

Form **990**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2017 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b></p> <p>Doing business as _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>324 3RD ST SE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>CEDAR RAPIDS, IA 52401</b></p> <p><b>F</b> Name and address of principal officer: <b>LESLIE H. GARNER, JR</b> <b>SAME AS C ABOVE</b></p>	<p><b>D</b> Employer identification number <b>42-6053860</b></p> <p><b>E</b> Telephone number <b>319-366-2862</b></p> <p><b>G</b> Gross receipts \$ <b>17,835,342.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶ _____</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ <b>WWW.GCRCF.ORG</b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____</p> <p><b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>IA</b></p>		

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO HELP DONORS MAKE A LASTING DIFFERENCE IN THEIR COMMUNITIES THROUGH GRANTS TO NONPROFITS.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>20</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>20</b>	
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>5</b>	<b>19</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>170</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>-213,931.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>-231,463.</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>10,911,696.</b>	<b>11,929,096.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>4,323,331.</b>	<b>5,961,261.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>-2,020.</b>	<b>-67,236.</b>	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>15,233,007.</b>	<b>17,823,121.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>7,650,317.</b>	<b>7,909,805.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>1,336,180.</b>	<b>1,524,087.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>686,422.</b>	<b>1,577.</b>	<b>3,052.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>908,009.</b>	<b>839,133.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>9,896,083.</b>	<b>10,276,077.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>5,336,924.</b>	<b>7,547,044.</b>		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>149,337,500.</b>	<b>173,227,883.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>33,373,844.</b>	<b>41,132,062.</b>	
		<b>115,963,656.</b>	<b>132,095,821.</b>	

**Part II Signature Block**

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

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

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

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE 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? [X] Yes [ ] No

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

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

4a (Code: ) (Expenses \$ 8,689,640. including grants of \$ 7,909,805. ) (Revenue \$ 7,176. ) THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS OVER 870 FUNDS BUILT WITH GIFTS AND BEQUESTS. IN 2017, THE FOUNDATION RECEIVED \$11.9 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES, AND BUSINESSES. ALSO IN 2017, THE COMMUNITY FOUNDATION AWARDED \$7.9 MILLION IN GRANTS TO LOCAL NONPROFIT ORGANIZATIONS.

4b (Code: ) (Expenses \$ 246,798. including grants of \$ ) (Revenue \$ 5,000. ) THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION STRIVES TO PROVIDE LEADERSHIP TO SUPPORT A VIBRANT COMMUNITY. PRIORITY AREAS ADDRESS POTENTIALLY TRANSFORMATIVE ISSUES OF BROAD COMMUNITY IMPORTANCE WHERE THE FOUNDATION'S ROLE AS A FUNDER, CONVENER, CATALYST AND PARTNER CAN OFFER POTENTIAL FOR DEFINED AND MEASURABLE COMMUNITY IMPACT.

4c (Code: ) (Expenses \$ 68,634. 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.

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

4e Total program service expenses 9,005,072.

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part IV Checklist of Required Schedules**

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

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	20		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JEAN BRENNEMAN - 319-366-2862**  
**324 3RD ST SE, CEDAR RAPIDS, IA 52401**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRI CHRISTOFFERSEN CHAIR	2.00	X		X				0.	0.	0.
(2) BRENT COBB CHAIR-ELECT	2.00	X		X				0.	0.	0.
(3) AMY LYNCH TREASURER	2.00	X		X				0.	0.	0.
(4) MAUREEN KENNEY 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) PATRICK DEPALMA DIRECTOR	2.00	X						0.	0.	0.
(8) RODRICK DOOLEY DIRECTOR	2.00	X						0.	0.	0.
(9) GREG DUNN DIRECTOR	2.00	X						0.	0.	0.
(10) PEGGY HARDESTY DIRECTOR	2.00	X						0.	0.	0.
(11) SALMA IGRAM DIRECTOR	2.00	X						0.	0.	0.
(12) CHRIS LINDELL DIRECTOR	2.00	X						0.	0.	0.
(13) KATE MINETTE DIRECTOR	2.00	X						0.	0.	0.
(14) JULIE NOSEK DIRECTOR	2.00	X						0.	0.	0.
(15) SUE OLSON DIRECTOR	2.00	X						0.	0.	0.
(16) JOHN OSAKO DIRECTOR	2.00	X						0.	0.	0.
(17) CHARLIE SCHIMBERG DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS SKOGMAN DIRECTOR	2.00	X					0.	0.	0.	
(19) OATHER TAYLOR DIRECTOR	2.00	X					0.	0.	0.	
(20) KEVIN WELU DIRECTOR	2.00	X					0.	0.	0.	
(21) LESLIE H. GARNER JR PRESIDENT & CEO	40.00			X			205,278.	0.	30,059.	
(22) JEAN BRENNENMAN CFO	40.00			X			106,016.	0.	16,119.	
(23) MICHELLE BEISKER VP OF DEVELOPMENT	40.00				X		110,218.	0.	13,311.	
<b>1b Sub-total</b>							421,512.	0.	59,489.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							421,512.	0.	59,489.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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	133,822.
ROBERT W. BAIRD & CO INC. 777 EAST WISCONSIN AVE, MILWAUKEE, WI 53202	INVESTMENT CONSULTING	126,431.

**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 **2**



**THE GREATER CEDAR RAPIDS COMMUNITY  
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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 18,297.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 11,910,799.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	3,696,387.					
	<b>h Total.</b> Add lines 1a-1f .....		11,929,096.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,621,004.			3,621,004.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	146,740.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	12,221.				
		<b>c</b> Rental income or (loss) .....	134,519.				
	<b>d</b> Net rental income or (loss) .....		134,519.			134,519.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	2,340,257.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	0.				
		<b>c</b> Gain or (loss) .....	2,340,257.				
	<b>d</b> Net gain or (loss) .....		2,340,257.			2,340,257.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....	900099	12,176.	12,176.				
<b>b</b> PARTNERSHIP UBIT .....	900099	-213,931.		-213,931.			
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		-201,755.					
<b>12 Total revenue.</b> See instructions. ....		17,823,121.	12,176.	-213,931.	6,095,780.		

**THE GREATER CEDAR RAPIDS COMMUNITY  
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**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,839,910.	7,839,910.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	22,595.	22,595.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	47,300.	47,300.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	519,349.	121,924.	150,465.	246,960.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	799,061.	392,938.	178,223.	227,900.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,300.	27,686.	12,557.	16,057.
<b>9</b> Other employee benefits	90,121.	43,437.	21,491.	25,193.
<b>10</b> Payroll taxes	59,256.	29,139.	13,217.	16,900.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	8,304.		8,304.	
<b>c</b> Accounting	45,354.		45,354.	
<b>d</b> Lobbying	4,980.		4,980.	
<b>e</b> Professional fundraising services. See Part IV, line 17	3,052.			3,052.
<b>f</b> Investment management fees	292,571.	292,571.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,315.	3,088.	227.	
<b>12</b> Advertising and promotion	51,328.	14,721.	19,625.	16,982.
<b>13</b> Office expenses	41,067.	16,940.	9,192.	14,935.
<b>14</b> Information technology	111,525.	48,508.	26,490.	36,527.
<b>15</b> Royalties				
<b>16</b> Occupancy	111,338.	44,741.	43,331.	23,266.
<b>17</b> Travel	16,029.	6,712.	3,603.	5,714.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	25,927.	11,211.	11,377.	3,339.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	1,534.			1,534.
<b>22</b> Depreciation, depletion, and amortization	70,433.	30,682.	16,469.	23,282.
<b>23</b> Insurance	11,737.	1,286.	9,337.	1,114.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	38,394.	9,683.	5,198.	23,513.
<b>b ACCRUED VACATION</b>	13,349.		13,349.	
<b>c INVESTMENT EXPENSES</b>	13,240.		13,240.	
<b>d ALL OTHER EXPENSES</b>	457.		303.	154.
<b>e All other expenses</b>	-21,749.		-21,749.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	10,276,077.	9,005,072.	584,583.	686,422.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**THE GREATER CEDAR RAPIDS COMMUNITY  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	4,697,370.	<b>2</b>	10,332,412.	
	<b>3</b> Pledges and grants receivable, net .....	438,782.	<b>3</b>	97,123.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	16,972.	<b>9</b>	21,668.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,118,506.			
	<b>b</b> Less: accumulated depreciation .....	665,072.	<b>10c</b>	1,453,434.	
	<b>11</b> Investments - publicly traded securities .....	106,023,472.	<b>11</b>	120,595,097.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	34,268,924.	<b>12</b>	39,841,563.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,373,940.	<b>15</b>	886,586.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	149,337,500.	<b>16</b>	173,227,883.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	74,056.	<b>17</b>	88,106.	
	<b>18</b> Grants payable .....	7,667.	<b>18</b>	500,341.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	31,146,548.	<b>21</b>	38,831,232.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,145,573.	<b>25</b>	1,712,383.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	33,373,844.	<b>26</b>	41,132,062.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	114,313,021.	<b>27</b>	130,057,444.	
	<b>28</b> Temporarily restricted net assets .....	1,650,635.	<b>28</b>	2,038,377.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	115,963,656.	<b>33</b>	132,095,821.		
<b>34</b> Total liabilities and net assets/fund balances .....	149,337,500.	<b>34</b>	173,227,883.		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	17,823,121.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	10,276,077.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	7,547,044.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	115,963,656.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	10,307,979.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-1,722,858.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	132,095,821.

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Table with 2 columns: Name of the organization (THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION) and 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).
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).
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).
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).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,321,993.	5,933,571.	10,781,931.	10,911,696.	11,929,096.	48,878,287.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	9,321,993.	5,933,571.	10,781,931.	10,911,696.	11,929,096.	48,878,287.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5,985,615.
<b>6 Public support.</b> Subtract line 5 from line 4.						42,892,672.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	9,321,993.	5,933,571.	10,781,931.	10,911,696.	11,929,096.	48,878,287.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,322,648.	3,114,091.	3,578,565.	3,223,505.	3,767,744.	17,006,553.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	285,380.	76,076.	58,875.	1,537.	12,176.	434,044.
<b>11 Total support.</b> Add lines 7 through 10						66,318,884.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	130,000.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	64.68 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	66.11 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

THE GREATER CEDAR RAPIDS COMMUNITY

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Employer identification number

42-6053860

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,231,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,909,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,133,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 854,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 815,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 501,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	<b>Employer identification number</b> 42-6053860
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**Part 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		\$ 430,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 267,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6053860</b>
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**Part 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
1	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 142,432.	11/30/17
6	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 499,164.	04/10/17
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____



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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

2 Political 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-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

THE GREATER CEDAR RAPIDS COMMUNITY

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		4,980.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			4,980.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

**Part IV Supplemental Information**

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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 .....	214	2
2 Aggregate value of contributions to (during year) .....	7,195,815.	6,835.
3 Aggregate value of grants from (during year) .....	3,645,367.	20,700.
4 Aggregate value at end of year .....	29,717,664.	433,361.

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |
- 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	105,320,077.	95,766,984.	97,863,849.	96,827,223.	84,574,276.
<b>b</b> Contributions .....	5,423,417.	8,605,920.	6,425,741.	3,139,986.	6,311,442.
<b>c</b> Net investment earnings, gains, and losses	14,733,276.	6,276,974.	-3,398,306.	3,087,020.	9,044,490.
<b>d</b> Grants or scholarships .....	2,659,751.	2,705,716.	2,572,572.	2,376,787.	2,061,818.
<b>e</b> Other expenditures for facilities and programs .....	2,015,474.				
<b>f</b> Administrative expenses .....	2,854,248.	2,624,085.	2,551,728.	2,813,593.	1,041,167.
<b>g</b> End of year balance .....	117,947,297.	105,320,077.	95,766,984.	97,863,849.	96,827,223.

- 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       |
|---|-----|----------|
| <b>(i)</b> unrelated organizations .....  |     | <b>X</b> |
| <b>(ii)</b> related organizations .....   |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |     |          |
- 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
<b>1a</b> Land .....		70,000.		70,000.
<b>b</b> Buildings .....		1,592,133.	290,998.	1,301,135.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		235,583.	168,985.	66,598.
<b>e</b> Other .....		220,790.	205,089.	15,701.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,453,434.

**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) REAL ESTATE BASED		
(B) SECURITIES	1,930,977.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	4,429,793.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	26,185,542.	END-OF-YEAR MARKET VALUE
(E) GLOBAL FIXED INCOME BOND		
(F) FUNDS	7,295,251.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>39,841,563.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY &	
(3) UNITRUST AGREEMENTS	1,712,383.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,712,383.</b>

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

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	27,850,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	10,307,979.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	12,221.	
	e Add lines 2a through 2d		2e	10,320,200.
3	Subtract line 2e from line 1		3	17,530,550.
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	292,571.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	292,571.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,823,121.

**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	9,777,087.
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	-206,419.	
	e Add lines 2a through 2d		2e	-206,419.
3	Subtract line 2e from line 1		3	9,983,506.
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	292,571.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	292,571.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,276,077.

**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



**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 2014, 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	12,221.
-------------------------------------	---------

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	-218,640.
RENTAL EXPENSES NETTED WITH REVENUE	12,221.

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D -206,419.

SCH D, PART 5, LINE E:

THIS AMOUNT WAS RECLASSIFIED TO AGENCY FUNDS BECAUSE AN AFFILIATE TO WHICH  
THE FUNDS WERE TIED TO OBTAINED NATIONAL STANDARDS AT THE END OF THE 2016.



**THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION**

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANT (UNDERSTANDING THE ROLE OF COMPLEMENT FACTOR H RELATED	47,300.		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 ..... ▶ \_\_\_\_\_ **1**

**3** Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**SEE PART V FOR COLUMN (D) DESCRIPTIONS**

THE GREATER CEDAR RAPIDS COMMUNITY  
 FOUNDATION

**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)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**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)* .....  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; don't file with Form 990)* .....  Yes  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  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)* .....  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  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; don't file with Form 990)* .....  Yes  No

**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: RESEARCH GRANT (UNDERSTANDING THE ROLE OF  
COMPLEMENT FACTOR H RELATED PROTEIN 5 (CFHR5))

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	501(C)(3)	47,152.	0.			ANNUAL DESIGNATED DISTRIBUTION, COLOR ME IOWAN, GENERAL SUPPORT, IF OBJECTS COULD TALK
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	501(C)(3)	17,696.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR WITWER CENTER,
AGRICULTURE AND LAND BASED TRAINING ASSOCIATION - PO BOX 6264 - SALINAS, CA 93912	77-0566055	501(C)(3)	7,000.	0.			FARMER EDUCATION AND ENTERPRISE DEVELOPMENT PROJECT (FEED)
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3007	42-0698056	501(C)(3)	6,778.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING
ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER - 317 7TH AVE SE, STE 402 - CEDAR RAPIDS, IA 52401	13-3039601	501(C)(3)	15,353.	0.			ROUND TO REMEMBER GOLF CLASSIC, WALK TO END ALZHEIMERS, ANNUAL DESIGNATED DISTRIBUTION,
AMERICAN CANCER SOCIETY 4080 1ST AVE NE STE 101 CEDAR RAPIDS, IA 52402-3160	13-1788491	501(C)(3)	16,984.	0.			ANNUAL DESIGNATED DISTRIBUTION TO CEDAR RAPIDS, CEDAR RAPIDS FUND A NEED - CANCER RESEARCH,

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 179.**

**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.

Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**



THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

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**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
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	501(C)(3)	17,077.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	501(C)(3)	59,750.	0.			ASAC LEADERSHIP DEVELOPMENT PROJECT, ASAC'S HEART OF IOWA HEALTH AND SAFETY
ASSOCIATED SOLO ARTISTS 88 HARDCRABBLE RD CHESTER, NY 10918	13-3350104	501(C)(3)	9,545.	0.			CREATIVE CORRIDOR GENERATIVE COMMUNITIES PROJECT
BEST BUDDIES INTERNATIONAL INC. - BEST BUDDIES IOWA - 7648 HICKMAN RD - DES MOINES, IA 50324	52-1614576	501(C)(3)	7,450.	0.			AMBASSADOR AND LEADERSHIP TRAINING DAY, SCHOOL FRIENDSHIP EXPANSION PROJECT
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)	166,138.	0.			ANNUAL GIFT, BIG MAGIC PROGRAM, BOWL FOR KIDS' SAKE, CREATING POSITIVE YOUTH DEVELOPMENT,
BOYS AND GIRLS CLUB OF CEDAR RAPIDS - 420 6TH ST SE STE 240 - CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	18,208.	0.			ANNUAL DESIGNATED DISTRIBUTION, BEYOND THE SCHOOL DAY, BOYS & GIRLS CLUBS SUSTAINING
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD NE - CEDAR RAPIDS, IA 52402-4643	42-1203675	501(C)(3)	5,500.	0.			2017 MEDICAL SUPPLIES & TRAINING, GENERAL SUPPORT
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	501(C)(3)	20,964.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, INVESTMENT IN CONSTITUENT SERVICE
BUR OAK LAND TRUST FOR CRESCENT POND PROJECT - PO BOX 2523 - IOWA CITY, IA 52244	42-1104058	501(C)(3)	24,738.	0.			CRESCENT POND PROJECT

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

42-6053860

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**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
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	501(C)(3)	83,604.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN
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.			ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	501(C)(3)	5,609.	0.			ANNUAL DESIGNATED DISTRIBUTION
CATHERINE MCAULEY CENTER INC. 866 4TH AVE SE CEDAR RAPIDS, IA 52403-2423	42-1342872	501(C)(3)	81,761.	0.			ADULT BASIC EDUCATION: RESPONDING TO GROWING COMMUNITY LITERACY NEEDS, ENGLISH EDUCATION AND
CCOF FOUNDATION 2155 DELAWARE AVE, STE 150 SANTA CRUZ, CA 95060	30-0106255	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CEDAR AMATEUR ASTRONOMERS INC. PO BOX 10786 CEDAR RAPIDS, IA 52410-0786	42-1197973	501(C)(3)	10,000.	0.			OUTDOOR PLANETARIUM CAPITAL PROJECT
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 4545 WENIG RD NE - CEDAR RAPIDS, IA 52402-2298	42-6023551	501(C)(3)	109,564.	0.			A.P. SCHOLARSHIP PROGRAM WAIVER REIMBURSEMENTS, ANNUAL DESIGNATED DISTRIBUTION FOR
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	15,052.	0.			ANNUAL DESIGNATED DISTRIBUTION TO EACH ELEMENTARY SCHOOL FOR THE SOLE USE OF THE CLASSROOM
CEDAR RAPIDS METRO ECONOMIC ALLIANCE FOUNDATION - 501 1ST ST SE - CEDAR RAPIDS, IA 52401	42-1206276	501(C)(3)	145,500.	0.			2017 LFS BORN LEARNING TRAILS, JOB & SMALL BUSINESS RECOVERY PROGRAM 2016

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	501(C)(3)	219,532.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, FY 2018 EDUCATION PROGRAM
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	501(C)(3)	105,128.	0.			2016-17 SEASON SUPPORT, BOARD CHALLENGE AND SEASON SUPPORT FOR 2017, CHILDREN'S OPERA PROGRAM
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	67,234.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, DOLLY PARTON IMAGINATION
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	25,008.	0.			ANNUAL DESIGNATED DISTRIBUTION
CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY - PO BOX 784 - WAVERLY, IA 50677	42-1390144	501(C)(3)	23,000.	0.			VICTIM SERVICES
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	501(C)(3)	24,132.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PETS FOR VETS, SHELTER RENOVATION
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 375 E CHICAGO AVE - CHICAGO, IL 60611	36-2167817	501(C)(3)	5,524.	0.			ANNUAL DESIGNATED DISTRIBUTION
CENTRAL COLLEGE PO BOX 5800 PELLA, IA 50219	42-0680344	501(C)(3)	15,000.	0.			MEN'S AND WOMEN'S TENNIS PROGRAM SUPPORT, SCHOLARSHIPS
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES

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CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	501(C)(3)	30,239.	0.			ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 101 FIRST STREET SE CEDAR RAPIDS, IA 52401	42-6004336	501(C)(3)	150,589.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE,
CITY OF CENTRAL CITY 137 4TH ST N CENTRAL CITY, IA 52214-9596	42-6004353	GOVERNMENT	10,000.	0.			SENIOR DINING HOME DELIVERED MEALS 2017
CITY OF WALKER 408 ROWLEY ST WALKER, IA 52352-9683	42-6005308	GOVERNMENT	10,000.	0.			CITY PARK IMPROVEMENT PROJECT
COE COLLEGE OFFICE OF FINANCIAL AID, 1220 1ST AVE NE - CEDAR RAPIDS, IA 52402-5092	42-0686467	501(C)(3)	289,786.	0.			ANALYSIS OF THE LOCAL ECONOMIC SECTOR, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT,
COGGON AREA BETTERMENT ASSOCIATION 5529 S HWY 13 COGGON, IA 52218	45-5125345	501(C)(3)	6,000.	0.			HUMIDIFICATION INSTALLATION
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	501(C)(3)	186,674.	0.			ANNUAL DESIGNATED DISTRIBUTION, AREA OF GREATEST NEED, CHFC DIRECT PATIENT CARE FY18,
COMMUNITY PARTNERS FOR NETIYA 1000 N ALAMEDA ST, STE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	10,000.	0.			NETIYA GENERAL OPERATING EXPENSES
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	501(C)(3)	162,569.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, ANNUAL SUPPORT, BROADWAY SERIES

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COOPERATIVE DEVELOPMENT FOUNDATION 1401 NEW YORK AVENUE NW, SUITE 1100 WASHINGTON, DC 20005	23-7044533	501(C)(3)	10,000.	0.			CDF DISASTER RECOVERY FUND
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. CARE USA - 151 ELLIS STREET NE - ATLANTA, GA 30303	13-1685039	501(C)(3)	25,000.	0.			WELL EARTH PROJECT
CORALVILLE COMMUNITY FOOD PANTRY PO BOX 5523 CORALVILLE, IA 52241	47-3509757	501(C)(3)	20,000.	0.			GENERAL OPERATING EXPENSES
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	501(C)(3)	199,302.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, BERRY CENTER, GENERAL SUPPORT,
COUNCIL ON FOUNDATIONS, INC. PO BOX 75661 BALTIMORE, MD 21275-5661	13-6068327	501(C)(3)	14,150.	0.			CHARITABLE PORTION OF MEMBERSHIP DUES
DEAF IOWANS AGAINST ABUSE INC. 1652 42ND ST. NE STE D CEDAR RAPIDS, IA 52402	47-5002341	501(C)(3)	15,000.	0.			SUICIDE & ADDICTION IN THE DEAF COMMUNITY
DEAFINITELY DOGS INC. 2121 N TOWNE LN NE, STE A CEDAR RAPIDS, IA 52402	47-1590153	501(C)(3)	14,500.	0.			CANINE ASSISTING POTENTIAL DOGS (CAP DOGS), SUPER VOLUNTEER DIVERSITY PROJECT
DISCOVERY LIVING INC. 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	501(C)(3)	16,911.	0.			ANNUAL DESIGNATED DISTRIBUTION, MANAGE ESSENTIAL SERVICE WITH EFFICIENT TECHNOLOGY,
DONORSCHOOSE.ORG FINANCIAL OPERATIONS, 134 W. 37TH S NEW YORK, NY 10018	13-4129457	501(C)(3)	25,000.	0.			2017 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS

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DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	501(C)(3)	30,000.	0.			READINESS AND SUPPORTIVE EMPLOYMENT EXPENSES
EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS - 700 16TH ST NE STE 301 - CEDAR RAPIDS, IA 52402-4665	42-1023296	501(C)(3)	55,700.	0.			DIANA PAGAN OF PRECIOUS MOMENTS MONTESSORI PRESCHOOL DAYCARE, FOOD4PAWS, MICRO PROGRAM
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	16,515.	0.			2017 EIAA RILEY SMITH YOUTH MUSIC FESTIVAL, 2017-18 HEALING HEARTS WORKSHOP SERIES, GENERAL
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	501(C)(3)	27,750.	0.			EASTERN IOWA DENTAL CENTER, EASTERN IOWA DIAPER BANK-LINN COUNTY COMMUNITIES, EASTERN IOWA
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE STE 3 - CEDAR RAPIDS, IA 52401-1325	42-1456338	501(C)(3)	5,259.	0.			ANNUAL DESIGNATED DISTRIBUTION, SUPPORT TO HELPING HANDS MINISTRY FOR 2017
ESSENTIAL INSTRUCTION C/O MARION MIXERS - P.O. BOX 2107 - CEDAR RAPIDS, IA 52406-2107	46-5762244	501(C)(3)	8,500.	0.			GENERAL SUPPORT
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	40,000.	0.			BUILDING CONFIDENCE IN CHILDREN AFTER ABUSE, BUILDING CONFIDENCE IN CHILDREN AFTER REMOVAL,
FEED IOWA FIRST 1622 42ND ST NE CEDAR RAPIDS, IA 52402	45-4058376	501(C)(3)	35,600.	0.			GENERAL OPERATING EXPENSES
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	501(C)(3)	28,566.	0.			ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, SATURDAY EVENING MEALS PROGRAM

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FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	501(C)(3)	15,856.	0.			GENERAL SUPPORT, SUNDAY EVENING MEALS PROGRAM NEW FREEZER, SUNDAY EVENING MEALS PROGRAM (SEMP),
FOUNDATION 2 INC. 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405-4865	42-1078444	501(C)(3)	21,154.	0.			ANNUAL DESIGNATED DISTRIBUTION, DATA DRIVEN DECISION MAKING & OUTCOME TRACKING
FOUR OAKS FAMILY & CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	108,949.	0.			ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN CONTRIBUTION, FOUR OAKS GOLF CLASSIC,
FRIENDS OF ACTION GROUP ON EROSION TECHNOLOGY AND CONCENTRATION INC. - 441 AVON ST. - OAKLAND, CA 94618	13-4181753	501(C)(3)	60,000.	0.			RESEARCH
FRIENDS OF CEDAR LAKE INC. 1821 GRANDE AVENUE SE CEDAR RAPIDS, IA 52403	47-2974571	501(C)(3)	5,764.	0.			AGENCY DISTRIBUTION, GENERAL SUPPORT
FRIENDS OF CZECH VILLAGE CORP P.O. BOX 1034 CEDAR RAPIDS, IA 52406-1034	81-2253145	501(C)(3)	30,000.	0.			CAPITAL CAMPAIGN FOR CZECH VILLAGE ROUNDHOUSE
FRIENDS OF THE EARTH 1101 15TH ST NW, 11TH FL WASHINGTON, DC 20005	23-7420660	501(C)(3)	60,000.	0.			RESEARCH
GARDEN RAISED BOUNTY 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
GEORGIA ORGANICS, INC. 200-A OTTLEY DR ATLANTA, GA 30324	58-2345310	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES

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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)	13,000.	0.			FINANCIAL ASSISTANCE FOR LEADERSHIP PROGRAM, GIRL SCOUT LEADERSHIP PROGRAM FOR UNDERSERVED GIRL
GIRLS EDUCATIONAL AND MENTORING SERVICES - 201 W 148TH ST, GROUND FLOOR - NEW YORK, NY 10039	13-4150972	501(C)(3)	50,000.	0.			IMANI HOUSE (TRANSITIONAL HOUSING PROGRAM) OPERATIONAL EXPENSES
GIRLS ON THE RUN OF JOHNSON COUNTY IOWA DBA GIRLS ON THE RUN OF EASTERN IOW - PO BOX 3222 - IOWA CITY, IA 52244	45-1294227	501(C)(3)	10,800.	0.			FINANCIAL REVIEW, GIRLS ON THE RUN TEAMS UP WITH KIDS ON COURSE
GREEN PLATE SPECIAL 2115 25TH AVE S SEATTLE, WA 98144	27-5471087	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY - 350 6TH AVE SE - CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	46,297.	0.			2016/17 HABITAT-KIRKWOOD COLLEGE PARTNERSHIP, 2017 HOME TEAM HUDDLE, 2017 HOPE BUILDERS HOME, 2017
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	92,392.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE,
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404-3910	42-0680304	501(C)(3)	5,473.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI
HENRY DAVISON YOUTH CENTER INC. 1445 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	39-1907548	501(C)(3)	7,000.	0.			FRESH FOOD FRESH MINDS, GENERAL SUPPORT, SHOES FOR STUDENTS PROGRAM
HILLCREST FAMILY SERVICES 2005 ASBURY ROAD DUBUQUE, IA 52001	42-0680411	501(C)(3)	20,700.	0.			HILLCREST FAMILY SERVICES SUPPORTED LIVING PROGRAM, HILLCREST LIGHTS FESTIVAL REFLECTIONS IN THE PARK

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HIS HANDS MINISTRIES DBA HIS HANDS FREE MEDICAL CLINIC - 400 12TH ST SE - CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	9,625.	0.			DIABETES INTERVENTIONS, GERAL SUPPORT FOR DENTAL SERVICES, LAUGHTER IS THE BEST MEDICINE PROGRAM
HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	GOVERNMENT	41,782.	0.			ANNUAL DESIGNATED DISTRIBUTION
HOLISTIC MANAGEMENT INTERNATIONAL 5941 JEFFERSON NE, STE B ALBUQUERQUE, NM 87109	85-0324203	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	501(C)(3)	65,391.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, ANNUAL DESIGNATED
HORIZONS - A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	71,275.	0.			FEED THE CORRIDOR, MEALS ON WHEELS, SURVIVORS PROGRAM, GENERAL SUPPORT, HORIZONS FINANCIAL HEALTH
IDEAS FOR US, INC. 189 S ORANGE AVE, SUITE 800 ORLANDO, FL 32801	27-3999166	501(C)(3)	9,000.	0.			GENERAL OPERATING EXPENSES
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	501(C)(3)	105,922.	0.			"CONCERTS AT THE CREEK", AGENCY DISTRIBUTION, ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION,
INTERCULTURAL CENTER OF IOWA 3117 FIRST AVE SE CEDAR RAPIDS, IA 52402	45-4058511	501(C)(3)	17,500.	0.			INTERCULTURAL RESOURCE ACCESS AND ADVOCACY, RE-START-UP EXPENSES: STRATEGIC PLANNING,
IOWA ART WORKS DBA IOWA CERAMICS CENTER - 329 10TH AVE SE, SUITE 117 - CEDAR RAPIDS, IA 52401-2339	42-1112539	501(C)(3)	11,000.	0.			MAKING A DIFFERENCE FOR AT-RISK KIDS: COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH

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IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 71186 - DES MOINES, IA 50325	45-4574664	501(C)(3)	127,022.	0.			ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	501(C)(3)	30,000.	0.			FUTURE READY IOWA - LINN CO CURRICULUM EXPANSION, LINN COUNTY FAFSA CHALLENGE
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	501(C)(3)	21,000.	0.			ANNUAL SUPPORT, GENERAL SUPPORT
IOWA JAG INC. GRIMES STATE OFFICE BUILDING, 400 E 14TH ST 3RD FL - DES MOINES, IA 50319	42-1492988	501(C)(3)	10,000.	0.			IJAG: SUPPORTING STUDENT SUCCESS IN GRADUATION AND CAREERS IN CEDAR RAPIDS 2015-2018
IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 52401-2003	42-1079227	501(C)(3)	17,800.	0.			GENERAL SUPPORT, HEALTH AND LAW PILOT PROJECT
IOWA PUBLIC TELEVISION PO BOX 6400 JOHNSTON, IA 50131-6400	42-1169207	501(C)(3)	8,219.	0.			FRIENDS OF IPTV ANNUAL FUND, GENERAL SUPPORT, GRANT WOOD PROJECT
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	501(C)(3)	26,100.	0.			SCHOLARSHIPS
IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT - 920 48TH AVENUE - AMANA, IA 52203	42-1481272	501(C)(3)	50,000.	0.			FOR GROW JOHNSON COUNTY GENERAL OPERATING EXPENSES, GARDEN BRIDGE OUTREACH
ISU EXTENSION & OUTREACH - LINN COUNTY - 383 COLLINS RD NE STE 201 - CEDAR RAPIDS, IA 52402	42-6021446	501(C)(3)	5,500.	0.			KALEIDOSCOPE PLAY AND LEARN

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JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	501(C)(3)	69,696.	0.			ACHIEVEMENT ACADEMY, ANNUAL DESIGNATED DISTRIBUTION, CEDAR VALLEY MENTORS, FAMILY
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)	11,000.	0.			ELMCREST COUNTRY CLUB TENNIS PRO-AM, EMPLOYEE MATCH, ENCAPSULATION DEVICE RESEARCH, GENERAL
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	64,707.	0.			ADVERTISEMENT BUSINESS HALL OF FAME, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, CAREER
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	81,478.	0.			ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, GENERAL SUPPORT
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - PO BOX 2068 - CEDAR RAPIDS, IA 52406-2068	23-7076632	501(C)(3)	145,153.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR HERITAGE AREA AGENCY ON AGING, EQUIPMENT FOR BURNING
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	501(C)(3)	19,000.	0.			CRDREAMS: ENRICHING YOUTH MINDS, UNCOVERING THE POTENTIAL OF CEDAR RAPIDS' YOUTH
LEGION ARTS INC. 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	501(C)(3)	22,370.	0.			ANNUAL DESIGNATED DISTRIBUTION, CREATING A SUCCESSION PLAN FOR LEGION ARTS, GENERAL
LINN COUNTY 1240 26TH AVE. CT. SW CEDAR RAPIDS, IA 52404	42-6004338	501(C)(3)	21,580.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR RYAN WHITE MEDICAL CASE MANAGEMENT, ANNUAL
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 716 OAKLAND RD NE STE 103 - CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	98,501.	0.			ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, DOUGLAS MANSION RESTORATION, GENERAL

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LINN-MAR SCHOOL FOUNDATION 2999 N. 10TH STREET MARION, IA 52302	42-1267125	501(C)(3)	17,088.	0.			2017-2018 K-12 CLASSROOM & CURRICULUM GRANTS TO OUR LINN-MAR SCHOOLS, ORCHESTRA
LUTHER COLLEGE OFFICE OF FINANCIAL AID, 700 COLLEGE DR - DECORAH, IA 52101-1041	42-0680466	501(C)(3)	5,500.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, BIOLOGY DEPARTMENT, SCHOLARSHIPS
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	501(C)(3)	8,723.	0.			TO SUPPORT THE MISSION OF LUTHERAN SERVICES IN IOWA
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	501(C)(3)	30,239.	0.			ANNUAL DESIGNATED DISTRIBUTION
MARCH OF DIMES FOUNDATION PO BOX 673667 MARIETTA, GA 30006	13-1846366	501(C)(3)	6,750.	0.			2017 MARCH FOR BABIES, GENERAL SUPPORT
MARION CARES, INC. 1050 MCGOWAN BLVD MARION, IA 52302	26-0585390	501(C)(3)	7,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT FOR "SUN SEEKERS SUMMER PROGRAM"
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 SOUTH 15TH STREET - MARION, IA 52302	42-1343360	501(C)(3)	5,720.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	89,128.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	501(C)(3)	24,405.	0.			ESPECIALLY FOR YOU RACE AGAINST BREAST CANCER

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**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
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	501(C)(3)	81,073.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER,
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	501(C)(3)	56,271.	0.			ANNUAL DESIGNATED DISTRIBUTION, METH-WICK COMMUNITY WOODLANDS REJUVENATE CAPITAL
MIDWEST ORGANIC & SUSTAINABLE EDUCATION SERVICE - PO BOX 339 - SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
MINNESOTA FOOD ASSOCIATION 14220 B OSTLUND TRAIL N MARINE ON ST. CROIX, MN 55047	36-3336907	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	501(C)(3)	53,000.	0.			RESTORATION OF MONARCH BUTTERFLY AND POLLINATOR HABITAT
MOUNT MERCY UNIVERSITY STUDENT FINANCIAL SERVICES CENTER, 1330 ELMHURST DR NE - CEDAR RAPIDS, IA 52	42-0681046	501(C)(3)	171,104.	0.			24 X 24 PAVER ON THE MOUNT MERCY PLAZA AND WALK, ANNUAL DESIGNATED DISTRIBUTION FOR THE
MULTINATIONAL EXCHANGE FOR SUSTAINABLE AGRICULTURE, INC. - PO BOX 40113 - BERKELY, CA 94704	93-1149802	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
MUSCULAR DYSTROPHY ASSOCIATION - IOWA - 3925 FOUNTAIN BLVD, SUITE 100 - CEDAR RAPIDS, IA 52411	13-1665552	501(C)(3)	6,855.	0.			GENERAL SUPPORT, MDA OF IOWA SUMMER CAMP
N STREET VILLAGE, INC. 1333 N STREET NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	60,000.	0.			WOMEN'S LEADERSHIP COUNCIL AURA CACIA POSITIVE CHANGE PROJECT

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NATIONAL COUNCIL ON YOUTH LEADERSHIP - 533 E. POST RD. SE - CEDAR RAPIDS, IA 52403	43-1252781	501(C)(3)	7,000.	0.			GREATER CEDAR RAPIDS COUNCIL ON YOUTH LEADERSHIP, NATIONAL COUNCIL ON YOUTH
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	120,946.	0.			ANNUAL DESIGNATED DISTRIBUTION, COMMUNITY PROGRAMS, GENERAL SUPPORT, GUTS & GLORY - A
NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 50309-2316	53-0242652	501(C)(3)	44,000.	0.			REDUCING FLOOD RISK AND IMPROVING WATER QUALITY, RESTORING THREE WETLANDS UPSTREAM OF CEDAR RAPIDS
NEIGHBORHOOD MEAL & ENRICHMENT PROGRAM - C/O ST. PAUL'S UMC, 1340 3RD AVE SE - CEDAR RAPIDS, IA 52403	42-1422494	501(C)(3)	10,000.	0.			SUMMER NOON MEALS
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	33,782.	0.			"FUTURE CITY", GENERAL SUPPORT, SOCIAL GOOD ACCELERATOR, SUMMER CHALLENGE SCHOLARSHIP
NEW COVENANT BIBLE CHURCH 3090 N CENTER POINT RD CEDAR RAPIDS, IA 52411	51-0139200	501(C)(3)	11,958.	0.			MISSION TRIPS
NEW ENGLAND GRASSROOTS ENVIRONMENT FUND INC.DBA SUMMER OF SOLUTIONS HARTFOR - PO BOX 611 - NEWMARKET, NH 03857	03-0364677	501(C)(3)	10,000.	0.			'SUMMER OF SOLUTIONS - HARTFORD' URBAN FARMING INTERNSHIP
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	501(C)(3)	58,000.	0.			HEALTH AND WELLNESS PROGRAMS, MARKET HOSTED EVENTS, MARKET YARD AMPHITHEATER AND CAPITAL
NORTHERN SKY THEATER INC. PO BOX 273 FISH CREEK, WI 54212	39-1666391	501(C)(3)	30,000.	0.			CONSTELLATION CAMPAIGN FOR NORTHERN SKY THEATER

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OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 52203-8200	42-0985212	501(C)(3)	11,500.	0.			2018 TYA SCHOOL TOUR OF "SAILING THE 3 C'S", THEATRE FOR YOUNG AUDIENCES TOUR OF "BEST
OLIVET PRESBYTERIAN CHURCH 237 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	501(C)(3)	29,131.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET NEIGHBORHOOD
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	501(C)(3)	157,176.	0.			2016-17 SEASON, 2017-18 FIFTH GRADE FIDDLES OUTREACH PROGRAM, AGENCY DISTRIBUTION, ANNUAL
ORGANIC GROWERS SCHOOL, INC. PO BOX 17804 ASHEVILLE, NC 28816	75-3166329	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
PLANNED PARENTHOOD OF THE HEARTLAND, INC. - 818 5TH AVE, SUITE 200 - DES MOINES, IA 50309	42-0727488	501(C)(3)	42,449.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, ANNUAL DESIGNATED DISTRIBUTION
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	501(C)(3)	5,720.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	501(C)(3)	26,977.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, GENERAL SUPPORT, HARPSTRINGS -
ROBINS FIREFIGHTERS ASSOCIATION 225 S 2ND ST ROBINS, IA 52328	42-1244513	501(C)(3)	5,776.	0.			ROBINS FIRE UTV TO IMPROVE EMERGENCY RESPONSE
RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	501(C)(3)	52,000.	0.			RESEARCH

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RURAL ADVANCEMENT FOUNDATION INTERNATIONAL - USA - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 52401-1921	42-1348441	501(C)(3)	30,000.	0.			PHASE PROGRAMS, REPLACING THE ACCESS TO RECOVERY BENEFITS
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS - 401 NE ADAMS STREET - PEORIA, IL 61603	22-2406433	501(C)(3)	26,236.	0.			ANNUAL DESIGNATED DISTRIBUTION, CHRISTMAS FOOD BOXES, GENERAL SUPPORT, RED KETTLE GALA,
SIERRA HARVEST 313 RAILROAD AVE, STE 201 NEVADA CITY, CA 95959	90-1026798	501(C)(3)	10,000.	0.			FARM INSTITUTE FUND
SOLDIERS FOR THE TRUTH FOUNDATION DBA STAND FOR THE TROOPS - 260 RIVERSVILLE RD - GREENWICH, CT 06831	31-1592564	501(C)(3)	21,667.	0.			SCHOLARSHIP, GENERAL OPERATING EXPENSES
SPT THEATRE COMPANY 1103 THIRD STREET SE CEDAR RAPIDS, IA 52401	20-0644595	501(C)(3)	17,900.	0.			CREATIVE FORCES PRESENT LOCAL NASSIF PREMIER, TALES FROM THE WRITERS' ROOM-SEASON 11
ST. AMBROSE UNIVERSITY FINANCIAL AID OFFICE, 518 WEST LOCUST STREET - DAVENPORT, IA 52803	42-0703280	501(C)(3)	9,000.	0.			SCHOLARSHIP, ACADEMY FOR THE STUDY OF ST. AMBROSE OF MILAN, CAPITAL CAMPAIGN - WELLNESS &
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	501(C)(3)	15,525.	0.			ANNUAL DESIGNATED DISTRIBUTION, CANCER SERVICES CAMPAIGN, CAPITAL CAMPAIGN
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	501(C)(3)	5,579.	0.			GENERAL SUPPORT

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ST. PAUL'S UMC OF CR FOUNDATION 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	75-3093308	501(C)(3)	8,674.	0.			ANNUAL DISTRIBUTION
ST. PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	42-0680303	501(C)(3)	8,706.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT MIDDLE AND HIGH SCHOOL
ST. PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402-2402	42-0859572	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SUNDARI FOUNDATION, INC. DBA LOTUS HOUSE WOMEN'S SHELTER - SUNDARI FOUNDATION, INC. DBA LOTUS HOUSE, 1540 NW 2ND AVENUE - MIAMI, FL	81-0652266	501(C)(3)	40,000.	0.			LOTUS HOUSE PROFESSIONAL AND LIFE SKILLS CENTER
SUSTAINABLE FOOD LAB, INC. 3 LINDEN RD HARTLAND, VT 05048	81-1854413	501(C)(3)	10,573.	0.			SUSTAINABLE VANILLA INITIATIVE
TABLE TO TABLE 840 S CAPITOL ST IOWA CITY, IA 52240	42-1457219	501(C)(3)	65,999.	0.			PURCHASE OF REPLACEMENT VAN AND YEAR LEASE OF REFRIGERATED TRUCK
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	501(C)(3)	146,889.	0.			ACHIEVING STRATEGIC AGILITY, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION,
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	501(C)(3)	33,524.	0.			ANNUAL DESIGNATED DISTRIBUTION, CHILDREN'S MIRACLE NETWORK GENERAL SUPPORT, CRISIS READINESS
THE FREEDOM FOUNDATION P.O. BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	35,500.	0.			GENERAL SUPPORT, OPERATION FREEDOM FOUNDATION

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THE GLEANING NETWORK OF TEXAS - GROW NORTH TEXAS - PO BOX 7103 - DALLAS, TX 75209-0103	20-8043130	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
THE LAND CONNECTION FOUNDATION 206 N RANDOLPH ST, SUITE 400 CHAMPAIGN, IL 61820	37-1413944	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
THISTLE FARMS, INC. AKA MAGDALENE INC. - 5122 CHARLOTTE PIKE - NASHVILLE, TN 37209	58-2050089	501(C)(3)	30,000.	0.			GRADUATE SERVICES
TREES FOREVER 770 7TH AVE STE B MARION, IA 52302-5773	42-1419181	501(C)(3)	20,003.	0.			"OUR WOODLAND LEGACY SYMPOSIUM", AGENCY DISTRIBUTION, CEDAR RAPIDS FRUIT TREEKEEPERS,
UNITED METHODIST CHURCH DBA NORTH LIBERTY COMMUNITY PANTRY - 89 N JONES BLVD - NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	20,000.	0.			COMMUNITY GARDEN PROJECT
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS DBA METRO CATHOLIC OUTREACH - 420 6TH ST. SE - CEDAR RAPIDS, IA 52401	53-0196617	501(C)(3)	8,089.	0.			ALL SAINTS CATHOLIC CHURCH, FOOD BANK, GENERAL SUPPORT
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	501(C)(3)	5,100.	0.			CAMPAIGN
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	223,239.	0.			ACHIEVE COMMUNITY IMPACT GOALS IN EDUCATION, HEALTH, AND STABILITY, ANNUAL CAMPAIGN, ANNUAL
UNIVERSITY OF CHICAGO SENIOR PHILANTHROPIC ADVISOR, OFFICE OF GIFT PLANNING, 5235 SOUTH HARPER COU	36-2177139	501(C)(3)	69,550.	0.			ANNUAL DESIGNATED DISTRIBUTION TO THE COLLEGE FUND, THE GRADUATE BUSINESS SCHOOL,

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UNIVERSITY OF IOWA 17 CALVIN HALL IOWA CITY, IA 52242	42-6004813	GOVERNMENT	57,011.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR IOWA SUMMER JOURNALISM WORKSHOPS SCHOLARSHIPS
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	501(C)(3)	42,961.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID - OFFICE OF STUDENT FINANCIAL AID, 105 GILCHRIST HALL - CEDAR FALLS, IA	42-6004333	GOVERNMENT	20,750.	0.			SCHOLARSHIPS
VALLEY VERDE 376 W VIRGINIA ST SAN JOSE, CA 95125	45-3084814	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES
VARIETY - THE CHILDREN'S CHARITY OF IOWA - 505 5TH AVE STE 310 - DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	40,750.	0.			29TH ANNUAL LEINENKUGAL GOLF EVENT, STAR PLAYGROUND CEDAR RAPIDS, KIDS ON THE GO -
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	501(C)(3)	74,344.	0.			ANNUAL DESIGNATED DISTRIBUTION, DOMESTIC VIOLENCE SAFETY NET PROJECT, GENERAL SUPPORT,
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 78703-4677	20-2376273	501(C)(3)	100,000.	0.			FRONTIER CO-OP GLOBAL SOURCING PARTNERS
WILLIS DADY EMERGENCY SHELTER INC. 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	501(C)(3)	145,240.	0.			BUILDING FROM SHELTER TO STABILITY - MATCHING GIFT CAMPAIGN, COLLABORATIVE PROJECT SUBMITTED BY
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	501(C)(3)	53,139.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS

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YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	37,850.	0.			BROADWAY MAYBIES, BUILDING BRIGHT FUTURES, COMUNIDAD LATINA PROJECT, GENERAL SUPPORT
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	60,251.	0.			EXPANDING KIDS ON COURSES REACH, GENERAL SUPPORT, KIDS ON COURSE MIDDLE SCHOOL SUMMER SCHOLAR

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**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	476	21,220.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	35	1,375.	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: AGING SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR WITWER CENTER, GENERAL SUPPORT, WITWER HEALTHY AGING PROGRAMS IN ELY & SPRINGVILLE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, FOR GREATEST NEED

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ROUND TO REMEMBER GOLF CLASSIC, WALK TO END ALZHEIMERS, ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, GENERAL SUPPORT, RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO CEDAR RAPIDS, CEDAR RAPIDS FUND A NEED - CANCER RESEARCH, CEDAR RAPIDS RELAY FOR LIFE PROGRAM, FOR THEIR GREATEST NEED IN CEDAR RAPIDS, ONALASKA WI RELAY FOR LIFE - PRAIRIE DU CHIEN TEAM, SUPPORT OF LINN GALA CR ALIVE, IOWA CITY HOPE LODGE

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, DISASTER INSTITUTE, GENERAL SUPPORT, IOWA RED CROSS DISASTER RELIEF-HARVEY

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ASAC LEADERSHIP DEVELOPMENT PROJECT, ASAC'S HEART OF IOWA HEALTH AND SAFETY PROJECT, ENHANCING ASAC'S PATIENT

Part IV Supplemental Information

CENTERED APPROACH, ENHANCING TRAUMA INFORMED CARE SERVICES FOR YOUTH, PREVENTING SUBSTANCE ABUSE IN RURAL LINN

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL GIFT, BIG MAGIC PROGRAM, BOWL FOR KIDS' SAKE, CREATING POSITIVE YOUTH DEVELOPMENT, GENERAL SUPPORT, LINN COUNTY YOUTH MENTORING PROJECT, LUNCH BUDDIES MENTORING, MALE MENTOR PROJECT, MATCH MAKERS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, BEYOND THE SCHOOL DAY, BOYS & GIRLS CLUBS SUSTAINING PROGRAMMING, FISH-O-RAMA, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, INVESTMENT IN CONSTITUENT SERVICE SOFTWARE, MINNIE RUBEK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT, RESTORATION PROJECT OR DIGITALIZING HISTORIC RECORDS, SOFTWARE UPGRADE

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, CAMP COURAGEOUS WASTE WATER TREATMENT PROJECT, CAMPSHIP PROGRAM, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CAMP FIRE NATIONAL HEADQUARTERS DBA CAMP FIRE HEART OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, OUTDOOR EDUCATION FIELD TRIPS FOR CAMP FIRE CLUBS

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT BASIC EDUCATION: RESPONDING TO GROWING COMMUNITY LITERACY NEEDS, ENGLISH EDUCATION AND SKILLS TRAINING FOR REFUGEES, FOR TARGET IMMIGRANT AND REFUGEE SERVICES, GENERAL SUPPORT, IMMIGRANT & REFUGEE COMMUNITY RESOURCE NAVIGATION, MENTAL HEALTH SUPPORT FOR HOMELESS WOMEN, OFFERING HOPE AND OPPORTUNITY THROUGH TRANSITIONAL HOUSING FOR WOMEN, REFUGE RESETTLEMENT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: A.P. SCHOLARSHIP PROGRAM WAIVER REIMBURSEMENTS, ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HS, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT JEFFERSON HS SCHOLARSHIP PROGRAM, BAND AND VOCAL PROGRAMS AT MCKINLEY MS, DESIGNATED DISTRIBUTION FOR 2016 FIELD TRIPS TO ORCHESTRA IOWA CONCERT, FOOD PANTRY AT MCKINLEY MS, KIDS ON COURSE UNIVERSITY, SCHOLARSHIP AT WASHINGTON HS, SOPRANO UKULELE CLASSROOM SET (10 UKULELES, TUNERS, STRINGS, BOOKS) AT MCKINLEY MS, SUPPORT OF AMERICA READS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO EACH ELEMENTARY SCHOOL FOR THE SOLE USE OF THE CLASSROOM MUSIC



**Part IV Supplemental Information**

TEACHER(S), FRANKLIN KITE PROGRAM, IN SUPPORT OF LIP SYNC FOR LEARNING,  
SCHOLARSHIP, STRATEGIC GROWTH PLANNING, SUPPORT FOR GRATEFUL GRANNIES

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
ANNUAL DISTRIBUTION, FY 2018 EDUCATION PROGRAM SUPPORT, GENERAL SUPPORT,  
SUMMER 2017 EXHIBITION AND EDUCATIONAL PROGRAMMING, THE ANNUAL FUND  
LEADERSHIP SOCIETY, TO HELP MAINTAIN AND OPERATE THE CURRENT MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016-17 SEASON SUPPORT, BOARD  
CHALLENGE AND SEASON SUPPORT FOR 2017, CHILDREN'S OPERA PROGRAM  
EXPANSION/YAP FY17-18, GENERAL SUPPORT, YOUNG ARTIST PROGRAM PRODUCTION  
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL  
DESIGNATED DISTRIBUTION, DOLLY PARTON IMAGINATION LIBRARY, GENERAL  
SUPPORT, SUPPORT OF CAPITAL IMPROVEMENT PROJECTS, THE AWARENESS PROJECT,  
TO SUPPORT THE NON-EVENT FUNDRAISER

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
GENERAL SUPPORT, PETS FOR VETS, SHELTER RENOVATION FEASIBILITY STUDY

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS

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

**Part IV Supplemental Information**

DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED  
DISTRIBUTION FOR CEDAR RAPIDS PUBLIC LIBRARY, ANNUAL DESIGNATED  
DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL DESIGNATED DISTRIBUTION FOR  
THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND FOR THE  
CEDAR RAPIDS PUBLIC LIBRARY, BLUE ZONE/WELL-BEING STAFF POSITION,  
DISBURSEMENT FROM THE GREENE SQUARE REVIVAL PROJECT FUND TO THE CITY FOR  
THE PROJECT CONSTRUCTION, NEIGHBORHOOD FINANCE FUND

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANALYSIS OF THE LOCAL ECONOMIC  
SECTOR, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, AREA  
OF GREATEST NEED, CHFC DIRECT PATIENT CARE FY18, CHFC PRESCRIPTION  
SERVICES FY18, DENTAL SERVICES, GENERAL SUPPORT, HEALTHCARE SERVICES FOR  
THE UNDERSERVED FY17

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
ANNUAL DISTRIBUTION, ANNUAL SUPPORT, BROADWAY SERIES SUPPORT, DIAMOND V  
FAMILY SERIES, FOR GREATEST NEED, GENERAL SUPPORT, HOLIDAY SHOW SUPPORT,  
OPERATING PLAN, PROVIDING THEATRE ACCESSIBILITY, SHOW SUPPORT- PETER PAN,  
THEATRE ACCESSIBILITY FOR YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE

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

Part IV Supplemental Information

ANNUAL FUND, BERRY CENTER, GENERAL SUPPORT, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: DISCOVERY LIVING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, MANAGE ESSENTIAL SERVICE WITH EFFICIENT TECHNOLOGY, OPERATING FUND

NAME OF ORGANIZATION OR GOVERNMENT:

EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: DIANA PAGAN OF PRECIOUS MOMENTS MONTESSORI PRESCHOOL DAYCARE, FOOD4PAWS, MICRO PROGRAM RELATED INVESTMENT, VBJ BEVERAGES LLC

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 EIAA RILEY SMITH YOUTH MUSIC FESTIVAL, 2017-18 HEALING HEARTS WORKSHOP SERIES, GENERAL SUPPORT, SPECIAL NEEDS ARTS PROGRAMMING - AUTISM

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EASTERN IOWA DENTAL CENTER, EASTERN IOWA DIAPER BANK-LINN COUNTY COMMUNITIES, EASTERN IOWA DIAPER BANK-PROGRAM DESIGN, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES HELPING FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING CONFIDENCE IN CHILDREN AFTER ABUSE, BUILDING CONFIDENCE IN CHILDREN AFTER REMOVAL, EMERGENCY CLOTHING & BASIC NEEDS FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS

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

MEALS PROGRAM NEW FREEZER, SUNDAY EVENING MEALS PROGRAM (SEMP), "WE'RE

IN" PROJECTS, ANNUAL FUND

NAME OF ORGANIZATION OR GOVERNMENT:

FOUR OAKS FAMILY & CHILDREN'S SERVICES

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

CAPITAL CAMPAIGN CONTRIBUTION, FOUR OAKS GOLF CLASSIC, FOUR OAKS

STRATEGIC TOTALCHILD COMMUNICATIONS, GENERAL SUPPORT, MCINTYRE PROGRAM,

RESIDENTIAL TREATMENT FOR CHILDREN SUFFERING FROM MENTAL ILLNESS IN CEDAR

RAPIDS, TOTAL CHILD COMMIT TO A CHILD CAMPAIGN, TOTALCHILD 2.0 MENTORING

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016/17 HABITAT-KIRKWOOD COLLEGE

PARTNERSHIP, 2017 HOME TEAM HUDDLE, 2017 HOPE BUILDERS HOME, 2017 SWEET

HOME CEDAR RAPIDS, 2017 WOMEN BUILD HOME, 2018 HOPE BUILDERS HOME, ANNUAL

DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE,

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM

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

ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, HACAP FOOD RESERVOIR

- EASTERN IOWA FREEDOM FROM HUNGER CAMPAIGN, HACAP FOOD RESERVOIR

OPERATION BACKPACK, LINN COUNTY OPERATION BACKPACK, MOBILE FOOD PANTRY,

MOST PRESSING NEEDS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI SCHOLARSHIP PROGRAM,  
GENERAL SUPPORT, SECOND CLASS SCOUT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR  
THE HOOVER LIBRARY & MUSEUM, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT  
THE TEMPORARY EXHIBIT FUND IN THE QUARTON GALLERY OF THE HOOVER LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: HORIZONS - A FAMILY SERVICE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FEED THE CORRIDOR, MEALS ON WHEELS,  
SURVIVORS PROGRAM, GENERAL SUPPORT, HORIZONS FINANCIAL HEALTH & WELLNESS

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: "CONCERTS AT THE CREEK", AGENCY  
DISTRIBUTION, ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL  
DESIGNATED DISTRIBUTION FOR OPERATING AND MAINTAINING ETZEL SUGAR GROVE  
FARM AND ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION FOR TRAILS,  
ANNUAL DESIGNATED DISTRIBUTION TO HOST CHILDREN AND CARE FOR THE LAND,  
ANNUAL DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES,  
CREATING CHAMPIONS OF NATURE IN RURAL LINN COUNTY, CREATING SCHOOL AGE  
CHAMPIONS OF NATURE, ENVIRONMENTAL EDUCATION FIELD TRIP SCHOLARSHIPS,  
FARM TO TABLE DINNER, GENERAL SUPPORT, IMPROVING ACCESS AND ENVIRONMENTAL  
SUSTAINABILITY, PROTECTING, STORING AND ORGANIZING OUTDOOR ITEMS

NAME OF ORGANIZATION OR GOVERNMENT: INTERCULTURAL CENTER OF IOWA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERCULTURAL RESOURCE ACCESS AND  
ADVOCACY, RE-START-UP EXPENSES: STRATEGIC PLANNING, WEBSITE CHANGES,  
MARKETING MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT:

IOWA ART WORKS DBA IOWA CERAMICS CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: JANE BOYD COMMUNITY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: ACHIEVEMENT ACADEMY, ANNUAL  
DESIGNATED DISTRIBUTION, CEDAR VALLEY MENTORS, FAMILY SUPPORT FOR  
SUCCESS, PATHS TO FINANCIAL STABILITY, PROGRAM ACHIEVEMENT ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT:

JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

(H) PURPOSE OF GRANT OR ASSISTANCE: ELMCREST COUNTRY CLUB TENNIS PRO-AM,  
EMPLOYEE MATCH, ENCAPSULATION DEVICE RESEARCH, GENERAL SUPPORT, JDRF ONE  
WALK BRONZE

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVERTISEMENT BUSINESS HALL OF FAME,  
ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, CAREER READY-JA ITS MY  
FUTURE, EMPOWERING FINANCIAL CAPABILITY & CAREER READINESS, FORWARD  
THINKING: PREPARING THE FUTURE WORKFORCE, GENERAL SUPPORT, IN SUPPORT OF  
BOWL-4-EDUCATION, INSPIRING ECONOMIC DEVELOPMENT & ENTREPRENEURSHIP,  
OVERCOMING SKILLS GAPS AND THE ACHIEVEMENT DIVIDE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR HERITAGE AREA AGENCY ON AGING, EQUIPMENT FOR BURNING SAFETY, GENERAL SUPPORT, REAL WORLD SUCCESS, SCHOLARSHIPS, THE CENTER FOR WORKING FAMILIES, WORKPLACE LEARNING CONNECTION: CONNECTING FUTURE WORKERS TO EMERGING CAREERS

NAME OF ORGANIZATION OR GOVERNMENT: LEGION ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CREATING A SUCCESSION PLAN FOR LEGION ARTS, GENERAL FUND, IN THE MIDDLE OF AMERICA, LANDFALL FESTIVAL OF WORLD MUSIC 2015

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR RYAN WHITE MEDICAL CASE MANAGEMENT, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT CONSERVATION BOARD EASEMENT, COMMUNITY-WIDE CARE COORDINATION IN LINN COUNTY BY PUBLIC HEALTH DEPT

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, DOUGLAS MANSION RESTORATION, GENERAL SUPPORT, NEW EXHIBIT

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, BUILDING

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GREENHOUSE ON URBAN FARM, CAPITAL CAMPAIGN, CULTIVATE HOPE, GENERAL  
SUPPORT, GROW POSSIBILITIES, GROW TAYLOR, NEIGHBORHOOD REVITALIZATION,  
TRANSFORM 2017

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

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

DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER, ANNUAL DISTRIBUTION  
FOR OLDORF HOSPICE HOUSE, FAMILY CAREGIVERS CENTER, GENERAL SUPPORT,  
HALL-PERRINE CANCER CENTER AREA OF GREATEST NEEDS, IN SUPPORT OF 2017  
ESPECIALLY FOR YOU RACE, MEMORIALS, MERCY AUXILIARY SCHOLARSHIP FUND TO  
MOUNT MERCY UNIVERSITY STUDENT IN THE HEALTH CAREER FIELD, OLDORF HOSPICE  
HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: METH-WICK COMMUNITY

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

METH-WICK COMMUNITY WOODLANDS REJUVENATE CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 24 X 24 PAVER ON THE MOUNT MERCY

PLAZA AND WALK, ANNUAL DESIGNATED DISTRIBUTION FOR THE GROTTO  
RECONSTRUCTION PROJECT, ANNUAL DISTRIBUTION FOR BUSINESS OR FINE ARTS  
SCHOLARSHIPS, ANNUAL FUND DRIVE, CAPITAL CAMPAIGN, DEPARTMENT OF NURSING,  
DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, GENERAL SUPPORT,  
HOME FIELD PROJECT, MOUNT MERCY UNIVERSITY GRADUATE CENTER, ROBERT W.  
PLASTER ATHLETIC COMPLEX, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL COUNCIL ON YOUTH LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: GREATER CEDAR RAPIDS COUNCIL ON



**Part IV Supplemental Information**

YOUTH LEADERSHIP, NATIONAL COUNCIL ON YOUTH LEADERSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
COMMUNITY PROGRAMS, GENERAL SUPPORT, GUTS & GLORY - A "FOR TEENS, BY  
TEENS" EXHIBIT

NAME OF ORGANIZATION OR GOVERNMENT:

NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO

(H) PURPOSE OF GRANT OR ASSISTANCE: "FUTURE CITY", GENERAL SUPPORT,  
SOCIAL GOOD ACCELERATOR, SUMMER CHALLENGE SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH AND WELLNESS PROGRAMS, MARKET  
HOSTED EVENTS, MARKET YARD AMPHITHEATER AND CAPITAL IMPROVEMENTS, GENERAL  
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: OLD CREAMERY THEATRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2018 TYA SCHOOL TOUR OF "SAILING THE  
3 C'S", THEATRE FOR YOUNG AUDIENCES TOUR OF "BEST QUEST"

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET PRESBYTERIAN CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016-17 SEASON, 2017-18 FIFTH GRADE FIDDLES OUTREACH PROGRAM, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, ANNUAL DESIGNATED DISTRIBUTION FOR MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ANNUAL DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, ANNUAL DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND HAVE FINANCIAL NEED, ANNUAL FUND, EDUCATIONAL OUTREACH, GENERAL SUPPORT, STRATEGIC PLANNING LEADING UP TO CENTENNIAL SEASON, SUPPORT FOR THE PERFORMING ARTS AND ARTS EDUCATION THROUGHOUT EASTERN IOWA

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF THE HEARTLAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, ANNUAL DESIGNATED DISTRIBUTION TO BE USED IN EAST CENTRAL IOWA, GENERAL SUPPORT, GENERAL SUPPORT JUNE FUNDRAISER IN CR, HEALTHY CONNECTIONS - CEDAR RAPIDS, PREVENTIVE HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, GENERAL SUPPORT, HARPSTRINGS - MUSIC FOR LINN COUNTY, MUSIC IN RURAL LINN COUNTY LIBRARIES 2018

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CHRISTMAS FOOD BOXES, GENERAL SUPPORT, RED KETTLE GALA, TOYS FOR TOTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. AMBROSE UNIVERSITY

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S HEALTH CARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
CANCER SERVICES CAMPAIGN, CAPITAL CAMPAIGN CONTRIBUTION FOR RONALD  
MCDONALD HOUSE, GENERAL SUPPORT, NASSIF COMMUNITY CANCER CENTER, SPIRIT  
FUND

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

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

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: ACHIEVING STRATEGIC AGILITY, ANNUAL  
DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, ANNUAL DISTRIBUTION TO CAMP  
TANAGER TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING  
RESIDENTIAL SUMMER CAMP, EXPANDING INCLUSION FOR TWO COMMUNITY EVENTS,  
GENERAL SUPPORT, HOLE SUPPORT GENERAL MILLS/TANAGER PLACE GOLF  
INVITATIONAL, HOME AWAY FROM HOME PROJECT, SOARING BEYOND CAMPAIGN,  
CHILDREN OF PROMISE, YOUR CHILD: OUR FOCUS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,  
CHILDREN'S MIRACLE NETWORK GENERAL SUPPORT, CRISIS READINESS RESOURCES  
AND TRAINING MATERIALS, GENERAL SUPPORT, UTILIZATION MANAGEMENT

Part IV Supplemental Information

SPECIALIST

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER

(H) PURPOSE OF GRANT OR ASSISTANCE: "OUR WOODLAND LEGACY SYMPOSIUM", AGENCY DISTRIBUTION, CEDAR RAPIDS FRUIT TREEKEEPERS, GENERAL SUPPORT, GREATEST NEED, KEEPING I-380 BEAUTIFUL, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF SHANNON RAMSAY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ACHIEVE COMMUNITY IMPACT GOALS IN EDUCATION, HEALTH, AND STABILITY, ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISRTIBUTION, GENERAL SUPPORT, READING INTO SUCCESS ANONYMOUS FOUNDATION MATCH, RED AHEAD, WOMEN'S LEADERSHIP INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

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

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR IOWA SUMMER JOURNALISM WORKSHOPS SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS, SCHOLARSHIPS, SUPPORT OF C3G MEETING IN COPENHAGEN

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL DESIGNATED DISTRIBUTION-50%

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FOR BRADLEY LECTURE SERIES, 50% FOR UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, BELIN-BLANK CENTER FOR GIFTED AND TALENTED EDUCATION, DANCE MARATHON, EMPLOYEE MATCH, IN SUPPORT OF 15 JOURNALS FOR THE UNIVERSITY OF IOWA STEAD FAMILY CHILDREN'S HOSPITAL PEDIATRIC PAIN AND PALLIATIVE CARE CLINIC, INTERNATIONAL WRITERS WORKSHOP FOR SCHOLARSHIPS, PEDIATRIC CANCER PATIENTS, PURCHASE TOYS/BOOKS FOR THE PLAY ROOMS THROUGH UI CHILDREN'S HOSPITAL FUND, STEAD FAMILY CHILDREN'S HOSPITAL, TIPPIE IMPACT COMPETITION

NAME OF ORGANIZATION OR GOVERNMENT:

VARIETY - THE CHILDREN'S CHARITY OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: 29TH ANNUAL LEINENKUGAL GOLF EVENT, STAR PLAYGROUND CEDAR RAPIDS, KIDS ON THE GO - SPECIALIZED BIKES

NAME OF ORGANIZATION OR GOVERNMENT:

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, DOMESTIC VIOLENCE SAFETY NET PROJECT, GENERAL SUPPORT, MADGE PHILLIPS CENTER, OPERATING PLAN, RIDE 4 YOUTH, WAYPOINT HYGIENE KITS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING FROM SHELTER TO STABILITY - MATCHING GIFT CAMPAIGN, COLLABORATIVE PROJECT SUBMITTED BY WILLIS DADY: THE REAL COSTS OF HOMELESSNESS IN LINN COUNTY, FACILITY EXPANSION AND RENOVATION, GENERAL SUPPORT, GENERAL SUPPORT FOR TARGET VETERANS, HOMELESS PREVENTION OUTREACH ADVOCATE, WILLIS DADY CAPITAL PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

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YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DISTRIBUTION TO CAMP WAPSIE TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, CAMP WAPSIE'S FACILITIES AND OPERATIONS, NEW MARION YMCA, YMCA CAMP WAPSIE WASTEWATER IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: ZACH JOHNSON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING KIDS ON COURSES REACH, GENERAL SUPPORT, KIDS ON COURSE MIDDLE SCHOOL SUMMER SCHOLAR CAMP, KIDS ON COURSE UNIVERSITY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2017

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

42-6053860

**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 PRESIDENT & CEO	(i)	198,141.	100.	7,037.	14,354.	15,705.	235,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

**PART I, LINE 1A:**

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

**PART I, LINE 1B:**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	38	3,696,387.	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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) 2017

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Employer identification number  
42-6053860

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION STRIVES TO PROVIDE  
LEADERSHIP TO SUPPORT A VIBRANT COMMUNITY. PRIORITY AREAS ADDRESS  
POTENTIALLY TRANSFORMATIVE ISSUES OF BROAD COMMUNITY IMPORTANCE WHERE  
THE FOUNDATION'S ROLE AS A FUNDER, CONVENER, CATALYST AND PARTNER CAN  
OFFER POTENTIAL FOR DEFINED AND MEASURABLE COMMUNITY IMPACT.

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

Name of the organization	THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number	42-6053860
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THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS. THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND REVIEWED BY THE FULL BOARD IN AN EXECUTIVE SESSION. THE BOARD CHAIR EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON COMPENSATION. THE EMAIL IS FILED IN THE PRESIDENT & CEO'S PERSONNEL FILE.

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	218,640.
ADJUSTMENT FOR TRANSFER OF FUNDS TO AMOUNTS HELD ON BEHALF	
OF OTHER	-1,941,498.
TOTAL TO FORM 990, PART XI, LINE 9	-1,722,858.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or  <b>42-6053860</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>324 3RD ST SE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CEDAR RAPIDS, IA 52401</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JEAN BRENNEMAN**

• The books are in the care of ▶ **324 3RD ST SE - CEDAR RAPIDS, IA 52401**  
Telephone No. ▶ **319-366-2862** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.