	0.			PROGRAM SUPPORT FOR SCHOLARSHIP FUND
HOOVER PRESIDENTIAL FOUNDATION P.O. BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	501(C)(3)	68,621.	0.			ANNUAL DESIGNATED DISTRIBUTION AND ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE TEMPORARY

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INDIAN CREEK NATURE CENTER 6665 OTIS RD SE CEDAR RAPIDS, IA 52403-7134	23-7260197	501(C)(3)	103,392.	0.			ANNUAL DISTRIBUTION, ENHANCE SONG BIRD HABITAT, ANNUAL DESIGNATED DISTRIBUTION,
IOWA ART WORKS INC. DBA THE CERAMICS CENTER - 329 10TH AVE SE, SUITE 117 - CEDAR RAPIDS, IA 52401-2339	42-1112539	501(C)(3)	10,000.	0.			MAKING A DIFFERENCE FOR AT-RISK KIDS: COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH
IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 71186 - DES MOINES, IA 50325	45-4574664	501(C)(3)	133,721.	0.			ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	501(C)(3)	18,000.	0.			GENERAL FUNDING
IOWA JAG INC. GRIMES STATE OFFICE BUILDING, 400 E. 14TH STREET--3RD FLOOR - DES MOINES, IA	42-1492988	501(C)(3)	31,000.	0.			SUPPORTING STUDENT SUCCESS IN GRADUATION AND CAREERS IN CEDAR RAPIDS 2015-2018 AND 9-10 GRADE
IOWA LEGAL AID 317 SEVENTH AVE. SE SUITE 404 CEDAR RAPIDS, IA 52401-2003	42-1079227	501(C)(3)	25,300.	0.			VOLUNTEER RECRUITMENT & COORDINATION PROJECT, GENERAL SUPPORT, AND RESILIENCE
IOWA PUBLIC TELEVISION FOUNDATION PO BOX 6400 JOHNSTON, IA 50131	42-1169207	501(C)(3)	279,675.	0.			"BEYOND AMERICAN GOTHIC: THE STORY OF GRANT WOOD"
IOWA STARTUP ACCELERATOR INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	32,000.	0.			BUILD HERE! IOWA STARTUP ACCELERATOR, INNOVATION PROGRAM COORDINATION, AND GENERAL SUPPORT
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	GOVERNMENT	29,350.	0.			SCHOLARSHIPS

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT - 920 48TH AVENUE - AMANA, IA 52203	42-1481272	501(C)(3)	12,000.	0.			BUILDING IOWA VALLEY RC&D'S OUTREACH CAPACITY TO BENEFIT THE LINN COUNTY FOOD SYSTEM
IOWA VETERANS WELCOME CENTER AKA FREEDOM FOUNDATION - 50 2ND AVENUE BRIDGE - CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	14,000.	0.			VETERANS EMERGENCY ASSISTANCE FUNDS
IWLC - IOWA WOMEN LEAD CHANGE 200 1ST ST STE 2100 CEDAR RAPIDS, IA 52401	45-2932668	501(C)(3)	13,567.	0.			IWLC WEBSITE UPGRADE WHICH INCLUDES RESPONSIVE DESIGN AND GENERAL SUPPORT
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	501(C)(3)	19,841.	0.			BRONZE LEVEL SUPPORT OF GREG BROWN FUNDRAISER, 10K DONATION, AND ANNUAL DESIGNATED DISTRIBUTION
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF - EASTERN IOWA CHAPTER, 1026 A AVE NE STE 113 - CEDAR RAPIDS, IA 52406	23-1907729	501(C)(3)	54,178.	0.			2015 JDRF ONE WALK BRONZE SUPPORT, GENERAL SUPPORT, CORPORATE SUPPORT OF JDRF WALK TO CURE DIABETES,
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	51,578.	0.			EMPOWERING KINDERGARTEN THROUGH 12TH GRADE STUDENTS IN URBAN AND RURAL LINN COUNTY TO
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 52401-2007	42-6060212	501(C)(3)	9,750.	0.			TABLE SUPPORT-FOSTERING STRENGTH EVENT AND BRIDGING THE G.A.P. 2016
KEOKUK AREA COMMUNITY FOUNDATION PO BOX 367 KEOKUK, IA 52632-0367	20-1838372	501(C)(3)	39,326.	0.			GENERAL SUPPORT
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	42,000.	0.			ADVOCATES FOR CHILDREN OF HIGH-CONFLICT DIVORCE INSIDE AND OUTSIDE THE METRO AREA

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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KIRKWOOD COMMUNITY COLLEGE FOUNDATION - P.O. BOX 2068 - CEDAR RAPIDS, IA 52406	23-7076632	501(C)(3)	107,047.	0.			IN MEMORY OF ALLAN L. HARMS GENERAL SUPPORT OF KCCK-FM, FUNDING KCCK-FM'S JAZZ EDUCATION
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	501(C)(3)	21,500.	0.			RAISING THE BAR ON WHAT'S POSSIBLE THROUGH ACADEMIC & LEADERSHIP SKILLS FOR ALL STUDENTS
LEGION ARTS INC. 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	501(C)(3)	19,442.	0.			RESTORATION OF CSPS HALL, ANNUAL DESIGNATED DISTRIBUTION, LANDFALL FESTIVAL OF WORLD MUSIC
LINN COUNTY 800 WALFORD RD SW CEDAR RAPIDS, IA 52404	42-6004338	GOVERNMENT	11,462.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR RYAN WHITE MEDICAL CASE MANAGEMENT AND
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 716 OAKLAND RD NE STE 103 - CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	48,197.	0.			GENERAL FUNDING, EMERGING OPPORTUNITY: STRATEGIC PLANNING NEEDS TO START NOW, ANNUAL DESIGNATED
LINN-MAR SCHOOL FOUNDATION 2999 N. 10TH STREET MARION, IA 52302	42-1267125	501(C)(3)	16,074.	0.			ANNUAL DISTRIBUTION
LUTHER COLLEGE OFFICE OF FINANCIAL AID, 700 COLLEGE DR - DECORAH, IA 52101-1041	42-0680466	501(C)(3)	7,000.	0.			BIOLOGY DEPARTMENT AND SCHOLARSHIPS
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	501(C)(3)	7,394.	0.			ANNUAL DISTRIBUTION
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	501(C)(3)	31,675.	0.			ANNUAL DESIGNATED DISTRIBUTION

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MARCH OF DIMES FOUNDATION 2910 WESTOWN PKWY, #301 WEST DES MOINES, IA 50266	13-1846366	501(C)(3)	17,000.	0.			GENERAL SUPPORT, MARCH FOR BABIES- BRONZE LEVEL SUPPORT, ANNUAL CONTRIBUTION
MARION CARES, INC. 1050 MCGOWAN BLVD. MARION, IA 52302	26-0585390	501(C)(3)	18,250.	0.			GENERAL SUPPORT, IMPACT CITIZENS AWARD SUPPORT, AND MARION STUDENTS EXCEL IN SCHOOL AND LIFE
MATTHEW 25 201 THIRD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	129,756.	0.			ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, GROW POSSIBILITIES CAPITAL CAMPAIGN,
MERCY MEDICAL CENTER FOUNDATION 315 18TH AVE HIAWATHA, IA 52233-2042	51-0233180	501(C)(3)	46,900.	0.			ESPECIALLY FOR YOU RACE AGAINST BREAST CANCER SUPPORT, CRYSTAL HERITAGE HISTORY WALL, MERCY
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	501(C)(3)	64,037.	0.			ANNUAL DESIGNATED DISTRIBUTION, REJUVENATE -- THE CAMPAIGN TO ENHANCE METH-WICK
MOUNT MERCY UNIVERSITY 1330 ELMHURST DRIVE NE CEDAR RAPIDS, IA 52402-4797	42-0681046	501(C)(3)	255,879.	0.			MOUNT MERCY ATHLETIC COMPLEX, GENERAL SUPPORT, ANNUAL SUPPORT, MOUNT MERCY UNIVERSITY GRADUATE
NATIONAL COUNCIL ON YOUTH LEADERSHIP - 533 E. POST RD. SE - CEDAR RAPIDS, IA 52403	43-1252781	501(C)(3)	6,000.	0.			SCHOLARSHIP SUPPORT
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PLACE SW - CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	140,491.	0.			SUPPORT FOR MUSIC @ MUSEUM AND THE GREAT STORIES AUTHOR SERIES IN 2015, GENERAL SUPPORT,
NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 50309-2316	53-0242652	501(C)(3)	59,500.	0.			RESTORING A WETLAND UPSTREAM OF CEDAR RAPIDS FOR REDUCED FLOOD RISK AND IMPROVED WATER

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NEW COVENANT BIBLE CHURCH 3090 N CENTER POINT RD CEDAR RAPIDS, IA 52411	51-0139200	501(C)(3)	12,567.	0.			PROGRAM SUPPORT FOR MISSIONS OUTREACH
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	501(C)(3)	29,420.	0.			OVERALLS ALL OVER: A GRANT WOOD EXPERIENCE, GENERAL SUPPORT, NEW BO CITY MARKET CAPITAL
OAK HILL CEMETERY ASSOCIATION P.O.BOX 1962 CEDAR RAPIDS, IA 52406-1962	42-0445460	501(C)(3)	8,000.	0.			FOR GREATEST NEED
OAK HILL JACKSON NEIGHBORHOOD ASSOCIATION - 1230 5TH ST SE - CEDAR RAPIDS, IA 52401	39-1906031	501(C)(3)	10,000.	0.			OAK HILL JACKSON NEIGHBORHOOD RESOURCE CENTER
OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 52203-8200	42-0985212	501(C)(3)	10,250.	0.			THEATRE FOR YOUNG AUDIENCES TOURS OF "CHARACTER CHRONICLES" AND "CHARACTERROCKS.COM"
OLD OPERA HOUSE COMMUNITY ARTS COUNCIL - PO BOX 121 - COGGON, IA 52218-0121	42-1354260	501(C)(3)	10,000.	0.			COGGON OLD OPERA HOUSE STREET FRONT RENOVATION
OLIVET PRESBYTERIAN CHURCH 230 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	501(C)(3)	14,864.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET NEIGHBORHOOD
OXFAM-AMERICA INC 226 CAUSEWAY ST FIFTH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	10,000.	0.			NEPAL EARTHQUAKE RELIEF
PLANNED PARENTHOOD OF THE HEARTLAND, INC. - 1171 7TH ST - DES MOINES, IA 50314-2505	42-0727488	501(C)(3)	77,490.	0.			PREVENTIVE HEALTH SERVICES AND PATIENT EDUCATION, ANNUAL DESIGNATED DISTRIBUTION

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PROSPECT MEADOWS 1890 COUNTY HOME ROAD MARION, IA 52402	45-1186453	501(C)(3)	32,500.	0.			CAPITAL CAMPAIGN AND AND BUILD NEW BALL FIELDS
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	501(C)(3)	17,915.	0.			ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, MUSIC IN RURAL LINN COUNTY
REVIVAL THEATRE COMPANY 1380 60TH ST. NE PO BOX 11274 CEDAR RAPIDS, IA 52410	46-5106582	501(C)(3)	11,797.	0.			2014, 2015-2016 SEASON AND CHILDREN'S ACADEMY
RIDERS CLUB OF AMERICA 1700 B AVE NE #213 CEDAR RAPIDS, IA 52402	27-0832680	501(C)(3)	5,800.	0.			CEDAR RAPIDS RIDE SHARE PROGRAM AND GENERAL SUPPORT
RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	501(C)(3)	25,000.	0.			DESIGNING COMPOST EXTRACTS ...TO REDUCE EROSION, YEAR 2
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS - 1000 C AVE NW - CEDAR RAPIDS, IA 52405-3819	22-2406433	501(C)(3)	51,348.	0.			ANNUAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, MOBILE FEEDING, FLOOD THE RUN- SPLASH LEVEL, 2015
SHRINERS HOSPITALS FOR CHILDREN DEVELOPMENT OFFICE, 2900 ROCKY POINT TAMPA, FL 33607	36-2193608	501(C)(3)	5,237.	0.			GENERAL SUPPORT
SPT THEATRE COMPANY 1103 THIRD STREET SE CEDAR RAPIDS, IA 52401	20-0644595	501(C)(3)	15,000.	0.			TALES FROM THE WRITERS' ROOM SEASON 9
ST. AMBROSE UNIVERSITY 518 W. LOCUST ST DAVENPORT, IA 52803	42-0703280	501(C)(3)	11,000.	0.			SCHOLARSHIP, CAPITAL CAMPAIGN - WELLNESS & RECREATION CENTER, AND ACADEMY FOR THE STUDY OF

Schedule I (Form 990)



THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVE NE STE LL1 CEDAR RAPIDS, IA 52402-5064	42-1106819	501(C)(3)	37,684.	0.			HELEN G. NASSIF CANCER CENTER HEALTH & WELLNESS NEEDS (NAME A ROOM), ANNUAL DESIGNATED
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	501(C)(3)	5,885.	0.			GENERAL SUPPORT
ST. PAUL'S UMC OF CR FOUNDATION 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	75-3093308	501(C)(3)	5,931.	0.			ANNUAL DISTRIBUTION AND ANNUAL SUPPORT
ST. PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	42-0680303	501(C)(3)	11,958.	0.			ANNUAL DISTRIBUTION TO SUPPORT MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, ANNUAL DESIGNATED
SYSTEMS UNLIMITED, INC 2533 SCOTT BLVD SE IOWA CITY, IA 52240-8195	42-0985205	501(C)(3)	26,239.	0.			TO SUPPORT THE PURCHASE OF TRANSPORTATION VEHICLES AND MENTAL HEALTH SERVICES
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	501(C)(3)	144,132.	0.			EXPRESSIVE ARTS GALA "SEASONS OF CHANGE", GENERAL SUPPORT, CAMP TANAGER - ALL YEAR!, DUCK
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	501(C)(3)	5,085.	0.			ARC MARCH SUPPORT, CAPITAL CAMPAIGN CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION,
THE ORGANIC CENTER INC. 28 VERNON ST SUITE 413 BRATTLEBORO, VT 05301	02-0626006	501(C)(3)	45,000.	0.			PESTICIDE CONTAMINATION SUPPLY CHAIN STUDY, PART 2
THISTLE FARMS, INC. AKA MAGDALENE INC. - 5122 CHARLOTTE PIKE - NASHVILLE, TN 37209	58-2050089	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREES FOREVER 770 7TH AVE STE B MARION, IA 52302-5773	42-1419181	501(C)(3)	23,764.	0.			KEEPING I-380 BEAUTIFUL IN 2015, CEDAR RAPIDS FRUIT TREEKEEPERS, TREES FOREVER TREEKEEPERS:
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS DBA METRO CATHOLIC OUTREACH - 420 6TH ST. SE - CEDAR RAPIDS, IA 52401	53-0196617	501(C)(3)	5,500.	0.			FOOD PANTRY AND GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	155,869.	0.			GENERAL SUPPORT FOR LAP-AID, PUBLIC ALLY POSITION FOR LAP-AID, 2013 CAMPAIGN SUPPORT,
UNIVERSITY OF CHICAGO SENIOR PHILANTHROPIC ADVISOR, OFFICE OF GIFT PLANNING 5235 S HARPER COURT -	36-2177139	501(C)(3)	73,854.	0.			SCHOLARSHIP AND ANNUAL DESIGNATED DISTRIBUTION TO COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND
UNIVERSITY OF IOWA 5 JESSUP HALL RM B, 5 W JEFFERSON S IOWA CITY, IA 52242	42-6004813	GOVERNMENT	36,299.	0.			SCHOLARSHIPS; EXPENSES FOR DELEGATES ATTENDING A MEETING IN UPPSALA, SWEDEN IN JUNE 26, 2015;
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244-4550	42-0796760	501(C)(3)	31,786.	0.			AS NEEDED FOR THE CHILDREN'S MIRACLE NETWORK, CMKHAK15, 2015 PROGRAM SUPPORT FOR THE
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID, 105 GILCHRIST HALL - CEDAR FALLS, IA 50614	42-6004333	GOVERNMENT	12,250.	0.			SCHOLARSHIPS
VARIETY - THE CHILDREN'S CHARITY OF IOWA - 505 5TH AVE STE 310 - DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	30,000.	0.			VARIETY STAR PLAYGROUND AT NOELRIDGE PARK
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	501(C)(3)	136,651.	0.			MADGE PHILLIPS CENTER, TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE, GENERAL SUPPORT,

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLINGTON HEIGHTS NEIGHBORHOOD ASSOCIATION - PO BOX 2654 - CEDAR RAPIDS, IA 52406-2654	42-1363173	501(C)(3)	9,610.	0.			WELLINGTON HEIGHTS RESOURCE PERSON - 2015
WHOLE PLANET FOUNDATION 550 BOWIE STREET AUSTIN, TX 78703-4677	20-2376273	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WILLIS DADY EMERGENCY SHELTER INC. 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	501(C)(3)	52,900.	0.			2015 RUN/WALK FOR SHELTER, GENERAL SUPPORT, BUNK BEDS FOR WILLIS DADY EMERGENCY SHELTER 2015,
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410-0956	42-1479238	501(C)(3)	7,625.	0.			GENERAL SUPPORT, XAVIER FOUNDATION BUSINESS CAMPAIGN, EMPLOYEE MATCH, ANNUAL FUND, ANNUAL
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	501(C)(3)	44,465.	0.			TRIVYA NIGHT SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED
YOUNG PARENTS NETWORK 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	45,650.	0.			METRO HIGH SCHOOL PRENATAL PROJECT, GENERAL SUPPORT, BROADWAY MAYBIES, DUCK RACE

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REIMBURSEMENT TO STUDENTS WHO RECEIVED A SCORE OF 3 OR HIGHER ON ADVANCED PLACEMENT TESTS	523	24,960.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	37	1,480.	0.		

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

**PART I, LINE 2:**

FOR COMPETITIVELY AWARDED GRANTS AND FOR DONOR-ADVISED PROJECT GRANTS OF \$5,000 OR MORE, THE ORGANIZATION REQUIRES A FINAL REPORT.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: ABBE, INC DBA ABBEHEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBE, INC. RE-BRANDING & WEBSITE

PROJECT AND RESILIENCE-BUILDING: DEVELOPING AN ELECTRONIC BILLING SYSTEM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, 2016 ENDLESS POSSIBILITIES PHASE 2, ENDLESS POSSIBILITIES, AND FOR GENERAL PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: AGING SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, MILESTONES FOR "O" AVE FACILITY, AGING SERVICES DEVELOPS ELECTRONIC CLINICAL RECORDS, AND RESILIENCE-BUILDING: AGING SERVICES DEVELOPS ELECTRONIC CLINICAL RECORDS

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, AND HAITI COMMITTEE

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GEN SUPPORT, RESEARCH, CEDAR RAPIDS WALK- "MOVE" SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, 2015 WALK TO END ALZHEIMER'S - THE BRAINS BEHIND SAVING YOURS, EMPLOYEE MATCH, AND 2016 ROUND TO REMEMBER GOLF CLASSIC

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN NATIONAL RED CROSS - SOUTH AND EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, AND RED CROSS BIOMEDICAL

Part IV Supplemental Information

VEHICLE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH RESIDENTIAL FACILITY

CONVERSION PROJECT, TECHNOLOGY IMPROVEMENT PROJECT, HELPING FAMILIES BE

SAFE PROJECT, ADULT RESIDENTIAL VISION FOR THE FUTURE, GENERAL PROGRAM

SUPPORT, 2016 PREVENTING YOUTH SUBSTANCE ABUSE IN RURAL LINN COUNTY, AND

RESILIENCE-BUILDING PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT, GENERAL SUPPORT,

GREATAMERICA FINANCIAL SERVICES EMPLOYEE VOLUNTEERS CHOOSE TO INSPIRE

POSSIBILITIES, BIG MAGIC PROGRAM, AGENCY OPERATIONS, REDUCING ETHNIC

DISPARITY (RED PARTNERSHIP), 2016 BOWL FOR KIDS SAKE, MALE MENTOR

PROJECT, AND LINN COUNTY MATCHES

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: FISH-O-RAMA TROUT LEVEL SUPPORT,

DUCK RACE SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SUSTAINING OUT OF

SCHOOL PROGRAMMING, SUSTAINING WESTSIDE OUT OF SCHOOL PROGRAM, FOR

GENERAL PURPOSE, AND 2016 GALA- PEARL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF ALLAN L. HARMS GENERAL

SUPPORT, SPRINT TRIATHLON SUPPORT, GENERAL SUPPORT, CAMPSHIP

FUND, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, AND SUMMER CAMP

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TO CONTINUE WORKING WITH RECENT IMMIGRANTS AS WELL AS WOMEN IN TRANSITION, MOVIN' FOR MCAULEY CENTER, IMPROVING CHILDREN'S OUTCOMES THROUGH ADULT LITERACY EDUCATION, INCREASING ACCESS TO BASIC EDUCATION FOR ENGLISH LANGUAGE LEARNERS IN HIAWATHA, AND ADULT BASIC EDUCATION: RESPONDING TO GROWING COMMUNITY LITERACY NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HIGH SCHOOL; ANNUAL DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL SCHOLARSHIP PROGRAMS; MNR ZOMBIE PROM FUNDRAISER AT METRO HIGH SCHOOL- WITCHES BREW LEVEL; STEAM LAB AT JOHNSON ELEMENTARY SCHOOL; SUPPORT FOR THE ROBOTICS CLUB AT MCKINLEY MIDDLE SCHOOL; SUPPORT FOR FINE ARTS AT MCKINLEY MIDDLE SCHOOL; A.P. GHOSH SCHOLARS SHIRTS, CERTIFICATES AND MEDALLIONS AT WASHINGTON HIGH SCHOOL; T-SHIRTS AND CERTIFICATES AT WASHINGTON HIGH SCHOOL; US HUMANITIES TRIP TO CHICAGO IN THE SPRING OF 2016 AT WASHINGTON HIGH SCHOOL; DESIGNATED DISTRIBUTION FOR 2014 FIELD TRIPS TO ORCHESTRA IOWA CONCERT; KIDS ON COURSE UNIVERSITY- HIAWATHA/NIXON PILOT; AND STEAM INTEGRATED LEARNING SUPPORTS

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, IOWA BIG SCHOOL, RESTAURANT CONSULTANT THAT WILL SUPPORT RESTAURANT DESIGNATIONS BLUE ZONES CERTIFICATION,

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, IN MEMORY OF JO MCGRATH, ANNUAL DESIGNATED DISTRIBUTION, 3RD CAPITAL CAMPAIGN TO ENHANCE THE CEDAR RAPIDS MUSEUM OF ART, SUMMER SEASON SUPPORT 2015, ANNUAL FUND, EXHIBITION SEASON SUPPORT, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014-15 17TH SEASON SUPPORT, SUPPORT OF GALA, YOUNG ARTIST PROGRAM PRODUCTION SUPPORT -- MAN OF LA MANCHA, YOUNG ARTIST PROGRAM/SCHOOL OUTREACH OPERAS 2016-2018, OPERATIONS, GENERAL SUPPORT, BOARD MEMBER CONTRIBUTION, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF KATHY HALL, OPERA SEASON SUPPORT, AND ADVANCING THE CEDAR RAPIDS OPERA THEATRE THROUGH BOARD AND STAFF DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND AND ANNUAL DESIGNATED DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL DEVELOPMENT FUND, ANNUAL DESIGNATED DISTRIBUTION, GREEN ROOF PLANTERS, GENERAL SUPPORT, FAMILY CONNECTIONS LIBRARY, SUPPORT FOR CEDAR RAPIDS PUBLIC LIBRARY'S NONPROFIT COLLECTION, ANNUAL DISTRIBUTION, LIBRARY 3.0: THE CAMPAIGN TO BUILD YOUR NEW CEDAR RAPIDS PUBLIC LIBRARY



Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION DBA ORCHESTRA IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF JO MCGRATH, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, ANNUAL DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, AGENCY DISTRIBUTION, GENERAL SUPPORT, EDUCATION & OUTREACH, ORCHESTRA IOWA'S MUSIC IN THE SCHOOLS, ORCHESTRA IOWA'S FIFTH GRADE FIDDLES, ANNUAL OPERATING GRANT, ORCHESTRA IOWA'S 2015/16 FINE ARTS SERIES, AND ORCHESTRA IOWAS 93RD FINE ARTS SEASON

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S THEATRE OF CEDAR RAPIDS DBA PLAYTIME POPPY CHILDREN'S THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, EMERGING OPPORTUNITY: ONE GREAT LINE, AND TECHNOLOGY FOR CAPACITY BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, GREENE SQUARE REVIVAL PROJECT UPCOMING CONSTRUCTION, FINAL AGENCY DISTRIBUTION FOR THE AMPHITHEATRE, AND ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT PATIENT CARE - FY2015, AGENCY DISTRIBUTION ANNUAL DESIGNATED DISTRIBUTION, ANNUAL GIFT, HEALTHCARE SERVICES FOR THE UNDERSERVED - FY16, PRESCRIPTION SERVICES - FY16,

**Part IV** Supplemental Information

## GENERAL OPERATING PURPOSES, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: CRST BROADWAY SERIES SUPPORT,  
ANNUAL DESIGNATED DISTRIBUTION, THEATRE EDUCATION EXPANSION GRANT, ANNUAL  
GIFT, ANNUAL CAMPAIGN, GENERAL SUPPORT, SPOTLIGHT ON KIDS, FAMILY SERIES  
SUPPORT, A CHRISTMAS STORY PROGRAM SUPPORT, THEATRE TIX TO AT RISK YOUTH  
& FAMILIES, ANNUAL FUND, THEATRE ACCESSIBILITY FOR YOUTH, NEXT TO NORMAL,  
MARY POPPINS SHOW SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: BERRY CENTER, ANNUAL DESIGNATED  
DISTRIBUTION, ANNUAL FUND, PRESIDENT'S HOUSE RENOVATION, CORNELL  
COLLEGE/MOUNT VERNON COMMUNITY CULTURAL FILM SERIES, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY FOCUS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; BLACK AND BROWN  
EDUCATOR RECRUITMENT AND RETENTION (BBERR); WORKPLACE (R)EVOLUTION:  
POSITIONING IOWA'S CREATIVE CORRIDOR AS A NATIONAL LEADER IN WORKFORCE  
RECRUITMENT, RETENTION AND ENGAGEMENT; AND COMMUNITY FINANCIAL ACCESS  
(CFA) MICROLOAN PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTS IMAGINARIUM OPEN STUDIO  
PROJECT, EXTENDED OUTREACH PROGRAM - SUMMER OF 2015, HARVESTING THE  
ARTS-"CREW SUPPORT" LEVEL, 2015 PROGRAMMING SUPPORT, 2015-2016 AFTER  
SCHOOL ENRICHMENT PROGRAM SUPPORT, AND 2016 MUSIC AND ARTS STUDIOS

Part IV Supplemental Information

PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HONOR FLIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, EASTERN IA HONOR FLIGHT GOLF TOURNAMENT-HOLE SUPPORT, AND SCHOLARSHIPS FOR THE GUARDIANS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES HELPING FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROGRAM SUPPORT, FOSTER CARE PROGRAM SUPPORT - LINN CO. NON METRO, AND SUPPORT FOR ABUSED AND NEGLECTED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL PAYMENT FOR GENERAL SUPPORT; IN MEMORY OF EVELYN MAXINE MOORE, DEACON FUND; AND SUNDAY EVENING MEALS PROGRAM (SEMP)

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION 2 INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CONNECTION TO CULTURAL EXPERIENCES FOR FOUNDATION 2 SHELTER RESIDENTS, MEETING STORAGE AND FOOD NEEDS FOR THE AFTER HOURS FOOD PANTRY, SUPPORTING FOUNDATION 2 JUVENILE AND FAMILY ASSISTANCE AND STABILIZATION TRACK (J-FAST), EXPANDED STAFFING TO FEED THOSE IN CRISIS, AND RESILIENCE-BUILDING: REACHING CLIENTS THROUGH TEXTING

NAME OF ORGANIZATION OR GOVERNMENT:

FOUR OAKS FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTALCHILD - COMMIT TO A CHILD

**Part IV Supplemental Information**

CAMPAIGN, MENTAL HEALTH RELATED PROGRAM, ANNUAL DESIGNATED DISTRIBUTION,  
GENERAL SUPPORT, SMART: SUPERVISED MILIEU AT A RISKY TIME, MINNIE RUBECK  
STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF DAVE O'CLAIR,  
GOLF CLASSIC- IRON LEVEL SUPPORT, PROGRESS MANAGEMENT, AND  
RESILIENCE-BUILDING IN TECHNOLOGY DISASTER RECOVERY

NAME OF ORGANIZATION OR GOVERNMENT: GEMS OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING A TOMORROW BY MANAGING  
INFORMATION AND DATA TODAY AND HOPE BLOOMS DAFFODIL FUNDRAISER- TOPAZ  
PARTNER

NAME OF ORGANIZATION OR GOVERNMENT:

GIRLS ON THE RUN OF JOHNSON COUNTY IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR PARTICIPANTS IN  
NEED AND PROGRAM SUPPORT FOR HIGH-NEED SITES IN LINN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF ALLAN L. HARMS GENERAL  
SUPPORT FOR LINN COUNTY, 2015 CORPORATE HOPE BUILDERS HOME, ANNUAL  
DESIGNATED DISTRIBUTION, 2015 WOMEN BUILD, CVHFH AND AHNI: A  
COLLABORATIVE NEIGHBORHOOD REINVESTMENT PLAN FOR WELLINGTON HEIGHTS, 2015  
PALO PARTNERSHIP BUILD, AND 2015 AND 2016 A BRUSH WITH KINDNESS

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF ALLAN L. HARMS GENERAL  
SUPPORT, OPERATION BACKPACK, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL  
DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, COLLABORATIVE

Part IV Supplemental Information

TRANSPORTATION PROGRAM FOR HOMELESS VETERANS AND FAMILIES, GENERAL OPERATIONS, FOOD FOR RESERVOIR, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COUNCIL--BOY SCOUTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH FOR PACK 214, AND ANNUAL DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION AND ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE TEMPORARY EXHIBIT FUND IN THE QUARTON GALLERY

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, ENHANCE SONG BIRD HABITAT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, ANNUAL DESIGNATED DISTRIBUTION TO HOST CHILDREN AND CARE FOR THE LAND, ANNUAL DESIGNATED DISTRIBUTION FOR TRAILS, ANNUAL CAMPAIGN, CONNECTING THE CLASSROOM TO NATURE - JUNE 2014, CREATING AND ENHANCING AN AMAZING SPACE, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

IOWA ART WORKS INC. DBA THE CERAMICS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MAKING A DIFFERENCE FOR AT-RISK KIDS: COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH 3-DIMENSIONAL EDUCATION AND MATERIAL MANIPULATION

NAME OF ORGANIZATION OR GOVERNMENT: IOWA JAG INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING STUDENT SUCCESS IN GRADUATION AND CAREERS IN CEDAR RAPIDS 2015-2018 AND 9-10 GRADE AT JEFFERSON HIGH SCHOOL IN CEDAR RAPIDS

NAME OF ORGANIZATION OR GOVERNMENT: IOWA LEGAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTEER RECRUITMENT & COORDINATION PROJECT, GENERAL SUPPORT, AND RESILIENCE BUILDING-DISASTER MOBILE APPLICATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

(H) PURPOSE OF GRANT OR ASSISTANCE: 2015 JDRF ONE WALK BRONZE SUPPORT, GENERAL SUPPORT, CORPORATE SUPPORT OF JDRF WALK TO CURE DIABETES, ELMCREST PRO-AM SILVER SUPPORT, EMPLOYEE MATCH, AND COMMUNITY EDUCATION AND AWARENESS

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING KINDERGARTEN THROUGH 12TH GRADE STUDENTS IN URBAN AND RURAL LINN COUNTY TO SUCCEED ANNUAL DESIGNATED DISTRIBUTION, CREATING A WELL EDUCATED FUTURE WORKFORCE IN LINN COUNTY, ANNUAL GIFT, FLASHBACK BOWL-4-EDUCATION, BUSINESS HALL OF FAME EVENT, STIMULATING ECONOMIC SUCCESS IN LINN COUNTY, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF ALLAN L. HARMS GENERAL SUPPORT OF KCCK-FM, FUNDING KCCK-FM'S JAZZ EDUCATION PROGRAMS, SCHOLARSHIPSGENERAL SUPPORT, CAPITAL CAMPAIGN CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS FOR STUDENTS ENROLLED IN

**Part IV** Supplemental Information

FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, ANNUAL DESIGNATED  
DISTRIBUTION FOR THE GARY ROZEK ENDOWED GOLF SCHOLARSHIP, ANNUAL  
DESIGNATED DISTRIBUTION TO SUPPORT THE JERRY AND ANN PEARSON ENDOWED  
SCHOLARSHIP, ANNUAL DESIGNATED DISTRIBUTION TO "THE AREA OF GREATEST NEED  
FOR UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL  
ASSISTANCE FOR KIRKWOOD STUDENTS", ANNUAL DESIGNATED DISTRIBUTION, ANNUAL  
DESIGNATED DISTRIBUTION FOR SCHOLARSHIP ACTIVITIES, ANNUAL DESIGNATED  
DISTRIBUTION FOR THE PAT & SANDY COBB ENDOWED SCHOLARSHIP, SCHOLARSHIPS  
FOR STUDENT IN CULINARY ARTS PROGRAM, SCHOLARSHIPS FOR STUDENTS IN ADN  
PROGRAM, PROJECT FINISH SCHOLARSHIP, REAL WORLD SUCCESS - MULTI YEAR  
SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR HERITAGE AREA AGENCY ON AGING

NAME OF ORGANIZATION OR GOVERNMENT: LEGION ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORATION OF CSPS HALL, ANNUAL  
DESIGNATED DISTRIBUTION, LANDFALL FESTIVAL OF WORLD MUSIC 2015, OPERATING  
EXPENSES, AND AGENCY DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR  
RYAN WHITE MEDICAL CASE MANAGEMENT AND TRAUMA-INFORMED YOGA FOR  
INCARCERATED YOUTH- JUVENILE DETENTION AND DIVERSION SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL FUNDING, EMERGING  
OPPORTUNITY: STRATEGIC PLANNING NEEDS TO START NOW, ANNUAL DESIGNATED  
DISTRIBUTION, HOW JUDGE GEORGE GREENE CREATED CEDAR RAPIDS, AND FOR  
GREATEST NEED

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, GROW POSSIBILITIES CAPITAL CAMPAIGN, CULTIVATE HOPE URBAN FARM AND SCHOOL GARDENS, FLOOD THE RUN- SPLASH LEVEL, GENERAL SUPPORT, RESILIENCE-BUILDING OF MATTHEW 25, TECHNOLOGY EFFICIENCY PROJECT, GROW TAYLOR

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ESPECIALLY FOR YOU RACE AGAINST BREAST CANCER SUPPORT, CRYSTAL HERITAGE HISTORY WALL, MERCY AUXILIARY SCHOLARSHIP FUND TO MOUNT MERCY UNIVERSITY STUDENT IN THE HEALTH CAREER FIELD, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT FOR MERCY CANCER CENTER, GREATEST NEEDS, HALL-PERRINE CANCER CENTER PATIENT CARE SERVICES, FAMILY CAREGIVER CENTER, GENERAL SUPPORT, ANNUAL DISTRIBUTION AND GENERAL SUPPORT FOR OLDORF HOSPICE HOUSE OF MERCY

NAME OF ORGANIZATION OR GOVERNMENT: METH-WICK COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, REJUVENATE -- THE CAMPAIGN TO ENHANCE METH-WICK COMMUNITY, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: MOUNT MERCY ATHLETIC COMPLEX, GENERAL SUPPORT, ANNUAL SUPPORT, MOUNT MERCY UNIVERSITY GRADUATE CENTER, ANNUAL DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR THE GROTTO RECONSTRUCTION PROJECT, CAPITAL CAMPAIGN, GENERAL SUPPORT



Part IV Supplemental Information

FOR DUGOUT, SCHOLARSHIPS, VIETNAM MOVING WALL, AND MOUNT MERCY UNIVERSITY CRST INTERNATIONAL GRADUATE CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MUSIC @ MUSEUM AND THE GREAT STORIES AUTHOR SERIES IN 2015, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, CORPORATE CONTRIBUTOR, MUSEUM AUDIENCE ENGAGEMENT TRAINING AND IMPLEMENTATION, AND ENHANCING ACCESSIBILITY AND ENGAGEMENT: THE NCSML ONLINE COLLECTION PHASE II

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORING A WETLAND UPSTREAM OF CEDAR RAPIDS FOR REDUCED FLOOD RISK AND IMPROVED WATER QUALITY

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: OVERALLS ALL OVER: A GRANT WOOD EXPERIENCE, GENERAL SUPPORT, NEW BO CITY MARKET CAPITAL CAMPAIGN, AND 1ST ANNUAL MARKET LUNCHEON

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET NEIGHBORHOOD MISSION, AND OLIVET NEIGHBORHOOD MISSION EMERGENCY FOOD PANTRY AND CLOTHING CLOSET

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF THE HEARTLAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTIVE HEALTH SERVICES AND

Part IV Supplemental Information

PATIENT EDUCATION, ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, ANNUAL DESIGNATED DISTRIBUTION TO BE USED IN EAST CENTRAL IOWA, AND PREVENTION EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC (H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, MUSIC IN RURAL LINN COUNTY LIBRARIES 2016, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS (H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, MOBILE FEEDING, FLOOD THE RUN- SPLASH LEVEL, 2015 KETTLE MATCH DAY, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. AMBROSE UNIVERSITY (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP, CAPITAL CAMPAIGN - WELLNESS & RECREATION CENTER, AND ACADEMY FOR THE STUDY OF ST. AMBROSE OF MILAN

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S HEALTH CARE FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: HELEN G. NASSIF CANCER CENTER HEALTH & WELLNESS NEEDS (NAME A ROOM), ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, HOSPICE INPATIENT UNIT ENDOWMENT, EMBRACING LIFE = A CAPITAL CAMPAIGN FOR ST. LUKE'S HOSPICE INPATIENT UNIT, COMMUNITY CANCER CENTER SPIRIT FUND, AND GENERAL SUPPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION TO SUPPORT  
MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION,  
FORWARD IN FAITH, AND BUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPRESSIVE ARTS GALA "SEASONS OF  
CHANGE", GENERAL SUPPORT, CAMP TANAGER - ALL YEAR!, DUCK RACE SUPPORT,  
ANNUAL DESIGNATED DISTRIBUTION, YOUTHPORT: NEIGHBORHOOD OUTREACH  
COORDINATOR, ANNUAL CAMPAIGN, "YOUR CHILD: OUR FOCUS" CAPITAL CAMPAIGN,  
GROWTH IN THE SERVICE AREA FOR YOUNG PEOPLE, GOLF INVITATIONAL HOLE  
SUPPORT, YOUR CHILD: OUR FOCUS, T.O.P.S - TRAINING OUTREACH PROGRAM FOR  
SUSTAINABILITY, RESILIENCE-BUILDING EMERGENCY MANAGEMENT (RB-EM) PROJECT,  
YOUTH MENTAL HEALTH FIRST AID (YMHFA) PROJECT, AND SOARING BEYOND: THE  
CAMPAIGN FOR TANAGER PLACE CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF EAST CENTRAL IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ARC MARCH SUPPORT, CAPITAL CAMPAIGN  
CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER

(H) PURPOSE OF GRANT OR ASSISTANCE: KEEPING I-380 BEAUTIFUL IN 2015,  
CEDAR RAPIDS FRUIT TREEKEEPERS, TREES FOREVER TREEKEEPERS: BECAUSE EVERY  
TREE NEEDS A LEADER, AND AGENCY DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF EAST CENTRAL IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR LAP-AID, PUBLIC  
ALLY POSITION FOR LAP-AID, 2013 CAMPAIGN SUPPORT, READING INTO SUCCESS

**Part IV** Supplemental Information

GRANT FROM IOWA COUNCIL OF FOUNDATIONS, READING INTO SUCCESS GRANT FROM PEARSON, ANNUAL SUPPORT, TO BENEFIT KIDS ON COURSE, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL CAMPAIGN, WHEELS UNITED EVENT, WOMEN'S LEADERSHIP INITIATIVE, 2015 - 2016 ANDERSON FAMILY GRANT, READING INTO SUCCESS WEBSITE, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP AND ANNUAL DESIGNATED DISTRIBUTION TO COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS; EXPENSES FOR DELEGATES ATTENDING A MEETING IN UPPSALA, SWEDEN IN JUNE 26, 2015; AND ANNUAL DESIGNATED DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IOWA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AS NEEDED FOR THE CHILDREN'S MIRACLE NETWORK, CMKHAK15, 2015 PROGRAM SUPPORT FOR THE BELIN-BLANK CENTER, CHILDREN'S HOSPITAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR BRADLEY LECTURE SERIES AND UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL DISTRIBUTION, SUPPORT IOWA IMPACT FUND MADE ON 5/19/2015 BY IVAN L. HASSELBUSCH, GRANT TO ACCOUNTING DEPARTMENT GIFT FUND, DANCE MARATHONHANCHER CIRCLE, BELIN-BLANK CENTER FOR GIFTED AND TALENTED EDUCATION ANNUAL OPERATING SUPPORT, AND GREATEST NEED FOR THE UI CHILDREN'S HOSPITAL FUND

**Part IV Supplemental Information**

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NAME OF ORGANIZATION OR GOVERNMENT:

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: MADGE PHILLIPS CENTER, TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, ANNUAL CAMPAIGN, 2014-OPERATIONS SUPPORT FOR THE MADGE PHILLIPS CENTER FOR HOMELESS WOMEN AND CHILDREN, FY2016: MADGE PHILLIPS CENTER SHELTER BED BUG PREVENTION, COLLABORATIVE GRANT: COORDINATED INTAKE OPERATIONS TO SUPPORT INDIVIDUALS EXPERIENCING A HOUSING CRISIS, FY2016: ENHANCING THE FAMILY SYSTEM FOR LOW-INCOME FAMILIES, RENOVATION OF 1911 YWCA BUILDING, AND BUILDING A SAFETY NET FOR WOMEN EXPERIENCING DOMESTIC VIOLENCE

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NAME OF ORGANIZATION OR GOVERNMENT: WILLIS DADY EMERGENCY SHELTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2015 RUN/WALK FOR SHELTER, GENERAL SUPPORT, BUNK BEDS FOR WILLIS DADY EMERGENCY SHELTER 2015, PREVENTION CASE MANAGEMENT, AND BUILDING FUND

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NAME OF ORGANIZATION OR GOVERNMENT: XAVIER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, XAVIER FOUNDATION BUSINESS CAMPAIGN, EMPLOYEE MATCH, ANNUAL FUND, ANNUAL DISTRIBUTION, AND XAVIER HIGH SCHOOL ART DEPARTMENT

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NAME OF ORGANIZATION OR GOVERNMENT:

YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRIVYA NIGHT SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR

**Part IV** Supplemental Information

DISADVANTAGED YOUTH, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT,  
INTERN STIPENDS, SWITCH PROGRAM, AND YMCA PROGRAM ACTIVITIES AND SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: METRO HIGH SCHOOL PRENATAL PROJECT,  
GENERAL SUPPORT, BROADWAY MAYBIES, DUCK RACE SUPPORT, AND ENHANCING  
TECHNOLOGY TO MEET EMERGING NEEDS PROJECT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION**

Employer identification number  
**42-6053860**

**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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

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

**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 in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2015

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE H. GARNER JR PRESIDENT & CEO	(i)	187,254.	0.	8,044.	14,077.	19,411.	228,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

**PART I, LINE 1A:**

PAYMENT OF SOCIAL CLUB DUES FOR THE PRESIDENT & CEO AND VICE PRESIDENT OF  
DEVELOPMENT IS PRIMARILY FOR BUSINESS USE. THE PERSONAL USE PORTION OF DUES  
IS INCLUDED IN THE PRESIDENT & CEO'S AND VICE PRESIDENT OF DEVELOPMENT'S  
TAXABLE WAGES.

**PART I, LINE 1B:**

THERE IS NO WRITTEN POLICY, HOWEVER THE BOARD APPROVED THE PAYMENT OF THE  
DUES AS PART OF THE PRESIDENT & CEO'S OVERALL COMPENSATION PACKAGE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION** Employer identification number **42-6053860**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	688,984.	STOCK EXCHANGE
10 Securities - Closely held stock	X	1	367,653.	APPRAISAL
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

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

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Employer identification number  
42-6053860

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN  
DETAIL BY THE ORGANIZATION. A COPY OF THE ORGANIZATION'S FINAL FORM 990 IS  
PROVIDED, IN ELECTRONIC FORM, TO EACH VOTING MEMBER OF THE GOVERNING BODY  
OF THE ORGANIZATION PRIOR TO FILING WITH THE IRS.

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

BOARD MEMBERS, INVESTMENT COMMITTEE MEMBERS, AND EMPLOYEES COMPLETE AND  
SIGN A CONFLICT OF INTEREST DECLARATION AT THE BEGINNING OF EACH YEAR.  
GRANT COMMITTEE MEMBERS COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS  
AT EACH GRANT COMMITTEE MEETING. FOR GRANT APPROVALS SENT ELECTRONICALLY TO  
THE EXECUTIVE COMMITTEE, CONFLICT OF INTEREST DECLARATIONS ARE MADE WHEN  
EACH MEMBER VOTES. FOR GRANTS APPROVED AT BOARD MEETINGS, BOARD MEMBERS  
COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS BEFORE VOTING.

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

A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S  
PRESIDENT & CEO INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S  
AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE  
COUNCIL ON FOUNDATIONS. THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE  
AND REVIEWED BY THE FULL BOARD IN AN EXECUTIVE SESSION. THE BOARD CHAIR  
EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON COMPENSATION. THE EMAIL  
IS FILED IN THE PRESIDENT & CEO'S PERSONNEL FILE.

B) THE PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS INCLUDES  
AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S

Name of the organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6053860</b>
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PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS.  
 THE PROCESS IS CONDUCTED BY THE PRESIDENT & CEO. A YEAR-END REVIEW FORM IS  
 COMPLETED AND SIGNED BY THE PRESIDENT & CEO AND THE OFFICER BEING  
 EVALUATED. THE FORM IS FILED IN THE OFFICER'S PERSONNEL FILE.

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

THE FOLLOWING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

- ARTICLES OF INCORPORATION
- BY-LAWS
- CONFLICT OF INTEREST POLICY
- FINANCIAL STATEMENTS (ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	-263,088.
ADJUSTMENT FOR TRANSFER OF FUNDS FROM AMOUNTS HELD ON BEHALF OF OTHERS	-46,012.
TOTAL TO FORM 990, PART XI, LINE 9	-309,100.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION** Employer identification number **42-6053860**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION REAL ESTATE FUND - 42-1511300, 324 3RD ST SE, CEDAR RAPIDS, IA 52401	SUPPORT GCRCF	IOWA	501(C)(3)	LINE 11B, II	GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	X	

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

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

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

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

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

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

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

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

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

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

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

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



THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule R (Form 990) 2015

42-6053860 Page 4

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

