PUBLIC INSPECTION COPY

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.*

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
324 3RD ST SE

City or town, state or province, country, and ZIP or foreign postal code
CEDAR RAPIDS, IA 52401

D Employer identification number
42-6053860

E Telephone number
319-366-2862

G Gross receipts $ 15,250,540.

F Name and address of principal officer: LESLIE H. GARNER, JR
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.GCRCF.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1987 **M** State of legal domicile: IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO HELP DONORS MAKE A LASTING DIFFERENCE IN THEIR COMMUNITIES THROUGH GRANTS TO NONPROFITS.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	187
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-30,748.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-43,889.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,781,931.	10,911,696.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,974,352.	4,323,331.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,033.	-2,020.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,818,316.	15,233,007.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,265,327.	7,650,317.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,275,479.	1,336,180.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	298.	1,577.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 634,393.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	903,184.	908,009.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,444,288.	9,896,083.
	19	Revenue less expenses. Subtract line 18 from line 12	9,374,028.	5,336,924.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	139,903,246.	149,337,500.
	21	Total liabilities (Part X, line 26)	32,077,545.	33,373,844.
	22	Net assets or fund balances. Subtract line 21 from line 20	107,825,701.	115,963,656.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ LESLIE H. GARNER, JR, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
CARLEY UMSTEAD				P00982177

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 201 FIRST ST SE, SUITE 800
CEDAR RAPIDS, IA 52401 | Phone no. 319-298-5333

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

PUBLIC INSPECTION COPY

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 8,438,691. including grants of $ 7,650,317.) (Revenue $ 1,537.)
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS OVER 900 FUNDS BUILT WITH GIFTS AND BEQUESTS. IN 2016, THE FOUNDATION RECEIVED $10.9 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES AND BUSINESSES. ALSO IN 2016, THE COMMUNITY FOUNDATION AWARDED $7.6 MILLION IN GRANTS TO LOCAL NONPROFIT ORGANIZATIONS.

4b (Code:) (Expenses $ 196,680. including grants of $) (Revenue $)
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 ▶ 8,635,371.

PUBLIC INSPECTION COPY

Part IV Checklist of Required Schedules

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

PUBLIC INSPECTION COPY

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

PUBLIC INSPECTION COPY

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	38		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

PUBLIC INSPECTION COPY

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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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.

[X] Own website [X] Another's website [X] 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

PUBLIC INSPECTION COPY

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) KEVIN WELU CHAIR	2.00	X		X				0.	0.	0.
(2) TERRI CHRISTOFFERSEN CHAIR - ELECT	2.00	X		X				0.	0.	0.
(3) AMY LYNCH TREASURER	2.00	X		X				0.	0.	0.
(4) BRENT COBB SECRETARY	2.00	X		X				0.	0.	0.
(5) LYDIA BROWN DIRECTOR	2.00	X						0.	0.	0.
(6) KARL CASSELL DIRECTOR	2.00	X						0.	0.	0.
(7) JOHN CHAIMOV DIRECTOR	2.00	X						0.	0.	0.
(8) PATRICK DEPALMA DIRECTOR	2.00	X						0.	0.	0.
(9) GREG DUNN DIRECTOR	2.00	X						0.	0.	0.
(10) TIFFANY ANN EARL DIRECTOR	2.00	X						0.	0.	0.
(11) SARA FISETTE DIRECTOR	2.00	X						0.	0.	0.
(12) PEGGY HARDESTY DIRECTOR	2.00	X						0.	0.	0.
(13) MAUREEN KENNEY DIRECTOR	2.00	X						0.	0.	0.
(14) KATE MINETTE DIRECTOR	2.00	X						0.	0.	0.
(15) JULIE NOSEK DIRECTOR	2.00	X						0.	0.	0.
(16) SUE OLSON DIRECTOR	2.00	X						0.	0.	0.
(17) JOHN OSAKO DIRECTOR	2.00	X						0.	0.	0.

PUBLIC INSPECTION COPY

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) CHARLIE SCHIMBERG DIRECTOR	2.00	X						0.	0.	0.
(19) CHRIS SKOGMAN DIRECTOR	2.00	X						0.	0.	0.
(20) OATHER TAYLOR DIRECTOR	2.00	X						0.	0.	0.
(21) LESLIE H. GARNER JR PRESIDENT & CEO	40.00			X				198,254.	0.	28,939.
(22) JEAN BRENNENMAN CFO	40.00			X				97,476.	0.	15,477.
(23) MICHELLE BEISKER VP OF DEVELOPMENT	40.00					X		102,840.	0.	12,566.
1b Sub-total ▶								398,570.	0.	56,982.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								398,570.	0.	56,982.

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
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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	132,862.

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

PUBLIC INSPECTION COPY

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 5,921.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,905,775.				
	g Noncash contributions included in lines 1a-1f: $ 2,797,160.					
	h **Total.** Add lines 1a-1f ▶		10,911,696.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,223,515.			3,223,515.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents	44,724.				
	b Less: rental expenses	17,533.				
	c Rental income or (loss)	27,191.				
	d Net rental income or (loss) ▶		27,191.			27,191.
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	1,099,816.				
	b Less: cost or other basis and sales expenses	0.				
	c Gain or (loss)	1,099,816.				
	d Net gain or (loss) ▶		1,099,816.			1,099,816.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a OTHER INCOME	900099	1,537.	1,537.		
	b PARTNERSHIP UBIT	900099	-30,748.		-30,748.	
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		-29,211.			
	12 **Total revenue.** See instructions. ▶		15,233,007.	1,537.	-30,748.	4,350,522.

PUBLIC INSPECTION COPY

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,435,097.	7,435,097.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,130.	23,130.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	192,090.	192,090.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	493,492.	98,213.	166,450.	228,829.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	675,911.	306,718.	165,063.	204,130.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,844.	21,711.	11,684.	14,449.
9 Other employee benefits	69,614.	31,590.	17,000.	21,024.
10 Payroll taxes	49,319.	22,380.	12,044.	14,895.
11 Fees for services (non-employees):				
a Management	1,538.		1,538.	
b Legal	3,643.		3,643.	
c Accounting	45,596.		45,596.	
d Lobbying	5,824.		5,824.	
e Professional fundraising services. See Part IV, line 17	1,577.			1,577.
f Investment management fees	293,028.	293,028.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	53,522.	11,673.	19,921.	21,928.
13 Office expenses	36,473.	14,054.	9,053.	13,366.
14 Information technology	94,243.	36,003.	29,022.	29,218.
15 Royalties				
16 Occupancy	112,847.	41,291.	50,735.	20,821.
17 Travel	13,348.	5,471.	3,440.	4,437.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,661.	8,946.	9,463.	2,252.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,354.	44,416.	32,796.	31,142.
23 Insurance	11,547.	1,137.	9,266.	1,144.
24 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.)				
a COMMUNITY LEADERSHIP IN	40,401.	40,401.		
b DUES & SUBSCRIPTIONS	38,246.	8,022.	5,043.	25,181.
c ACCRUED VACATION	13,852.		13,852.	
d INVESTMENT EXPENSES	7,926.		7,926.	
e All other expenses	6,960.		6,960.	
25 **Total functional expenses.** Add lines 1 through 24e	9,896,083.	8,635,371.	626,319.	634,393.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

PUBLIC INSPECTION COPY

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	9,183,644.	2	4,697,370.
	3	Pledges and grants receivable, net	558,105.	3	438,782.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,877.	9	16,972.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 2,112,679.			
	b	Less: accumulated depreciation — 10b 594,639.	1,572,719.	10c	1,518,040.
	11	Investments - publicly traded securities	93,042,038.	11	106,023,472.
	12	Investments - other securities. See Part IV, line 11	34,672,515.	12	34,268,924.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	849,348.	15	2,373,940.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	139,903,246.	16	149,337,500.
Liabilities	17	Accounts payable and accrued expenses	63,458.	17	74,056.
	18	Grants payable	11,738.	18	7,667.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	29,994,525.	21	31,146,548.
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,007,824.	25	2,145,573.
	26	**Total liabilities.** Add lines 17 through 25	32,077,545.	26	33,373,844.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	106,115,382.	27	114,313,021.
	28	Temporarily restricted net assets	1,710,319.	28	1,650,635.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	107,825,701.	33	115,963,656.
	34	Total liabilities and net assets/fund balances	139,903,246.	34	149,337,500.

PUBLIC INSPECTION COPY

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,233,007.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,896,083.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,336,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,825,701.
5	Net unrealized gains (losses) on investments	5	3,160,153.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-359,122.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,963,656.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

PUBLIC INSPECTION COPY

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

OMB No. 1545-0047
2016
Open to Public Inspection

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? **Yes**	**No**	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
Total						

PUBLIC INSPECTION COPY

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,980,461.	9,321,993.	5,933,571.	10,781,931.	10,911,696.	43,929,652.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,980,461.	9,321,993.	5,933,571.	10,781,931.	10,911,696.	43,929,652.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,813,195.
6 **Public support.** Subtract line 5 from line 4.						41,116,457.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	6,980,461.	9,321,993.	5,933,571.	10,781,931.	10,911,696.	43,929,652.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,555,746.	3,322,648.	3,114,091.	3,578,565.	3,223,505.	17,794,555.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	23,338.					23,338.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,151.	285,380.	76,076.	58,875.	1,537.	443,019.
11 **Total support.** Add lines 7 through 10						62,190,564.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 190,000.

13 **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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) ..... 14 66.11 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 ..... 15 62.30 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [X]

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

PUBLIC INSPECTION COPY

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 ▶ ☐

PUBLIC INSPECTION COPY

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
c	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? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

PUBLIC INSPECTION COPY

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	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.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	**2a**		
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.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
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.*	**3b**		

PUBLIC INSPECTION COPY

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

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

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

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

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

PUBLIC INSPECTION COPY

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

PUBLIC INSPECTION COPY

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.)

** PUBLIC DISCLOSURE COPY **
PUBLIC INSPECTION COPY

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* .**

OMB No. 1545-0047

2016

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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.**

PUBLIC INSPECTION COPY

Name of organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

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		$ 1,807,818.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,460,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 1,449,538.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 568,876.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 471,231.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 362,743.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Name of organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

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		$ 245,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 225,023.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Name of organization: THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number: 42-6053860

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
2	48.807% SHARE INTEREST IN NW 1/4 SE 1/4 SECTION 4-83-7, LINN COUNTY, IA	$ 1,460,000.	09/16/16
5	PUBLICLY TRADED SECURITIES	$ 457,231.	12/15/16
		$	
		$	
		$	
		$	

PUBLIC INSPECTION COPY

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

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

PUBLIC INSPECTION COPY

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.***

OMB No. 1545-0047
2016
Open to Public Inspection

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: THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number: 42-6053860

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 campaign activity expenditures ▶ $
3 Volunteer hours for political campaign activities

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-.

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

PUBLIC INSPECTION COPY

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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.

j 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? ☐ **Yes** ☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

PUBLIC INSPECTION COPY

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) Yes	(a) No	(b) Amount
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5,824.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			5,824.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity 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."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 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.

PUBLIC INSPECTION COPY

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.*

OMB No. 1545-0047
2016
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	217	2
2	Aggregate value of contributions to (during year)	4,569,008.	375.
3	Aggregate value of grants from (during year)	3,513,934.	18,200.
4	Aggregate value at end of year	24,522,002.	406,631.

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? [X] 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? [X] 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 ▶ $ _____

PUBLIC INSPECTION COPY

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	95,766,984.	97,863,849.	96,827,223.	84,574,276.	76,510,588.
b Contributions	8,605,920.	6,425,741.	3,139,986.	6,311,442.	3,896,913.
c Net investment earnings, gains, and losses	6,276,974.	-3,398,306.	3,087,020.	9,044,490.	8,637,755.
d Grants or scholarships	2,705,716.	2,572,572.	2,376,787.	2,061,818.	2,173,356.
e Other expenditures for facilities and programs					
f Administrative expenses	2,624,085.	2,551,728.	2,813,593.	1,041,167.	2,297,624.
g End of year balance	105,320,077.	95,766,984.	97,863,849.	96,827,223.	84,574,276.

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

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		1,592,133.	249,611.	1,342,522.
c Leasehold improvements				
d Equipment		234,231.	151,120.	83,111.
e Other		216,315.	193,908.	22,407.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,518,040.

PUBLIC INSPECTION COPY

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	2,548,717.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	4,546,856.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	20,407,129.	END-OF-YEAR MARKET VALUE
(E) GLOBAL FIXED INCOME BOND		
(F) FUNDS	6,766,222.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	34,268,924.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY &	
(3) UNITRUST AGREEMENTS	2,145,573.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,145,573.

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 [X]

PUBLIC INSPECTION COPY

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	18,117,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,160,153.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	17,533.		
e	Add lines **2a** through **2d**			2e	3,177,686.
3	Subtract line **2e** from line **1**			3	14,939,979.
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	293,028.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	293,028.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,233,007.

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	9,979,710.
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	376,655.		
e	Add lines **2a** through **2d**			2e	376,655.
3	Subtract line **2e** from line **1**			3	9,603,055.
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	293,028.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	293,028.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,896,083.

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:

THE FOUNDATION PROVIDES GRANTS AND SUPPORT TO NONPROFITS BY INVESTING IN INNOVATION, SUSTAINABILITY AND CAPACITY BUILDING ACROSS THE SPECTRUM OF

PUBLIC INSPECTION COPY

Part XIII Supplemental Information *(continued)*

NONPROFIT ORGANIZATIONS. THE FOUNDATION ALSO PROVIDES LEADERSHIP 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 2013, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE	17,533.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	359,122.
RENTAL EXPENSES NETTED WITH INCOME	17,533.

PUBLIC INSPECTION COPY

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 2D 376,655.

PUBLIC INSPECTION COPY

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2016

632071 09-21-16

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CHARACTERIZATION OF THE C3 NEF'S EPITOPE ON THE C3 CONVERTASE AND ITS GENETIC	50,000.		0.		
		EUROPE	RESEARCH GRANT (UNDERSTANDING THE ROLE OF FACTOR H RELATED PROTEIN 5)	45,340.		0.		
		EUROPE	COMPREHENSIVE SEARCH OF FH AND FHR ABNORMALITIES IN PATIENTS WITH DDD	47,250.		0.		
		EUROPE	THE ROLE OF HEPARAN SULFATE IN THE GLOMERULAR ENDOTHELIAL	49,500.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 4

3 Enter total number of other organizations or entities ▶

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

PUBLIC INSPECTION COPY

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... [X] Yes [ ] No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ..... [ ] Yes [X] No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ..... [ ] Yes [X] No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... [X] Yes [ ] No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... [ ] Yes [X] No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ..... [ ] Yes [X] No

PUBLIC INSPECTION COPY

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION IS REQUIRED TO COMPLETE AND SUBMIT A FINAL REPORT.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: CHARACTERIZATION OF THE C3 NEF'S EPITOPE ON THE C3 CONVERTASE AND ITS GENETIC BACKGROUND IN DDD

REGION: EUROPE

(D) PURPOSE OF GRANT: THE ROLE OF HEPARAN SULFATE IN THE GLOMERULAR ENDOTHELIAL GLYCOCALYX IN FACTOR H/FACTOR H-RELATED PROTEIN- MEDIATED COMPLEMENT CONTROL DURING C3 GLOMERULOPATHY

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.***

OMB No. 1545-0047

2016

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? [X] 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 noncash assistance	(h) Purpose of grant or assistance
ABBE CENTER FOR COMMUNITY MENTAL HEALTH - 520 11TH ST NW - CEDAR RAPIDS, IA 52405-3811	42-1045257	501(C)(3)	15,753.	0.			ANNUAL DESIGNATED DISTRIBUTION, IMPROVING HEALTHCARE THROUGH EHR TECHNOLOGY
ACADEMY FOR SCHOLASTIC & PERSONAL SUCCESS - PO BOX 2842 - CEDAR RAPIDS, IA 52406	45-4289211	501(C)(3)	9,334.	0.			STUDENT SCHOLARSHIP SUPPORT, HELP THE ACADEMY SPS GROW
ACCESS 2 INDEPENDENCE OF THE EASTERN IOWA CORRIDOR, INC. - 1556 S. 1ST AVE STE B - IOWA CITY, IA 52240-6035	42-1157404	501(C)(3)	6,608.	0.			AIRS ACCREDITATION AND CERTIFICATION
AFFORDABLE HOUSING NETWORK INC. 5400 KIRKWOOD BLVD. CEDAR RAPIDS, IA 52404	20-8640691	501(C)(3)	35,000.	0.			FLOOD ASSISTANCE, CEDAR RAPIDS SUPPORTIVE HOUSING EVALUATION, FACTS - FINANCIAL AND CREDIT
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	501(C)(3)	25,392.	0.			ANNUAL DESIGNATED DISTRIBUTION, ENDLESS POSSIBILITIES PHASE 2, FLOOD ASSISTANCE, GENERAL
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	501(C)(3)	9,807.	0.			ANNUAL DESIGNATED DISTRIBUTION, WITWER CENTER, GENERAL SUPPORT, FLOOD ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 162.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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)	5,988.	0.			ANNUAL DESIGNATED DISTRIBUTION, GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, GENERAL
ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER - 317 7TH AVE SE, SUITE 402 - CEDAR RAPIDS, IA 52401	13-3039601	501(C)(3)	10,023.	0.			ANNUAL DESIGNATED DISTRIBUTION, CELEBRATION OF COMMUNITY'S PHOTO CONTEST WINNER, EMPLOYEE
AMERICAN CANCER SOCIETY - CEDAR RAPIDS - 4080 1ST AVE NE STE 101 - CEDAR RAPIDS, IA 52402-3160	13-1788491	501(C)(3)	69,887.	0.			ANNUAL DESIGNATED DISTRIBUTION, FUND A NEED CANCER RESEARCH, GREATEST NEED, RELAY FOR LIFE
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 52233-2070	13-5613797	501(C)(3)	15,938.	0.			ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, GO RED FOR WOMEN TABLE, HEART BALL/GALA,
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA - 6300 ROCKWELL DRIVE NE - CEDAR RAPIDS, IA 52402	53-0196605	501(C)(3)	8,073.	0.			GRANT WOOD AREA CHAPTER, ANNUAL DESIGNATED DISTRIBUTION, FLOOD ASSISTANCE
ARCHDIOCESE OF DUBUQUE DBA PRAIRIEWOODS FRANCISCAN SPIRITUALITY CENTER - 120 E BOYSON RD - HIAWATHA, IA 52233-1277	42-0680409	501(C)(3)	11,000.	0.			PRAIRIEWOODS STREAM RESTORATION AND EDUCATION PROJECT, ROOTED AND GROWING CAMPAIGN
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	501(C)(3)	61,020.	0.			HEART OF IOWA PROGRAM, KEEPING TEENS SAFE, GUIDE TO THE FUTURE, FINISHING THE CD+ FACILITY
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)	110,341.	0.			BIG MAGIC PROGRAM, BOWL FOR KIDS SAKE, CREATE LIFE-CHANGING FRIENDSHIPS, DUCK RACE,
BOYS AND GIRLS CLUB OF CEDAR RAPIDS - 420 6TH STREET SE, SUITE 240 - CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	47,180.	0.			ANNUAL DESIGNATED DISTRIBUTION, FISH-O-RAMA, GENERAL SUPPORT, SUSTAINING YOUTH

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
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD NE - CEDAR RAPIDS, IA 52402-4643	42-1203675	501(C)(3)	6,500.	0.			FLOOD ASSISTANCE, GENERAL SUPPORT
BRIDGING 201 W 87TH ST BLOOMINGTON, MN 55420	41-1725396	501(C)(3)	8,000.	0.			HEALTH SYSTEMS ADVISORS MATCH, CAPITAL CAMPAIGN CONTRIBUTION
BRUCEMORE 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	501(C)(3)	43,683.	0.			ANNUAL DESIGNATED DISTRIBUTION, CLASSICS AT BRUCEMORE, COMPREHENSIVE CAMPAIGN FEASIBILITY
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	501(C)(3)	85,915.	0.			ANNUAL DESIGNATED DISTRIBUTION, CAMPERSHIP FUND, CAMPERSHIPS TO EASTERN IOWA YOUTH
CAMP FIRE NATIONAL HEADQUARTERS DBA CAMP FIRE HEART OF IOWA - 5615 HICKMAN RD. - DES MOINES, IA 50310-1119	42-0680459	501(C)(3)	5,100.	0.			OUTDOOR EDUCATION FIELD TRIPS FOR CAMP FIRE CLUBS, CAMPERSHIPS TO EASTERN IOWA YOUTH
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	501(C)(3)	5,771.	0.			ANNUAL DESIGNATED DISTRIBUTION
CATHERINE MCAULEY CENTER INC. 866 4TH AVE SE CEDAR RAPIDS, IA 52403-2423	42-1342872	501(C)(3)	96,823.	0.			GENERAL SUPPORT, SUPPORT WOMEN IN TRANSITIONAL HOUSING AND EDUCATION GOALS, OFFERING HOPE AND
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 1243 20TH ST SW - CEDAR RAPIDS, IA 52404-1691	42-6023551	501(C)(3)	143,652.	0.			ADVANCED PLACEMENT TEST FEE REIMBURSEMENT FOR KENNEDY HS, WASHINGTON HS, ANNUAL DESIGNATED
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	12,096.	0.			READ 2 SUCCEED, LACE UP FOR LEARNING 5K, $100 FOR EACH ELEMENTARY SCHOOL FOR THE SOLE USE OF THE

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 METRO ECONOMIC ALLIANCE FOUNDATION - 501 1ST ST SE - CEDAR RAPIDS, IA 52401	42-1206276	501(C)(3)	75,000.	0.			JOB & SMALL BUSINESS RECOVERY PROGRAM 2016
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	501(C)(3)	286,964.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, EXHIBITION AND PROGRAMMING SUPPORT,
CEDAR RAPIDS OPERA THEATRE 425 2ND ST. SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	501(C)(3)	105,412.	0.			ANNUAL DISTRIBUTION, BOARD CHALLENGE, GENERAL SUPPORT, SEASON SUPPORT, YOUNG ARTIST
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVENUE SE - CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	28,462.	0.			GENERAL SUPPORT, LIVING LEARNING PLANTERS, LIBRARY CHAMPION PROGRAM, ANNUAL DESIGNATED
CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION DBA ORCHESTRA IOWA - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401-1403	42-0772544	501(C)(3)	172,854.	0.			2015 CRESCENDO GALA, 2015/16 SEASON, 2016/17 MASTERWORKS CAMPAIGN SPRINT, 2016-17 FIFTH
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 THIRD AVENUE SE - CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	25,518.	0.			ANNUAL DESIGNATED DISTRIBUTION
CEDAR VALLEY FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677	42-1390144	501(C)(3)	14,000.	0.			VICTIM SERVICES
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	501(C)(3)	29,355.	0.			ANNUAL DESIGNATED DISTRIBUTION, PETS FOR VETS, GENERAL SUPPORT, URGENT SEPTIC SYSTEM
CENTRAL COLLEGE 812 UNIVERSITY STREET PELLA, IA 50219	42-0680344	501(C)(3)	8,500.	0.			MEN'S TENNIS PROGRAM SUPPORT, SCHOLARSHIPS

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
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	7,500.	0.			YOUTH ORGANIC GARDEN
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	501(C)(3)	31,330.	0.			ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 500 15TH AVE SW CEDAR RAPIDS, IA 52404	42-6004336	501(C)(3)	425,932.	0.			AMPHITHEATRE MAINTENANCE, GREENE SQUARE REVITALIZATION, CEDAR RAPIDS PUBLIC LIBRARY,
CITY OF CENTRAL CITY 137 4TH ST N CENTRAL CITY, IA 52214-9596	42-6004353	GOVERNMENT	10,000.	0.			SENIOR DINING-HOME DELIVERED MEALS
CITY OF CHELSEA 600 STATION ST. CHELSEA, IA 52215	42-6004366	501(C)(3)	6,000.	0.			LIBRARY WINDOW REPLACEMENT
CITY OF WALKER 408 ROWLEY ST WALKER, IA 52352-9683	42-6005308	GOVERNMENT	10,000.	0.			CITY PARK IMPROVEMENTS
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402-5092	42-0686467	501(C)(3)	319,516.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND SUPPORT, SCHOLARSHIPS, TENNIS EQUIPMENT
COMMUNITY FOUNDATION OF JOHNSON COUNTY FOR GROW: JOHNSON COUNTY - 325 E WASHINGTON ST - IOWA CITY, IA 52240-3968	42-1508117	501(C)(3)	40,000.	0.			GENERAL SUPPORT
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	501(C)(3)	183,157.	0.			ANNUAL DESIGNATED DISTRIBUTION, HEALTHCARE SERVICES FOR THE UNDERSERVED, GENERAL

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
COMMUNITY PARTNERS FOR NETIYA 1000 N ALAMEDA ST, SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	501(C)(3)	173,411.	0.			"THE LITTLE MERMAID", 2015-16 CRST BROADWAY SERIES, ANNUAL DESIGNATED DISTRIBUTION, AT RISK
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	501(C)(3)	207,588.	0.			BERRY CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, KING CHAPEL CLOCK AND
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202-3706	13-6068327	501(C)(3)	14,150.	0.			CHARITABLE PORTION OF MEMBERSHIP DUES
CZECH VILLAGE/NEW BOHEMIA URBAN MAIN STREET DISTRICT - 101 16TH AVE SW STE A - CEDAR RAPIDS, IA 52404	27-1416767	501(C)(3)	5,989.	0.			CZECH VILLAGE-NEW BOHEMIA MAIN STREET BUILDING IMPROVEMENT FUND, GENERAL SUPPORT
DEAF IOWANS AGAINST ABUSE INC. 1652 42ND ST. NE STE D CEDAR RAPIDS, IA 52402	47-5002341	501(C)(3)	10,000.	0.			SUICIDE & ADDICTION IN THE DEAF COMMUNITY
DIRECT RELIEF 27 S. LA PATERA GOLETA, CA 93117-3214	95-1831116	501(C)(3)	20,000.	0.			HAITI RELIEF AND RECOVERY EFFORTS RELATED TO HURRICANE MATTHEW
DISCOVERY LIVING, INC. 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	501(C)(3)	26,377.	0.			ANNUAL DESIGNATED DISTRIBUTION, MEMBER ADVOCATE
DONORSCHOOSE.ORG FINANCIAL OPERATIONS, 134 W. 37TH S NEW YORK, NY 10018	13-4129457	501(C)(3)	25,000.	0.			LINN COUNTY PUBLIC SCHOOLS

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
EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS - 700 16TH ST NE STE 301 - CEDAR RAPIDS, IA 52402-4665	42-1023296	501(C)(3)	10,000.	0.			DESIGNATED DISTRIBUTION
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	10,750.	0.			GENERAL SUPPORT, RILEY SMITH YOUTH MUSIC FESTIVAL, MUSIC AND ARTS STUDIOS PROGRAMMING,
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	12,000.	0.			EASTERN IOWA DENTAL CENTER (EIDC)
ESSENTIAL INSTRUCTION C/O MARION MIXERS - PO.BOX 2107 - CEDAR RAPIDS, IA 52406-2107	46-5762244	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	26,500.	0.			EMERGENCY CLOTHING & BASIC NEEDS FOR CHILDREN
FARMSHARE AUSTIN 5413 EVANS AVE. AUSTIN, TX 78751	46-1200713	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FEED IOWA FIRST 1622 42ND ST NE CEDAR RAPIDS, IA 52402	45-4058376	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	501(C)(3)	28,356.	0.			ANNUAL DESIGNATED DISTRIBUTION, SATURDAY EVENING MEAL PROGRAM (SEMP), GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	501(C)(3)	7,956.	0.			GENERAL SUPPORT, SUNDAY EVENING MEALS PROGRAM (SEMP)

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
FIRST UNITED METHODIST CHURCH OF NORTH LIBERTY - 89 N JONES BLVD - NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	15,250.	0.			GENERAL SUPPORT, NORTH LIBERTY COMMUNITY PANTRY
FOUNDATION 2 INC. 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405-4865	42-1078444	501(C)(3)	25,760.	0.			ANNUAL DESIGNATED DISTRIBUTION, FEASIBILITY STUDY, FLOOD ASSISTANCE
FOUR OAKS FAMILY & CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	142,575.	0.			TOTALCHILD - COMMIT TO A CHILD CAMPAIGN, CAPITAL CAMPAIGN, GENERAL SUPPORT, THOSE SUFFERING
FRIENDS OF ACTION GROUP ON EROSION TECHNOLOGY AND CONCENTRATION INC. - 1003B LAMOND AVE. - DURHAM, NC 27701	13-4181753	501(C)(3)	17,500.	0.			RESEARCH
FRIENDS OF CEDAR LAKE INC. 1821 GRANDE AVENUE SE CEDAR RAPIDS, IA 52403	47-2974571	501(C)(3)	48,456.	0.			AGENCY DISTRIBUTION, DESTINATION CEDAR RAPIDS: THE POWER OF CONNECTION
FRIENDS OF THE EARTH 1101 15TH ST NW, 11TH FL WASHINGTON, DC 20005	23-7420660	501(C)(3)	7,500.	0.			RESEARCH
FRIENDS OF THE HIAWATHA PUBLIC LIBRARY - 150 WEST WILLMAN ST. - HIAWATHA, IA 52233	26-2946986	501(C)(3)	10,000.	0.			PLAY & LEARN OF EAST CENTRAL IOWA
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC. - 317 7TH AVE SE STE 201 - CEDAR RAPIDS, IA 52401-2007	42-1008848	501(C)(3)	14,000.	0.			FINANCIAL ASSISTANCE FOR GIRLS IN NEED, LEADERSHIP & CHARACTER BUILDING FOR AT-RISK GIRLS
GIRLS ON THE RUN OF JOHNSON COUNTY IOWA - PO BOX 3222 - IOWA CITY, IA 52244	45-1294227	501(C)(3)	9,000.	0.			GIRLS ON THE RUN TEAMS UP WITH KIDS ON COURSE

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
GOODWILL INDUSTRIES OF THE HEARTLAND--CEDAR RAPIDS - 1441 BLAIRS FERRY ROAD NE - CEDAR RAPIDS, IA 52402	42-0923563	501(C)(3)	30,500.	0.			LIGHT MANUFACTURING TRAINING AND PLACEMENT PROGRAM, THE EDGARS ACHIEVEMENT AWARDS
GREEN SQUARE MEALS INC. PO BOX 5303 CEDAR RAPIDS, IA 52406-5303	42-1307429	501(C)(3)	10,500.	0.			GENERAL SUPPORT, MEALS
HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY - 350 6TH AVE SE - CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	35,562.	0.			ANNUAL DESIGNATED DISTRIBUTION, RESTORE, 2016 HOPE BUILDERS HOME, GENERAL SUPPORT, FLOOD
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	35,261.	0.			ANNUAL DESIGNATED DISTRIBUTION, HACAP INN CIRCLE, GENERAL SUPPORT, WHATEVER LINDA GORKOW
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404-3910	42-0680304	501(C)(3)	8,475.	0.			MERIT BADGE PROGRAM, TRAILBLAZERS, A SCOUTING INITIATIVE, STAFF ALUMNI SCHOLARSHIP PROGRAM,
HEIGHTS CENTER INC. 15570 HAGIE DRIVE FORT MYERS, FL 33908	45-5595206	501(C)(3)	10,000.	0.			PROMOTING PATHWAYS TO PROSPERITY
HENRY DAVISON YOUTH CENTER INC. 1445 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	39-1907548	501(C)(3)	10,000.	0.			FEEDING THE YOUTH, GENERAL SUPPORT, UPGRADE TO SECURITY
HIAWATHA PUBLIC LIBRARY 150 W WILLMAN ST HIAWATHA, IA 52233-1650	42-6025060	501(C)(3)	11,724.	0.			EXPANSION/RENOVATION, BUILDING FUND
HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	GOVERNMENT	37,230.	0.			ANNUAL DESIGNATED DISTRIBUTION

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
HOLY FAMILY CATHOLIC SCHOOLS - DUBUQUE - 2005 KANE ST - DUBUQUE, IA 52001-0538	42-0792429	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOOVER PRESIDENTIAL FOUNDATION P.O. BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	501(C)(3)	68,171.	0.			QUARTON GALLERY OF THE HOOVER LIBRARY, ANNUAL DESIGNATED DISTRIBUTION
HORIZONS - A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	74,785.	0.			AIR ENVELOPE PROJECT IN NEWBO, FLOOD ASSISTANCE, GENERAL SUPPORT, MEALS ON WHEELS, SUMMER MEALS
INDIAN CREEK NATURE CENTER 6665 OTIS RD SE CEDAR RAPIDS, IA 52403-7134	23-7260197	501(C)(3)	126,344.	0.			AGENCY DISTRIBUTION, AMAZING SPACE CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, CONNECTING
IOWA ART WORKS DBA THE CERAMICS CENTER - 329 10TH AVE SE, SUITE 117 - CEDAR RAPIDS, IA 52401-2339	42-1112539	501(C)(3)	15,500.	0.			AT-RISK KIDS: COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH 3-DIMENSIONAL EDUCATION
IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 71186 - DES MOINES, IA 50325	45-4574664	501(C)(3)	131,518.	0.			ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	501(C)(3)	30,000.	0.			LINN COUNTY FAFSA CHALLENGE, FUTURE READY IOWA - LINN COUNTY CURRICULUM PROJECT
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	501(C)(3)	17,500.	0.			GENERAL SUPPORT, LET'S KEEP IOWA STUDENTS IN IOWA PROGRAM
IOWA JAG INC. GRIMES STATE OFFICE BUILDING, 400 E. 14TH STREET--3RD FLOOR - DES MOINES, IA	42-1492988	501(C)(3)	21,000.	0.			GENERAL SUPPORT, SUPPORTING STUDENT SUCCESS IN GRADUATION AND CAREERS IN CEDAR RAPIDS

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
IOWA SCHOOL FOR THE DEAF FOUNDATION - 3501 HARRY LANGDON BLVD - COUNCIL BLUFFS, IA 51503	42-1411680	501(C)(3)	5,500.	0.			DIGITAL SIGNAGE AT IOWA SCHOOL FOR THE DEAF
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	501(C)(3)	24,200.	0.			SCHOLARSHIPS, IT OLYMPICS
IWLC - IOWA WOMEN LEAD CHANGE 200 1ST ST STE 2100 CEDAR RAPIDS, IA 52401	45-2932668	501(C)(3)	21,000.	0.			INVEST IN SHE EVENT, GENERAL SUPPORT, LEAD IOWA FEASIBILITY STUDY
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	501(C)(3)	55,666.	0.			ANNUAL DESIGNATED DISTRIBUTION, PATHS 2.0, PROGRAM ACHIEVEMENT ACADEMY, FAMILY SUPPORT
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)	29,108.	0.			GENERAL SUPPORT, JDRF ONEWALK, ELMCREST TENNIS PRO-AM, TO SUPPORT COMMUNITY/FAMILY
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	53,249.	0.			GENERAL SUPPORT, CLASSROOM LEARNING IN CR, IC & WATERLOO, CULTIVATING A SKILLED
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 52401-2007	42-6060212	501(C)(3)	12,250.	0.			FOSTERING STRENGTH FUNDRAISER, BRIDGING THE G.A.P.
KEOKUK AREA COMMUNITY FOUNDATION PO BOX 367 KEOKUK, IA 52632-0367	20-1838372	501(C)(3)	44,996.	0.			OPERATING AND ADMINISTRATION, GRANT FUND, GENERAL SUPPORT, GIFT TO THE AGNES
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	30,412.	0.			GENERAL SUPPORT, ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, FUND ONGOING ACTIVITIES

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
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - PO BOX 2068 - CEDAR RAPIDS, IA 52406-2068	23-7076632	501(C)(3)	112,599.	0.			ANNUAL DESIGNATED DISTRIBUTION, KCCK-FM'S JAZZ EDUCATION PROGRAMS, SCHOLARSHIPS, GENERAL
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	501(C)(3)	14,000.	0.			PROGRAMMING, SKILL BUILDING FOR LEADERSHIP BOARD AND STAFF
LEGION ARTS INC. 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	501(C)(3)	24,557.	0.			PHASE II RENOVATION, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, LANDFALL
LINN AREA EDUCATION ASSOCIATIONS COMMUNITY FOUNDATION DBA THE TEACHER STORE - 3015 BLAIRS FERRY RD. NE - CEDAR RAPIDS, IA 52402	26-2607522	501(C)(3)	7,500.	0.			THE TEACHER STORE
LINN COUNTY 1240 26TH AVE. CT. SW CEDAR RAPIDS, IA 52404	42-6004338	501(C)(3)	8,727.	0.			ANNUAL DESIGNATED DISTRIBUTION, SUPPORT EASEMENT, CHILDREN'S OUTDOOR NATURAL PLAYSCAPE
LINN COUNTY FAIR ASSOCIATION PO BOX 329 CENTRAL CITY, IA 52214	42-1231967	501(C)(3)	10,000.	0.			HANDICAP RAMPS AND PARKING
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 716 OAKLAND RD NE STE 103 - CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	78,800.	0.			ANNUAL DESIGNATED DISTRIBUTION, NEW EXHIBIT, CAPITAL CAMPAIGN, INTERACTIVE
LORAS COLLEGE FINANCIAL AID OFFICE, PO BOX 178 DUBUQUE, IA 52004	42-0680412	501(C)(3)	5,500.	0.			SCHOLARSHIP, TENNIS COURT CAPITAL PROJECT
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101-1041	42-0680466	501(C)(3)	9,250.	0.			GENERAL SUPPORT, SCHOLARSHIPS, BIOLOGY DEPARTMENT

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
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	501(C)(3)	8,302.	0.			GENERAL SUPPORT
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	501(C)(3)	31,330.	0.			ANNUAL DESIGNATED DISTRIBUTION
MARCH OF DIMES FOUNDATION 425 2ND ST SE STE 605 CEDAR RAPIDS, IA 52401-1824	13-1846366	501(C)(3)	9,500.	0.			CAMPAIGN TO END PREMATURE BIRTH, GENERAL SUPPORT, MARCH FOR BABIES
MARENGO MEMORIAL HOSPITAL 300 W. MAY ST. MARENGO, IA 52301	42-6023437	501(C)(3)	100,000.	0.			FACILITIES PROJECT
MARION CARES, INC. 1050 MCGOWAN BLVD. MARION, IA 52302	26-0585390	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 SOUTH 15TH STREET - MARION, IA 52302	42-1343360	501(C)(3)	5,236.	0.			SCHOLARSHIPS
MATTHEW 25 201 THIRD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	111,426.	0.			ANNUAL DESIGNATED DISTRIBUTION, FLOOD ASSISTANCE, FLOOD THE RUN, GENERAL SUPPORT,
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	501(C)(3)	20,000.	0.			ESPECIALLY FOR YOU RACE
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	501(C)(3)	96,916.	0.			GENERAL SUPPORT, TEDDY BEAR CLINIC - MEDICAL PLAY, SCHOLARSHIP FUND TO STUDENT IN THE HEALTH

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
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	501(C)(3)	39,295.	0.			REJUVENATE CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ART THERAPY PROGRAM
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MOUNT MERCY - SCHOLARSHIPS STUDENT FINANCIAL SERVICES CENTER, 1330 ELMHURST DR NE - CEDAR RAPIDS, IA 52	42-0681046	501(C)(3)	212,736.	0.			ATHLETIC COMPLEX, BUSINESS OR FINE ARTS SCHOLARSHIPS, CAPITAL CAMPAIGN, DUGOUT, GENERAL
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PLACE SW - CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	163,008.	0.			OLD WORLD CHRISTMAS MARKET, PROGRAM SUPPORT, GENERAL SUPPORT, ANDY WARHOL EXHIBIT AND
NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 50309-2316	53-0242652	501(C)(3)	60,100.	0.			FIRE SHELTERS, NOMEX FLAME RESISTANT CLOTHING AND FIRE LINE PACKS FOR PRESCRIPTION BURNING IN
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	30,000.	0.			IMAGINATION IOWA SUMMER CAMP SCHOLARSHIPS, MAKING IOWA THE #1 STATE FOR FEMALE ENTREPRENEURS
NEW COVENANT BIBLE CHURCH 3090 N CENTER POINT RD CEDAR RAPIDS, IA 52411	51-0139200	501(C)(3)	12,467.	0.			GENERAL SUPPORT
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	501(C)(3)	55,250.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, FLOOD ASSISTANCE
NORTHEAST IOWA COMMUNITY COLLEGE FOUNDATION - PO BOX 400 - CALMAR, IA 52132	42-1178729	501(C)(3)	10,000.	0.			BEEF EDUCATION FACILITY

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
NORTHEAST ORGANIC FARMING ASSOCIATION - 411 SHELDON RD - BARRE, MA 01005	22-2987723	501(C)(3)	7,000.	0.			GENERAL SUPPORT
OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 52203-8200	42-0985212	501(C)(3)	7,000.	0.			THEATRE FOR YOUNG AUDIENCES TOUR OF "CHARACTER CHRONICLES"
OLD OPERA HOUSE COMMUNITY ARTS COUNCIL - PO BOX 121 - COGGON, IA 52218-0121	42-1354260	501(C)(3)	7,300.	0.			COGGON OPERA HOUSE INTERIOR PAINTING PROJECT
OLIVET PRESBYTERIAN CHURCH 230 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	501(C)(3)	19,051.	0.			OLIVET NEIGHBORHOOD MISSION, FOOD PANTRY AND CLOTHING CLOSET, FLOOD ASSISTANCE, ANNUAL
PLANNED PARENTHOOD OF THE HEARTLAND, INC. - 1171 7TH ST - DES MOINES, IA 50314-2505	42-0727488	501(C)(3)	21,099.	0.			LINN COUNTY SERVICES, EAST CENTRAL IOWA SERVICES, COMPREHENSIVE PREVENTION SERVICES,
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	501(C)(3)	5,236.	0.			SCHOLARSHIPS
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	501(C)(3)	41,938.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SUCCESSION SUPPORT, HUSSITE FANTASY - CZECH
RIDERS CLUB OF AMERICA 1700 B AVE NE #213 CEDAR RAPIDS, IA 52402	27-0832680	501(C)(3)	5,500.	0.			SENIOR TRANSPORTATION SERVICES
RIVERVIEW CENTER INC. 2600 DODGE ST. DUBUQUE, IA 52003	36-3920008	501(C)(3)	30,000.	0.			TRAUMA-FOCUSED THERAPY TO PROMOTE LONG-TERM HEALTH AND HEALING

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
SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 52401-1921	42-1348441	501(C)(3)	20,000.	0.			PHASE PROGRAMS
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS - 401 NE ADAMS STREET - PEORIA, IL 61603	22-2406433	501(C)(3)	27,998.	0.			RED KETTLE KICKOFF, ANNUAL DESIGNATED DISTRIBUTION, TOYS FOR TOTS, GENERAL SUPPORT,
SOLDIERS FOR THE TRUTH FOUNDATION DBA STAND FOR THE TROOPS - 260 RIVERSVILLE RD - GREENWICH, CT 06831	31-1592564	501(C)(3)	12,500.	0.			SCHOLARSHIPS
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 10
ST. AMBROSE UNIVERSITY 518 W. LOCUST ST DAVENPORT, IA 52803	42-0703280	501(C)(3)	11,500.	0.			ACADEMY FOR THE STUDY OF ST. AMBROSE OF MILAN, CAPITAL CAMPAIGN - WELLNESS & RECREATION
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVE NE STE LL1 CEDAR RAPIDS, IA 52402-5064	42-1106819	501(C)(3)	27,696.	0.			CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND,
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	501(C)(3)	5,834.	0.			GENERAL SUPPORT
ST. PAUL'S UMC OF CR FOUNDATION 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	75-3093308	501(C)(3)	7,154.	0.			AGENCY DISTRIBUTION
ST. PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402-2402	42-0859572	501(C)(3)	11,000.	0.			GENERAL SUPPORT

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
SYSTEMS UNLIMITED, INC. 2533 SCOTT BLVD SE IOWA CITY, IA 52240-8195	42-0985205	501(C)(3)	18,761.	0.			REMOTE TRAINING FOR ENHANCED SERVICE DELIVERY, FUNDS FOR MENTAL HEALTH SERVICES
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	501(C)(3)	131,244.	0.			SOARING BEYOND: THE CAPITAL CAMPAIGN FOR THE CHILDREN OF TANAGER PLACE, GENERAL SUPPORT,
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	501(C)(3)	50,912.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, PROJECT SEARCH: MOVING TO EMPLOYMENT SERVICES, ANNUAL
THE FREEDOM FOUNDATION 50 2ND AVENUE BRIDGE CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	31,000.	0.			OPERATION FREEDOM FOUNDATION, GENERAL SUPPORT
THE HOOK 1723 GRANDE AVE. SE CEDAR RAPIDS, IA 52403	47-4431093	501(C)(3)	12,500.	0.			START-UP EXPENSES, ARTLOUD!
THE ORGANIC CENTER INC. 28 VERNON ST SUITE 413 BRATTLEBORO, VT 05301	02-0626006	501(C)(3)	25,000.	0.			UNRESTRICTED RESEARCH
TREES FOREVER 770 7TH AVE STE B MARION, IA 52302-5773	42-1419181	501(C)(3)	23,034.	0.			TREEKEEPERS, AGENCY DISTRIBUTION, GENERAL SUPPORT, SUPPORT OF WOODLAND LEGACY SYMPOSIUM
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS DBA METRO CATHOLIC OUTREACH - 420 6TH ST. SE - CEDAR RAPIDS, IA 52401	53-0196617	501(C)(3)	7,978.	0.			GENERAL SUPPORT, FOOD PANTRY
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	209,280.	0.			RED AHEAD, ANNUAL CAMPAIGN, VISTA MATCHING GRANT FROM ICOF, GENERAL SUPPORT, ANNUAL

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
UNIVERSITY OF CHICAGO SR PHILANTHROPIC ADVISOR, OFFICE OF GIFT PLANNING, 5235 S HARPER CRT - CHICA	36-2177139	501(C)(3)	72,060.	0.			COLLEGE FUND, GRADUATE BUSINESS SCHOOL, MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER
UNIVERSITY OF IOWA - BILLING OFFICE - 5 CALVIN HALL - IOWA CITY, IA 52242	42-6004813	GOVERNMENT	29,080.	0.			SCHOLARSHIPS, JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244-4550	42-0796760	501(C)(3)	67,191.	0.			UI CHILDREN'S HOSPITAL BUILDING FUND, GIL MAYNARD OUTSTANDING TEACHER AWARD FUND IN THE
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID, 105 GILCHRIST HALL - CEDAR FALLS, IA 50614	42-6004333	GOVERNMENT	19,365.	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.			KIDS ON THE GO-SPECIALIZED BIKES FOR LINN COUNTY RESIDENTS, VARIETY STAR PLAYGROUND
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	501(C)(3)	64,690.	0.			RIDE 4 YOUTH, MADGE PHILLIPS CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
WHEELCHAIR RAMP ACCESSIBILITY PROGRAM COALITION - ST. LUKE'S HOSPITAL VOLUNTEER CENTER, 1026 A AVE NE - CEDAR RAPIDS, IA	27-0841627	501(C)(3)	20,466.	0.			RAMP IT UP!, FOOD FOR RAMP BUILDERS, FOOD FOR BUILDERS
WHOLE PLANET FOUNDATION 550 BOWIE STREET AUSTIN, TX 78703-4677	20-2376273	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 94077	20-0195670	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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
WILLIS DADY EMERGENCY SHELTER INC. 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	501(C)(3)	29,278.	0.			GENERAL SUPPORT, CAPITAL ENDOWMENT, HOMELESS PREVENTION OUTREACH ADVOCATE, TARGET HOMELESS
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	501(C)(3)	58,989.	0.			CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP
YOUNG PARENTS NETWORK 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	47,100.	0.			BROADWAY MAYBIES, COMUNIDAD LATINA (LATIN COMMUNITY), GENERAL SUPPORT, AFRICAN MOMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REIMBURSEMENT TO STUDENTS WHO RECEIVED A SCORE OF 3 OR HIGHER ON ADVANCED PLACEMENT TESTS	477	21,690.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	49	1,440.	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: AFFORDABLE HOUSING NETWORK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FLOOD ASSISTANCE, CEDAR RAPIDS SUPPORTIVE HOUSING EVALUATION, FACTS - FINANCIAL AND CREDIT TRAINING SESSIONS

PUBLIC INSPECTION COPY

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, ENDLESS POSSIBILITIES PHASE 2, FLOOD ASSISTANCE, GENERAL SUPPORT, MIGHTIER THAN THE SWORD, TECHNOLOGY TO ADVANCE THE MUSEUM'S MISSION

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CELEBRATION OF COMMUNITY'S PHOTO CONTEST WINNER, EMPLOYEE MATCH, GREEN BAY CHAPTER OFFICE-RESEARCH PROGRAM SUPPORT, RESEARCH, WALK TO END ALZHEIMER'S-STRIDE

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, GO RED FOR WOMEN TABLE, HEART BALL/GALA, HEART WALK

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL
(H) PURPOSE OF GRANT OR ASSISTANCE: HEART OF IOWA PROGRAM, KEEPING TEENS SAFE, GUIDE TO THE FUTURE, FINISHING THE CD+ FACILITY IMPROVEMENT PROJECT, SUPPORTING RECOVERY FROM SUBSTANCE ABUSE, MEDICAL SERVICES FOR WOMEN AND CHILDREN, FLOOD ASSISTANCE, FEEDBACK INFORMED TREATMENT PROJECT, PREVENTING YOUTH SUBSTANCE ABUSE IN RURAL LINN

PUBLIC INSPECTION COPY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: BIG MAGIC PROGRAM, BOWL FOR KIDS SAKE, CREATE LIFE-CHANGING FRIENDSHIPS, DUCK RACE, FOSTER YOUTH MENTORING, GENERAL SUPPORT, IMPROVED CHILD SAFETY AND POSITIVE YOUTH DEVELOPMENT, LINN COUNTY YOUTH MENTORING PROJECT, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF LINDA HENECKE, OPERATIONS FUND INTEREST TRANSFER TO CHECKING ACCOUNT, REMOVING ROADBLOCKS FOR KIDS, SOLDIER SUPPORT PROJECT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, FISH-O-RAMA, GENERAL SUPPORT, SUSTAINING YOUTH DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CLASSICS AT BRUCEMORE, COMPREHENSIVE CAMPAIGN FEASIBILITY STUDY, GENERAL SUPPORT, GRANT WOOD EXHIBIT, GRANT WOOD INTERPRETATION ENHANCEMENT, PRESERVATION/RESTORATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CAMPERSHIP FUND, CAMPERSHIPS TO EASTERN IOWA YOUTH ATTENDING RESIDENTIAL SUMMER CAMPS, GENERAL SUPPORT, SPRINT TRIATHLON

NAME OF ORGANIZATION OR GOVERNMENT:

CAMP FIRE NATIONAL HEADQUARTERS DBA CAMP FIRE HEART OF IOWA

PUBLIC INSPECTION COPY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTDOOR EDUCATION FIELD TRIPS FOR CAMP FIRE CLUBS, CAMPERSHIPS TO EASTERN IOWA YOUTH ATTENDING RESIDENTIAL SUMMER CAMPS

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT WOMEN IN TRANSITIONAL HOUSING AND EDUCATION GOALS, OFFERING HOPE AND OPPORTUNITY FOR SURVIVORS OF TRAUMA, CAPITAL CAMPAIGN FEASIBILITY STUDY, IMPROVING SAFETY & SECURITY FOR CMC RESIDENTS, OFFERING HOPE THROUGH ADULT BASIC EDUCATION, CAPITAL CAMPAIGN TO PURCHASE HOUSE AT 520 COBBAN ST. SE., MEDICAL SERVICES FOR WOMEN AND CHILDREN, FLOOD ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCED PLACEMENT TEST FEE REIMBURSEMENT FOR KENNEDY HS, WASHINGTON HS, ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HS, FIELD TRIPS TO ORCHESTRA IOWA CONCERT, JEFFERSON HIGH SCHOOL SCHOLARSHIP PROGRAMS, KIDS ON COURSE UNIVERSITY, MARCHING BAND FOR MCKINLEY MS, MARCHING BAND FOR WASHINGTON HS, METRO CARE CONNECTION EMERGENCY HEALTH FUND, METRO CARE CONNECTION SCHOOL BASED HEALTH CLINIC, MULTI-PURPOSE ROOM FOR METRO HS, P.A.C.T. PROGRAM FOR MCKINLEY MS, PANTRY FOR KIDS IN NEED AT MCKINLEY MS, PAWS TO READ PILOT PROGRAM AT PIERCE ELEMENTARY, STEM RACING TEAM TO NATIONALS FOR METRO HS, VOCAL MUSIC FOR MCKINLEY MS

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: READ 2 SUCCEED, LACE UP FOR LEARNING

PUBLIC INSPECTION COPY

Part IV Supplemental Information

5K, $100 FOR EACH ELEMENTARY SCHOOL FOR THE SOLE USE OF THE CLASSROOM MUSIC TEACHER(S), IOWA BIG, LIP SYNC FOR LEARNING EVENT, DENNIS & GRACE FERRETER SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, EXHIBITION AND PROGRAMMING SUPPORT, EXHIBITION SEASON, EXHIBITION SUPPORT FOR GRANT WOOD AND MARVIN CONE: BARNS, FARMS, AND AMERICAS HEARTLAND, FLOOD ASSISTANCE, GALA EVENT THAT REPLACES SIGHT & SOUND, GENERAL SUPPORT, SCULPTURE, THE ANNUAL FUND LEADERSHIP SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, BOARD CHALLENGE, GENERAL SUPPORT, SEASON SUPPORT, YOUNG ARTIST PROGRAM/SCHOOL OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LIVING LEARNING PLANTERS, LIBRARY CHAMPION PROGRAM, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, LIBRARY 3.0: THE CAMPAIGN TO BUILD YOUR NEW CEDAR RAPIDS PUBLIC LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION DBA ORCHESTRA IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2015 CRESCENDO GALA, 2015/16 SEASON, 2016/17 MASTERWORKS CAMPAIGN SPRINT, 2016-17 FIFTH GRADE FIDDLES PROGRAM, 2016-17 MUSIC IN THE SCHOOLS PROGRAM, AGENCY DISTRIBUTION, ANNUAL

PUBLIC INSPECTION COPY

Part IV Supplemental Information

DESIGNATED DISTRIBUTION, CLASSICAL AND POPULAR MUSIC IN EASTERN IOWA, EDUCATIONAL OUTREACH PROGRAMS, FINE ARTS SERIES, FIRST TRUMPET, FLOOD ASSISTANCE, GENERAL SUPPORT, MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, SYMPHONY CENTER, SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HUMANE SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, PETS FOR VETS, GENERAL SUPPORT, URGENT SEPTIC SYSTEM REPAIR, SHELTER RENOVATION SCHEMATIC DESIGN

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: AMPHITHEATRE MAINTENANCE, GREENE SQUARE REVITALIZATION, CEDAR RAPIDS PUBLIC LIBRARY, WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND, MOBILE BAND SHELL PROJECT, CITY HALL COUNCIL CHAMBERS EAST WALL MURAL PRESERVATION, OLD MCDONALD'S FARM

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, HEALTHCARE SERVICES FOR THE UNDERSERVED, GENERAL SUPPORT, CHFC DENTAL CLINIC SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: "THE LITTLE MERMAID", 2015-16 CRST BROADWAY SERIES, ANNUAL DESIGNATED DISTRIBUTION, AT RISK KIDS ATTENDANCE, FLOOD ASSISTANCE, GENERAL SUPPORT, GREEN DAYS AMERICAN IDIOT SHOW,

PUBLIC INSPECTION COPY

Part IV Supplemental Information

HOLIDAY SHOW, TECHNOLOGY UPGRADE AND EXPANSION, THEATRE ACCESSIBILITY FOR YOUTH, THEATRE CEDAR RAPIDS FAMILY SERIES, THEATRE EDUCATION PROGRAM EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: BERRY CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, KING CHAPEL CLOCK AND TOWER RESTORATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, RILEY SMITH YOUTH MUSIC FESTIVAL, MUSIC AND ARTS STUDIOS PROGRAMMING, HEALING HEARTS PROGRAM, YOUTH ARTS LEADERSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

FOUR OAKS FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TOTALCHILD - COMMIT TO A CHILD CAMPAIGN, CAPITAL CAMPAIGN, GENERAL SUPPORT, THOSE SUFFERING FROM MENTAL ILLNESS, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, KIDS SCHOLARSHIP FUND, MCINTYRE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, RESTORE, 2016 HOPE BUILDERS HOME, GENERAL SUPPORT, FLOOD ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,

PUBLIC INSPECTION COPY

Part IV Supplemental Information

HACAP INN CIRCLE, GENERAL SUPPORT, WHATEVER LINDA GORKOW DEEMS MOST PRESSING., VETERANS TRANSPORTATION PROGRAM, OPERATION BACKPACK PROGRAM, FLOOD ASSISTANCE, PROGRAM SUPPORT: FOOD RESERVOIR

NAME OF ORGANIZATION OR GOVERNMENT:
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA
(H) PURPOSE OF GRANT OR ASSISTANCE: MERIT BADGE PROGRAM, TRAILBLAZERS, A SCOUTING INITIATIVE, STAFF ALUMNI SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: HORIZONS - A FAMILY SERVICE ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: AIR ENVELOPE PROJECT IN NEWBO, FLOOD ASSISTANCE, GENERAL SUPPORT, MEALS ON WHEELS, SUMMER MEALS PROGRAM SUPPORT, SURVIVORS PROGRAM VIOLENT CRIME ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, AMAZING SPACE CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, CONNECTING THE CLASSROOM TO NATURE, ENHANCING VOLUNTEER ROLES AND OPPORTUNITIES, ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, GENERAL SUPPORT, HOST CHILDREN AND CARE FOR THE LAND, MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF JEAN WIEDENHEFT, NATIVE LANDSCAPING AND INTERPRETATION ADDITIONS, SAFETY REVIEW INITIATIVES, TRAILS

NAME OF ORGANIZATION OR GOVERNMENT:
IOWA ART WORKS DBA THE CERAMICS CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: AT-RISK KIDS: COGNITIVE, EMOTIONAL,

PUBLIC INSPECTION COPY

Part IV Supplemental Information

SOCIAL AND SKILL DEVELOPMENT THROUGH 3-DIMENSIONAL EDUCATION AND MATERIAL MANIPULATION, FLOOD ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: JANE BOYD COMMUNITY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, PATHS 2.0, PROGRAM ACHIEVEMENT ACADEMY, FAMILY SUPPORT FOR SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT:

JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, JDRF ONEWALK, ELMCREST TENNIS PRO-AM, TO SUPPORT COMMUNITY/FAMILY EDUCATION AND AWARENESS., EMPLOYEE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CLASSROOM LEARNING IN CR, IC & WATERLOO, CULTIVATING A SKILLED WORKFORCE IN LINN COUNTY, ANNUAL DESIGNATED DISTRIBUTION, INSPIRING FUTURE INNOVATION AND ECONOMIC GROWTH, ANNUAL FUND, FORWARD THINKING IN RURAL LINN COUNTY, BOWL-4-EDUCATION, EMPOWERING THE FUTURE

NAME OF ORGANIZATION OR GOVERNMENT: KEOKUK AREA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING AND ADMINISTRATION, GRANT FUND, GENERAL SUPPORT, GIFT TO THE AGNES CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, FUND ONGOING ACTIVITIES SUPPORTING CHILDREN IN NEED, WEBSITE UPGRADE

PUBLIC INSPECTION COPY

Part IV **Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, KCCK-FM'S JAZZ EDUCATION PROGRAMS, SCHOLARSHIPS, GENERAL SUPPORT, GREATEST NEED FOR UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS, REAL WORLD SUCCESS, SCHOLARSHIPS FOR STUDENT IN CULINARY ARTS PROGRAM, SCHOLARSHIPS FOR STUDENTS ENROLLED IN FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, SCHOLARSHIPS FOR STUDENTS IN ADN PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LEGION ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PHASE II RENOVATION, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, LANDFALL FESTIVAL OF WORLD MUSIC, GENERAL SUPPORT, FLOOD ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, NEW EXHIBIT, CAPITAL CAMPAIGN, INTERACTIVE BASEBALL EXHIBIT FOR CHILDREN AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, FLOOD ASSISTANCE, FLOOD THE RUN, GENERAL SUPPORT, GROW POSSIBILITIES CAPITAL CAMPAIGN, GROW TAYLOR, PROGRAM SUPPORT, SCHOOL GARDENS AND URBAN FARM

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

PUBLIC INSPECTION COPY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TEDDY BEAR CLINIC - MEDICAL PLAY, SCHOLARSHIP FUND TO STUDENT IN THE HEALTH CAREER FIELD, CAREGIVERS ENDOWMENT, CRYSTAL HERITAGE HISTORY WALL, SUPPORT AREA OF GREATEST NEEDS FOR THE MERCY FOUNDATION, HALL-PERRINE CANCER CENTER, HOSPICE HOUSE OPERATIONS, OLDORF HOSPICE HOUSE, ANNUAL DESIGNATED DISTRIBUTION, FAMILY CAREGIVERS CENTER, DR. WIESENFELD ONCOLOGY LECTURE SERIES, CAPITAL CAMPAIGN CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY - SCHOLARSHIPS

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

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: OLD WORLD CHRISTMAS MARKET, PROGRAM SUPPORT, GENERAL SUPPORT, ANDY WARHOL EXHIBIT AND RELATED PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION, FLOOD ASSISTANCE, 68.77.89 HIGH SCHOOL CURRICULUM, INSPIRE PEOPLE OF EVERY BACKGROUND TO CONNECT TO CZECH AND SLOVAK HISTORY AND CULTURE

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FIRE SHELTERS, NOMEX FLAME RESISTANT CLOTHING AND FIRE LINE PACKS FOR PRESCRIPTION BURNING IN THE LOWER CEDAR VALLEY, RESTORING THREE WETLANDS UPSTREAM OF CEDAR RAPIDS

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET PRESBYTERIAN CHURCH

PUBLIC INSPECTION COPY

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:
PLANNED PARENTHOOD OF THE HEARTLAND, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: LINN COUNTY SERVICES, EAST CENTRAL IOWA SERVICES, COMPREHENSIVE PREVENTION SERVICES, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SUCCESSION SUPPORT, HUSSITE FANTASY - CZECH MUSIC FOR LINN COUNTY, MUSIC IN RURAL LINN COUNTY LIBRARIES

NAME OF ORGANIZATION OR GOVERNMENT:
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: RED KETTLE KICKOFF, ANNUAL DESIGNATED DISTRIBUTION, TOYS FOR TOTS, GENERAL SUPPORT, SUMMER DAY CAMP, FLOOD THE RUN

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S HEALTH CARE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, NASSIF COMMUNITY CANCER CENTER, ST. LUKE'S CHILD & ADOLESCENT CENTER, GENERAL

PUBLIC INSPECTION COPY

Part IV Supplemental Information

SUPPORT, COOK WELLNESS PROGRAM, EMBRACING LIFE = A CAPITAL CAMPAIGN FOR ST. LUKE'S HOSPICE INPATIENT UNIT

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: SOARING BEYOND: THE CAPITAL CAMPAIGN FOR THE CHILDREN OF TANAGER PLACE, GENERAL SUPPORT, CHILDREN OF PROMISE, ANNUAL DESIGNATED DISTRIBUTION, CAMPERSHIPS TO EASTERN IOWA YOUTH ATTENDING RESIDENTIAL SUMMER CAMPS, COLLABORATIVE PROBLEM SOLVING INITIATIVE, EXPRESSIVE ARTS GALA HEALING WITH HEART, GOLF INVITATIONAL, YOUR CHILD: OUR FOCUS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN, PROJECT SEARCH: MOVING TO EMPLOYMENT SERVICES, ANNUAL DESIGNATED DISTRIBUTION, DISABILITY BEHAVIOR INTERVENTIONIST PROGRAM, TECHNOLOGY INFRASTRUCTURE DEVELOPMENT PROJECT, FLOOD ASSISTANCE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: RED AHEAD, ANNUAL CAMPAIGN, VISTA MATCHING GRANT FROM ICOF, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, WOMEN'S LEADERSHIP INITIATIVE, UNITED IN THE WHEELS, POSTER PRINTING COSTS ASSOCIATED WITH THE SEPTEMBER ATTENDANCE AWARENESS MONTH ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IOWA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UI CHILDREN'S HOSPITAL BUILDING FUND, GIL MAYNARD OUTSTANDING TEACHER AWARD FUND IN THE DEPT OF ACCOUNTING, BRADLEY LECTURE SERIES, UPKEEP OF THE HENDRICKS SUITE AT THE

PUBLIC INSPECTION COPY

Part IV Supplemental Information

IOWA HOUSE, COLLEGE OF LAW, INTERNATIONAL WRITERS WORKSHOP, LADIES FOOTBALL ACADEMY UNIVERSITY OF IOWA CHILDREN'S HOSPITAL EVENT SUPPORT, ARTS AND MINDS: BUILDING ON IOWA'S CREATIVE LEGACY, BELIN-BLANK CENTER FOR GIFTED AND TALENTED EDUCATION, CHILDREN'S HOSPITAL THROUGH CHILDREN'S MIRACLE NETWORK, GREATEST NEED TO UI CHILDREN'S HOSPITAL FUND, HOLDEN COMPREHENSIVE CANCER CENTER

NAME OF ORGANIZATION OR GOVERNMENT:
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES
(H) PURPOSE OF GRANT OR ASSISTANCE: RIDE 4 YOUTH, MADGE PHILLIPS CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, COLLABORATIVE PROJECT: WAYPOINT COORDINATED ENTRY OPERATIONS, FLOOD ASSISTANCE, GREATEST NEED, MADGE PHILLIPS CENTER SHELTER FLOORING TILES, MEDICAL SERVICES FOR WOMEN AND CHILDREN, OPENING DOORS FOR LOW-INCOME CHILD CARE CHILDREN THROUGH EXTRA-CURRICULAR ACTIVITY SCHOLARSHIPS, RENOVATION OF 1911 YWCA BUILDING, WAYPOINT WONDERLAND

NAME OF ORGANIZATION OR GOVERNMENT: WILLIS DADY EMERGENCY SHELTER INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL ENDOWMENT, HOMELESS PREVENTION OUTREACH ADVOCATE, TARGET HOMELESS VETS., CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, ANNUAL DESIGNATED DISTRIBUTION TO

PUBLIC INSPECTION COPY

Part IV Supplemental Information

PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH* (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMPS., NEW MARION YMCA, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: BROADWAY MAYBIES, COMUNIDAD LATINA (LATIN COMMUNITY), GENERAL SUPPORT, AFRICAN MOMS PRENATAL AND PARENTING GROUP, CAPACITY BUILDING WEBSITE/INTEGRATED MKTG PROJECT

PUBLIC INSPECTION COPY

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number: 42-6053860

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
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.			
	☒ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☒ Compensation survey or study			
	☐ Form 990 of other organizations ☒ 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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	(i)	189,336.	100.	8,818.	14,312.	14,627.	227,193.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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.

PUBLIC INSPECTION COPY

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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.***

OMB No. 1545-0047

2016

Open To Public Inspection

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	35	1,277,160.	STOCK EXCHANGE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	60,000.	APPRAISAL
16	Real estate - Commercial	X	1	1,460,000.	APPRAISAL
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** 2

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

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

Schedule M (Form 990) (2016)

632141 08-23-16

PUBLIC INSPECTION COPY

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

PUBLIC INSPECTION COPY

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.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization: THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number: 42-6053860

FORM 990, PART VI, SECTION A, LINE 2:

CHRIS SKOGMAN AND TIFFANY EARL HAVE A BUSINESS RELATIONSHIP.

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

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, GRANTMAKING AND COMMUNITY LEADERSHIP 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 15A:

LINE 15A) 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

PUBLIC INSPECTION COPY

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number 42-6053860

COMPENSATION. THE EMAIL IS FILED IN THE PRESIDENT & CEO'S PERSONNEL FILE.

LINE 15B) THE PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS 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 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 -359,122.