

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

2019

Open to Public Inspection

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

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION		D Employer identification number 42-6053860
	Doing business as		E Telephone number 319-366-2862
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,600,029.
	324 3RD ST SE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS, IA 52401		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: LESLIE H. GARNER, JR SAME AS C ABOVE		H(c) Group exemption number ▶	
I 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			
J Website: ▶ WWW.GCRCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1987
M State of legal domicile: IA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE HELP DONORS MAKE A LASTING DIFFERENCE IN THEIR COMMUNITIES THROUGH GRANTS TO NONPROFITS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	218
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-101,718.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-118,181.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,283,701.	Current Year 14,491,611.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,920,679.	3,573,638.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-130,289.	-40,560.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,074,091.	18,024,689.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,817,111.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,659,193.	1,772,163.
16a Professional fundraising fees (Part IX, column (A), line 11e)		552.	552.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 823,520.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		921,241.	830,060.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,398,097.	10,785,324.	
19 Revenue less expenses. Subtract line 18 from line 12	4,675,994.	7,239,365.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 161,918,998.	End of Year 187,433,007.
	21 Total liabilities (Part X, line 26)	37,316,993.	39,097,030.
	22 Net assets or fund balances. Subtract line 21 from line 20	124,602,005.	148,335,977.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	LESLIE H. GARNER, JR., PRESIDENT & CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name CARLEY LANE	Preparer's signature	Date 11/11/20	Check <input type="checkbox"/> if self-employed PTIN P00982177
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 319-298-5333	
Firm's address ▶ 201 FIRST ST SE, SUITE 800 CEDAR RAPIDS, IA 52401				

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

1 Briefly describe the organization's mission: THE MISSION OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION IS TO HELP DONORS GIVE IN MEANINGFUL WAYS, TO STRENGTHEN NONPROFITS, AND TO PROVIDE LEADERSHIP THAT SUPPORTS A VIBRANT COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,975,887. including grants of \$ 8,182,549.) (Revenue \$) THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS OVER 1,015 FUNDS BUILT WITH GIFTS AND BEQUESTS. IN 2019, THE FOUNDATION RECEIVED \$14.5 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES, AND BUSINESSES. ALSO IN 2019, THE COMMUNITY FOUNDATION AWARDED \$8.2 MILLION IN GRANTS AND SCHOLARSHIPS TO LOCAL NONPROFIT ORGANIZATIONS AND STUDENTS.

4b (Code:) (Expenses \$ 293,242. including grants of \$) (Revenue \$) 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 \$ 95,997. including grants of \$) (Revenue \$ 13,525.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,365,126.

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules

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

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules *(continued)*

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

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		22
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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 on 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a	20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) LESLIE H. GARNER JR PRESIDENT & CEO	40.00			X			212,763.	0.	27,078.	
(2) MICHELLE BEISKER VP OF DEVELOPMENT	40.00				X		124,006.	0.	29,437.	
(3) JEAN BRENNEMAN CFO	40.00			X			119,089.	0.	17,517.	
(4) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	40.00				X		105,020.	0.	24,705.	
(5) AMY LYNCH CHAIR	2.00	X		X			0.	0.	0.	
(6) KATE MINETTE CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(7) CHARLIE SCHIMBERG TREASURER	2.00	X		X			0.	0.	0.	
(8) SUE OLSON SECRETARY	2.00	X		X			0.	0.	0.	
(9) BRENT COBB PAST-CHAIR	2.00	X		X			0.	0.	0.	
(10) JASMINE ALMOAYYED DIRECTOR	2.00	X					0.	0.	0.	
(11) MOLLY ALTORFER DIRECTOR	2.00	X					0.	0.	0.	
(12) JIM CHOATE DIRECTOR	2.00	X					0.	0.	0.	
(13) TERRI CHRISTOFFERSEN DIRECTOR	2.00	X					0.	0.	0.	
(14) ROD DOOLEY DIRECTOR	2.00	X					0.	0.	0.	
(15) PEGGY HARDESTY DIRECTOR	2.00	X					0.	0.	0.	
(16) SALMA IGRAM DIRECTOR	2.00	X					0.	0.	0.	
(17) JON LANDON DIRECTOR	2.00	X					0.	0.	0.	

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANA LEDFORD DIRECTOR	2.00	X					0.	0.	0.	
(19) CHRIS LINDELL DIRECTOR	2.00	X					0.	0.	0.	
(20) JOE LOCK DIRECTOR	2.00	X					0.	0.	0.	
(21) JULIE NOSEK DIRECTOR	2.00	X					0.	0.	0.	
(22) OKPARA RICE DIRECTOR	2.00	X					0.	0.	0.	
(23) MIKE SHEELEY DIRECTOR	2.00	X					0.	0.	0.	
(24) OATHER TAYLOR, III DIRECTOR	2.00	X					0.	0.	0.	
1b Subtotal							560,878.	0.	98,737.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							560,878.	0.	98,737.	

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP, 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	147,284.
RW BAIRD, 200 5TH AVENUE SE, SUITE 102, CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	128,615.

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
FOUNDATION

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	14,491,611.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,678,567.				
	h Total. Add lines 1a-1f			14,491,611.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,780,355.			3,780,355.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				62,572.			
	b Less: rental expenses ...	6b	14,939.				
	c Rental income or (loss)	6c	47,633.				
	d Net rental income or (loss)			47,633.		47,633.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				8,353,684.			
	b Less: cost or other basis and sales expenses	7b	8,560,401.				
	c Gain or (loss)	7c	-206,717.				
d Net gain or (loss)			-206,717.		-206,717.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	900099	13,525.	13,525.			
	b PARTNERSHIP UBIT	900099	-101,718.		-101,718.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			-88,193.			
12 Total revenue. See instructions			18,024,689.	13,525.	-101,718.	3,621,271.	

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Form 990 (2019)

42-6053860 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,118,784.	8,118,784.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,765.	13,765.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,000.	50,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	713,229.	249,852.	188,687.	274,690.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	903,297.	398,803.	194,796.	309,698.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,366.	26,210.	12,802.	20,354.
9 Other employee benefits	95,887.	42,334.	20,678.	32,875.
10 Payroll taxes	384.	169.	83.	132.
11 Fees for services (nonemployees):				
a Management				
b Legal	734.		734.	
c Accounting	52,828.		52,828.	
d Lobbying	4,500.		4,500.	
e Professional fundraising services. See Part IV, line 17	552.			552.
f Investment management fees	258,661.	258,661.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	12,741.		12,741.	
12 Advertising and promotion	59,284.	10,255.	24,768.	24,261.
13 Office expenses	43,427.	17,421.	8,928.	17,078.
14 Information technology	132,492.	57,101.	28,493.	46,898.
15 Royalties				
16 Occupancy	99,109.	44,068.	18,848.	36,193.
17 Travel	22,759.	12,175.	3,961.	6,623.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	44,249.	28,062.	9,847.	6,340.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,947.	27,129.	13,537.	22,281.
23 Insurance	13,674.	1,889.	10,106.	1,679.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	36,529.	8,448.	4,215.	23,866.
b ACCRUED VACATION	5,000.		5,000.	
c LIFE INSURANCE EXPENSE	-19,679.		-19,679.	
d _____				
e All other expenses _____	805.		805.	
25 Total functional expenses. Add lines 1 through 24e	10,785,324.	9,365,126.	596,678.	823,520.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	8,425,836.	2	10,858,250.	
	3 Pledges and grants receivable, net	136,534.	3	1,623,599.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	19,206.	9	25,074.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,829,922.			
	b Less: accumulated depreciation	10b 774,790.	1,994,221.	10c	2,055,132.
	11 Investments - publicly traded securities	108,532,530.	11	126,262,586.	
	12 Investments - other securities. See Part IV, line 11	41,063,017.	12	43,697,684.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,747,654.	15	2,910,682.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	161,918,998.	16	187,433,007.		
Liabilities	17 Accounts payable and accrued expenses	539,190.	17	86,683.	
	18 Grants payable	549,948.	18	95,941.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	34,590,948.	21	37,598,350.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,636,907.	25	1,316,056.	
	26 Total liabilities. Add lines 17 through 25	37,316,993.	26	39,097,030.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	121,390,989.	27	143,426,680.	
	28 Net assets with donor restrictions	3,211,016.	28	4,909,297.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	124,602,005.	32	148,335,977.	
	33 Total liabilities and net assets/fund balances	161,918,998.	33	187,433,007.	

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	18,024,689.
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,785,324.
3 Revenue less expenses. Subtract line 2 from line 1	3	7,239,365.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,602,005.
5 Net unrealized gains (losses) on investments	5	16,443,524.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	51,083.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	148,335,977.

Part XII Financial Statements and Reporting

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

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10781931.	10911696.	11929096.	9283701.	14491611.	57398035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10781931.	10911696.	11929096.	9283701.	14491611.	57398035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6164980.
6 Public support. Subtract line 5 from line 4.						51233055.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	10781931.	10911696.	11929096.	9283701.	14491611.	57398035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3578565.	3223505.	3767744.	5172671.	3585353.	19327838.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	58,875.	1,537.	12,176.	46,202.	13,525.	132,315.
11 Total support. Add lines 7 through 10						76858188.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	66.66 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	62.75 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

THE GREATER CEDAR RAPIDS COMMUNITY

Part VI

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

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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).

Name of organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 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	_____ _____ _____	\$ 301,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 399,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 430,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,497,543.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,003,933.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 435,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 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		\$ 880,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 769,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,135,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 919,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 499,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	CLOSELY HELD LC INTEREST _____ _____ _____	\$ <u>1,497,543.</u>	<u>12/19/19</u>
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,003,933.</u>	<u>11/22/19</u>
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>261,519.</u>	<u>12/31/19</u>
7	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>188,631.</u>	<u>11/26/19</u>
10	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>919,083.</u>	<u>12/31/19</u>
12	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>249,565.</u>	<u>12/31/19</u>

Name of organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 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.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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 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 THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,495.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,495.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION PAYS A LOBBYIST TO DISCUSS FOUNDATION ISSUES WITH THE FEDERAL 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 for instructions and the latest information.**

OMB No. 1545-0047

2019

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	248	2
2 Aggregate value of contributions to (during year)	8,823,103.	2,665.
3 Aggregate value of grants from (during year)	4,183,644.	20,750.
4 Aggregate value at end of year	37,020,124.	413,320.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

**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	2,165,037.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,066,199.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	29,677,238.	END-OF-YEAR MARKET VALUE
(E) GLOBAL FIXED INCOME BOND		
(F) FUNDS	6,789,210.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	43,697,684.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY &	
(3) UNITRUST AGREEMENTS	1,316,056.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,316,056.

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

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	34,224,491.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	16,443,524.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	14,939.	
e	Add lines 2a through 2d	2e		16,458,463.
3	Subtract line 2e from line 1	3		17,766,028.
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	258,661.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		258,661.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		18,024,689.

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	10,489,065.
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	-37,598.	
e	Add lines 2a through 2d	2e		-37,598.
3	Subtract line 2e from line 1	3		10,526,663.
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		
b	Other (Describe in Part XIII.)	4b	258,661.	
c	Add lines 4a and 4b	4c		258,661.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		10,785,324.

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 INTERNAL REVENUE SERVICE HAS RECOGNIZED THE FOUNDATION AS EXEMPT FROM
FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE. THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION IS SUBJECT TO
FEDERAL AND STATE INCOME TAXES TO THE EXTENT IT HAS UNRELATED BUSINESS
INCOME. 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 OR STATE
AUTHORITIES FOR YEARS PRIOR TO 2016 NOR HAS THE FOUNDATION BEEN NOTIFIED
OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE	14,939.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE	14,939.
ACTUARIAL ADJUSTMENT ON ANNUITIES	-103,524.
ADJUSTMENT FOR INTERACCOUNT TRANSFERS	50,987.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-37,598.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED WITH REVENUE ON F/S	258,661.
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Part XIII Supplemental Information *(continued)*

SCH D, PART 5, LINE E:

RECLASSIFICATION IN 2019 OF IRREVOCABLE TRUST TO TEMPORARILY RESTRICTED
FUNDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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

Employer identification number
42-6053860

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

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

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

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

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

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MODELING C-3 GLOMERULOPATHY RISK FACTORS IN MICE	50,000.	WIRE	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 **1**

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

**Employer identification number
42-6053860**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	509(A)(1)	23,735.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR WITWER CENTER,
AIMING FOR A CURE FOUNDATION 401 KIMBALL ROAD IOWA CITY, IA 52245-5828	32-0118340	509(A)(2)	6,500.	0.			GENERAL SUPPORT, PLATINUM SPONSORSHIP FOR 2020
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3007	42-0698056	501(C)(3)	7,020.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT GIRL SCOUTS
ALZHEIMER'S ASSOCIATION 620 S 76TH ST, SUITE 160 MILWAUKEE, WI 53214	13-3039601	509(A)(1)	12,990.	0.			2019 ALZHEIMER'S WALK TO SUPPORT THE EFFORTS OF GEANNE PAPPAS AA WI CHAPTER, CEDAR RAPIDS
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	509(A)(1)	12,741.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - 3636 WESTOWN PARKWAY, STE 204 - WEST DES MOINES, IA 50266	30-0051272	509(A)(1)	10,000.	0.			ALS ASSOCIATION IOWA EQUIPMENT LOAN PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 173.

3 Enter total number of other organizations listed in the line 1 table ▶ 7.

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	509(A)(1)	46,750.	0.			ASAC FIRST ANNUAL CHAMPIONS OF HOPE FUNDRAISER BREAKFAST, ASAC TECHNOLOGY
BIG BANG FOUNDATION 852 OAKLAND ROAD NE CEDAR RAPIDS, IA 52402	81-2131997	509(A)(2)	9,920.	0.			CEDAR RAPIDS LIGHTS ON
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA, INC - 3150 E AVE NW STE 103 - CEDAR RAPIDS, IA 52405-2900	42-1170475	509(A)(1)	67,400.	0.			BIG MAGIC, BOWL FOR KIDS' SAKE, BUILDING CAPACITY FOR BBBS MENTORING, DEFENDING THE POTENTIAL
BOYS AND GIRLS CLUB OF CEDAR RAPIDS DBA BOYS AND GIRLS CLUB OF THE CORRIDOR - 420 6TH ST SE STE 240 - CEDAR RAPIDS, IA 52401	42-1434056	509(A)(1)	73,349.	0.			ANNUAL DESIGNATED DISTRIBUTION, BOYS & GIRLS CLUB READY FOR SUCCESS, FISH O RAMA,
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD NE - CEDAR RAPIDS, IA 52402-4643	42-1203675	509(A)(1)	7,500.	0.			2019 BRIDGEHAVEN SAFE RIDE/SAFE SLEEP PROGRAM, GENERAL SUPPORT, PREVENTION EDUCATION
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	509(A)(3)	96,207.	0.			ANNUAL DESIGNATED DISTRIBUTION, BRUCEMORE 2019 HERITAGE EVENT SPONSORSHIP, CAPITAL
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	509(A)(1)	63,292.	0.			CAMPERSHIP, SOLAR PROJECT, DIAMOND THERAPY DOG, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL
CAMP FIRE - HEART OF IOWA 5615 HICKMAN RD. DES MOINES, IA 50310-1119	42-0680459	509(A)(1)	5,100.	0.			ANNUAL DESIGNATED DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21)
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	509(A)(3)	5,436.	0.			ANNUAL DESIGNATED DISTRIBUTION

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

(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
CATHERINE MCAULEY CENTER INC. 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	509(A)(1)	125,181.	0.			A PLACE OF WELCOME: CAPITAL CAMPAIGN , AC: TRANSITIONAL HOUSING PROGRAM, BUILDING FUND,
CATHOLIC CHARITIES ARCHDIOCESE OF DUBUQUE - CEDAR RAPIDS OFFICE - 420 6TH ST SE STE 220 - CEDAR RAPIDS, IA 52401-1906	42-0680493	509(A)(1)	20,000.	0.			IMMIGRATION LEGAL SERVICES
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405-1015	42-6023551	170(C)(1)	67,228.	0.			AMERICA READS: READING IS CONTAGIOUS, ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HIGH
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	509(A)(1)	41,745.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL STIPEND OF \$100 TO ALL CRCS D
CEDAR RAPIDS HOCKEY ASSOCIATION 1100 ROCKFORD RD SW CEDAR RAPIDS, IA 52404	82-0558842	509(A)(2)	25,000.	0.			SUPPORT
CEDAR RAPIDS METRO ECONOMIC ALLIANCE FOUNDATION - 501 1ST ST SE - CEDAR RAPIDS, IA 52401	42-1206276	509(A)(1)	12,500.	0.			MATCHING GRANT FUNDING FOR GATEWAYS FOR GROWTH CHALLENGE APPLICATION, AWARDED WITH THE
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	509(A)(1)	228,704.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, EXHIBITION AND EDUCATIONAL PROGRAM
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	509(A)(2)	62,972.	0.			AGENCY DISTRIBUTION, CR OPERA THEATRE: 2019-20 SCHOOL OUTREACH OPERA, FISCAL YEAR 2019-20 BOARD
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	509(A)(1)	44,304.	0.			2019 LITERARY VINES: A WINE & BEER TASTING TO BENEFIT THE LIBRARY FOUNDATION GENERAL

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	509(A)(3)	26,286.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT SUPPORT, KIDSIGHT SCREENING CAMERA
CEDAR RAPIDS THURSDAY NOON LIONS CHARITIES - 709 GREEN VALLEY TERR SE - CEDAR RAPIDS, IA 52403	42-1299206	509(A)(2)	10,300.	0.			SUPPORT, KIDSIGHT SCREENING CAMERA
CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY - PO BOX 784 - WAVERLY, IA 50677	42-1390144	509(A)(1)	19,000.	0.			SAFETY AND HOUSING STABILITY, VICTIM SERVICES
CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	509(A)(1)	42,801.	0.			2019 HOPE BUILDERS HOME, 2020 FAIRFAX BUILD, ANNUAL DESIGNATED DISTRIBUTION FOR THE
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	509(A)(2)	6,911.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 375 E CHICAGO AVE - CHICAGO, IL 60611	36-2167817	509(A)(1)	5,728.	0.			ANNUAL DESIGNATED DISTRIBUTION
CENTRAL COLLEGE PO BOX 5800, 812 UNIVERSITY STREET PELLA, IA 50219	42-0680344	509(A)(1)	6,189.	0.			SCHOLARSHIPS, PROGRAM SUPPORT FOR JOURNEY SCHOLARSHIP, PROGRAM SUPPORT FOR MEN'S TENNIS
CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN AKA ANNA MARIE'S ALLIANCE - 500 11TH AVE NORTH - ST. CLOUD, MN 56303	41-1344743	509(A)(1)	25,000.	0.			AC: EMERGENCY SAFE HOUSING
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	26-2250997	509(A)(1)	15,000.	0.			SO: YOUTH DEVELOPMENT GARDEN PROGRAM

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	509(A)(1)	29,200.	0.			ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 101 1ST ST SE CEDAR RAPIDS, IA 52401	42-6004336	170(C)(1)	36,179.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED
CITY OF CENTER POINT 200 FRANKLIN ST, PO BOX 299 CENTER POINT, IA 52213-7604	42-6006060	170(C)(1)	11,500.	0.			CENTER POINT/WASHINGTON TOWNSHIP FIRE STATION, DISASTER PLAN CONSULTANT
CITY OF CENTRAL CITY 137 4TH ST N, SUITE 1 CENTRAL CITY, IA 52214-9596	42-6004353	170(C)(1)	11,500.	0.			GENERATOR READY ELECTRICAL WORK FOR WELL AND SEWAGE SYSTEM, SENIOR DINING HOME DELIVERED
COASTAL ROOTS FARMS 441 SAXONY RD ENCINITAS, CA 92024	47-1570910	509(A)(1)	25,000.	0.			SO: PRODUCE SUPPORT PROGRAM
COE COLLEGE OFFICE OF FINANCIAL AID, 1220 1ST AVE NE - CEDAR RAPIDS, IA 52402-5092	42-0686467	509(A)(1)	298,387.	0.			SCHOLARSHIPS, AIDING DEMENTIA PATIENTS: COE AND ALZHEIMER'S ASS., ANNUAL DESIGNATED
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	509(A)(2)	170,753.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED, CHFC FY20
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	509(A)(2)	102,354.	0.			2018-19 CRST BROADWAY SERIES SPONSORSHIP, ANNUAL DESIGNATED DISTRIBUTION, GENERAL
CONNECTCR P.O. BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	509(A)(1)	253,250.	0.			AWAKENING CONNECTIONS CAMPAIGN SUPPORT, CAPITAL CAMPAIGN, IPADDLE PORTABLE RENTAL STATION &

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	509(A)(1)	199,458.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION, BERRY CENTER, GENERAL SUPPORT
DEAF IOWANS AGAINST ABUSE 1652 42ND ST. NE STE D CEDAR RAPIDS, IA 52402	47-5002341	509(A)(1)	15,000.	0.			STANDING UP & STANDING TOGETHER: DEAF YOUTH CAMP
DEAFINITELY DOGS INC. 2802 LIPPISH PLACE SW CEDAR RAPIDS, IA 52404	47-1590153	509(A)(1)	8,950.	0.			ANNUAL SHIFTING GEARS AND SCRATCHING EARS CHARITY MOTORCYCLE RIDE SILVER SPONSOR, CAMPUS PUPS
DISCOVERY LIVING INC. 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	509(A)(1)	31,271.	0.			ANNUAL DESIGNATED DISTRIBUTION, COMMUNITY INTEGRATION THROUGH TRANSPORTATION ,
DONORSCHOOSE.ORG MAIL CODE: 6656, PO BOX 7247 PHILADELPHIA, PA 19170-6656	13-4129457	509(A)(1)	25,000.	0.			2019 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	509(A)(1)	50,000.	0.			AC: PEER LEADERS PROGRAM
DREAM FACTORY INC. AKA DREAM FACTORY OF IOWA - PO BOX 1133 - CEDAR RAPIDS, IA 52401	61-1208652	509(A)(1)	8,000.	0.			DREAMS COME TRUE!
EASTERN IOWA AFRICAN DIASPORA 1669 20TH STREET NW CEDAR RAPIDS, IA 52405	83-4617894	509(A)(1)	6,500.	0.			EMERGING OPPORTUNITY: AMERICORPS FEE, YOUTH DEVELOPMENT PROGRAM
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	509(A)(1)	75,275.	0.			ANNUAL DESIGNATED DISTRIBUTION, DRUM CIRCLE PROGRAM, EIAA'S AFTER SCHOOL ARTS ENRICHMENT

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	509(A)(2)	15,750.	0.			BIRTH CONTROL, EASTERN IOWA DIAPER BANK SPONSORSHIP NEWBORN DIAPER SPONSOR, EIDB,
EASTERN IOWA HONOR FLIGHT PO BOX 10704 CEDAR RAPIDS, IA 52410	27-1666013	509(A)(1)	6,750.	0.			COMMUNITY GIVING: PULLING FOR HONOR 2019, GENERAL SUPPORT: IN MEMORY OF THOMAS CUNNINGHAM, BOB
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE STE 3 - CEDAR RAPIDS, IA 52401-1325	42-1456338	509(A)(1)	7,374.	0.			ANNUAL DESIGNATED DISTRIBUTION, EMERGENCY EXPENSE: HVAC REPLACEMENT FOR GREEN SQUARE MEALS,
EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	509(A)(1)	50,000.	0.			SO: MOTHER EARTH FARM
ESSENTIAL INSTRUCTION C/O MARION MIXERS - P.O. BOX 2107 - CEDAR RAPIDS, IA 52406-2107	46-5762244	509(A)(1)	19,500.	0.			GENERAL SUPPORT
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	509(A)(1)	31,000.	0.			BUILDING CONFIDENCE IN CHILDREN AFTER ABUSE, CLOTHING & BASIC NEEDS FOR FOSTER CHILDREN,
FAMILY PROMISE OF LINN COUNTY 310 5TH ST. SE CEDAR RAPIDS, IA 52401	27-3296139	509(A)(1)	16,973.	0.			ANNUAL SUPPORT FOR 2019, FOR THE CONTINUATION OF THIS VALUABLE PROGRAM OF HELPING FAMILIES STAY
FARMSHARE AUSTIN 3608 RIVER RD. CEDAR CREEK, TX 78612	46-1200713	509(A)(1)	10,000.	0.			SO: FRESH FOR LESS MOBILE MARKET EXPANSION
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406	45-4058376	509(A)(1)	28,513.	0.			BUDDY CART, GENERAL SUPPORT, INCREASE FEED IOWA FIRST'S PRODUCTION AND IMPACT, SO: FEED

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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FELLOWSHIP OF CHRISTIAN ATHLETES--EASTERN IOWA - 1800 46TH ST NE - CEDAR RAPIDS, IA 52402	44-0610626	509(A)(1)	5,859.	0.			GENERAL SUPPORT, TO SUPPORT THE NEW INITIATIVES OF EASTERN IOWA FCA
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	509(A)(1)	5,608.	0.			ANNUAL DESIGNATED DISTRIBUTION, SATURDAY EVENING MEALS.
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	509(A)(1)	30,457.	0.			CAPITAL CAMPAIGN CONTRIBUTION, FOR USE IN THE OVERALL MISSION OF THE CHURCH AND FOR
FOUNDATION 2 INC. 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405-4865	42-1078444	509(A)(1)	32,884.	0.			BASIC NEED ITEMS INCLUDING CLOTHING, SCHOOLS SUPPLIES AND HYGIENE SUPPLIES.,
FOUR OAKS FAMILY & CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	509(A)(1)	68,380.	0.			26TH ANNUAL FOUR OAKS GOLF CLASSIC SPONSORSHIP, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL
FRIENDS OF ACTION GROUP ON EROSION TECHNOLOGY AND CONCENTRATION INC. - 441 AVON ST - OAKLAND, CA 94618	13-4181753	509(A)(1)	25,000.	0.			RESEARCH: NEXT GENERATION GENETIC ENGINEERING SUPPORTING THE MATURING CAMPAIGN
FRIENDS OF MARION CARNEGIE LIBRARY DBA THE FRIENDS OF THE MARION PUBLIC LIBRARY - 1095 6TH AVE - MARION, IA 52302-3428	42-1335663	509(A)(2)	6,500.	0.			IMAGINATION LIBRARY
FRIENDS OF THE EARTH 1101 15TH ST NW, 11TH FL WASHINGTON, DC 20005	23-7420660	509(A)(1)	25,000.	0.			RESEARCH: GMOS 2.0: NEXT GENERATION GENETIC ENGINEERING AND THE FUTURE OF FOOD
GCW MUTUAL AID SOCIETY P.O. BOX 161 WALKER, IA 52352	33-1095647	509(A)(1)	7,000.	0.			OUTFIT NEW FIRE TRUCK PURCHASED BY CITY OF WALKER

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC. - 317 7TH AVE SE STE 201 - CEDAR RAPIDS, IA 52401-2007	42-1008848	509(A)(1)	15,500.	0.			GIRL SCOUT OUTREACH PROGRAM FOR AT RISK GIRLS, LEADERSHIP AND CHARACTER BUILDING
GOOD FRIDAY PRAYER BREAKFAST CLUB 3523 LOCHWOOD DR NE CEDAR RAPIDS, IA 52402	77-0646383	509(A)(2)	11,550.	0.			PROGRAM SUPPORT FOR GOOD FRIDAY BREAKFAST CLUB
GREEN SQUARE MEALS INC. PO BOX 5303 CEDAR RAPIDS, IA 52406-5303	42-1307429	509(A)(1)	11,000.	0.			GENERAL SUPPORT, GREEN SQUARE MEALS 2019
HARMONY SCHOOL OF MUSIC 3415 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	81-5157369	509(A)(1)	12,600.	0.			HARMONY STRINGS EL SISTEMA , STRATEGIC PLANNING AND VISION IMPACT INITIATIVE
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	509(A)(1)	70,725.	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	509(A)(1)	15,453.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52402	83-0545648	509(A)(1)	15,271.	0.			ANNUAL DESIGNATED DISTRIBUTION, HOME PEST CONTROL AND EXTERMINATION PROGRAM
HILLCREST FAMILY SERVICES 2005 ASBURY ROAD DUBUQUE, IA 52001	42-0680411	509(A)(1)	19,865.	0.			25TH EDITION OF REFLECTIONS IN THE PARK HILLCREST LIGHT FESTIVAL, HILLCREST FAMILY SERVICES
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC - 1245 SECOND AVE SE - CEDAR RAPIDS, IA 52403	39-1878606	509(A)(1)	23,500.	0.			FOR DENTAL SERVICES., MEDICATIONS FOR THOSE IN NEED , PRAISE ON THE RIVER SPONSORSHIP

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	170(C)(1)	45,501.	0.			ANNUAL DESIGNATED DISTRIBUTION
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	509(A)(1)	63,072.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST SE, PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	509(A)(1)	24,417.	0.			CREATING COMMUNITY CHAMPIONS, MEALS ON WHEELS, NTS BUILDING RENOVATION
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	509(A)(1)	298,325.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION EXCLUSIVELY TO SUPPORT
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 91730	33-0502676	509(A)(1)	15,275.	0.			GENERAL SUPPORT
IOWA ART WORKS DBA IOWA CERAMICS CENTER - 329 10TH AVE SE STE 117 - CEDAR RAPIDS, IA 52401-2339	42-1112539	509(A)(2)	8,887.	0.			EDUCATIONAL & CULTURAL OUTREACH FOR AT-RISK YOUTH
IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 65361 - WEST DES MOINES, IA 50265	45-4574664	509(A)(1)	124,295.	0.			ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	509(A)(1)	20,000.	0.			LINN COUNTY FAFSA CHALLENGE PHASE TWO
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	509(A)(2)	24,750.	0.			ANNUAL FUND-DESIGNATED FOR CORNELL COLLEGE, GENERAL SUPPORT, ICF ANNUAL FUNDING REQUEST

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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IOWA JAG INC. 1111 9TH ST, SUITE 268 DES MOINES, IA 50314	42-1492988	509(A)(1)	25,000.	0.			IJAG: PREPARING THE NEXT GENERATION WORKFORCE , IJAG: SUCCESS IN EDUCATION, CAREER AND
IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 52401-2003	42-1079227	509(A)(1)	20,000.	0.			HEALTH & LAW PROJECT
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVE STE 444 DES MOINES, IA 50309-2321	42-1127544	509(A)(1)	6,233.	0.			40 YEARS PROTECTING IOWA'S NATURAL HERITAGE , ANNUAL DESIGNATED DISTRIBUTION, ANNUAL
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	170(C)(1)	32,000.	0.			SCHOLARSHIPS
IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT - 920 48TH AVE - AMANA, IA 52203	42-1481272	509(A)(1)	15,000.	0.			LINN COUNTY FOOD ASSET MAPPING
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	509(A)(1)	72,196.	0.			ANNUAL DESIGNATED DISTRIBUTION, CEDAR VALLEY MENTORS , CHALLENGE CAMP, GENERAL
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF - EASTERN IOWA CHAPTER, 1026 A AVENUE NE SUITE 113 - CEDAR RAPIDS, IA 52406	23-1907729	509(A)(1)	16,250.	0.			2019 COMMUNITY ONE WALK SPONSORSHIP REQUEST , APPLY TO TEAM MATT WALK TEAM FOR NEXT YEAR.,
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	509(A)(1)	101,909.	0.			ANNUAL DESIGNATED DISTRIBUTION, BUILDING THE FUTURE: ECONOMIC EDUCATION , CREATING
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 52401-2007	42-6060212	509(A)(2)	16,000.	0.			BRIDGING THE G.A.P. - APARTMENT IN A SUITCASE , BRIDGING THE GAP PROGRAM

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	509(A)(1)	56,316.	0.			ADVOCACY FOR CHILDREN OF HIGH CONFLICT DIVORCE, CHILD ADVOCACY IN HIGH CONFLICT CUSTODY CASES,
KING OF KINGS LUTHERAN CHURCH 3275 N CENTER POINT RD CEDAR RAPIDS, IA 52411	42-1183065	509(A)(1)	10,000.	0.			GENERAL SUPPORT
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - P.O. BOX 2068 - CEDAR RAPIDS, IA 52406	23-7076632	509(A)(1)	132,394.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	509(A)(1)	43,250.	0.			CR DREAMS PROGRAM GROWTH AND ENHANCEMENTS 2019-2021, LBA 2019-2020 CR DREAMS PROGRAMMING,
LEGION ARTS INC. 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	509(A)(1)	21,230.	0.			AREA OF MOST NEED, CLIFTON LARSON ALLEN PAYROLL DEDUCTIONS, EMERGENCY EXPENSES: HIRE
LINN AREA EDUCATION ASSOCIATIONS COMMUNITY FOUNDATION DBA THE TEACHER STORE - LINN AREA CREDIT UNION, 3015 BLAIRS FERRY RD NE -	26-2607522	509(A)(1)	5,889.	0.			CLASSROOM SUPPLIES FOR LOCAL EDUCATORS
LINN COUNTY CONSERVATION BOARD 10260 MORRIS HILLS RD TODDVILLE, IA 52341	42-6004338	170(C)(1)	17,435.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EASEMENT, MORGAN CREEK PARK REDEVELOPMENT PHASE
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 800 2ND AVE SE - CEDAR RAPIDS, IA 52403	23-7311415	509(A)(2)	78,314.	0.			2019 YEAR END OPERATING GIFT, ANNUAL DESIGNATED DISTRIBUTION, FOR GREATEST NEED., GENERAL
LINN-MAR SCHOOL FOUNDATION 2999 N. 10TH STREET MARION, IA 52302	42-1267125	509(A)(1)	17,288.	0.			CLASSROOM, CURRICULUM AND ENRICHMENT GRANTS MADE BY THE LINN-MARR SCHOOL FOUNDATION TO OUR TEN

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORAS COLLEGE PO BOX 178 DUBUQUE, IA 52004	42-0680412	509(A)(1)	10,681.	0.			CLASS OF 1969, TENNIS COURT CAPITAL PROJECT
LUTHER COLLEGE OFFICE OF FINANCIAL AID, 700 COLLEGE DRIVE - DECORAH, IA 52101-1041	42-0680466	509(A)(1)	9,000.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	509(A)(2)	9,567.	0.			GENERAL SUPPORT
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	509(A)(1)	29,450.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA 3009 100TH STREET URBANDALE, IA 50322	42-1310530	509(A)(1)	5,550.	0.			SUNRISE ROTARY WISH UPON A PAR GOLF OUTING GENERAL SUPPORT, UNCORK A WISH SPONSORSHIP FOR MAKE A
MARCH OF DIMES FOUNDATION PO BOX 18819 ATLANTA, GA 31126	13-1846366	509(A)(1)	9,250.	0.			2020 MARCH FOR BABIES BRONZE SPONSOR, CELEBRATE CEDAR RAPIDS MARCH FOR BABIES 2019, GENERAL
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 SOUTH 15TH STREET - MARION, IA 52302	42-1343360	509(A)(1)	8,593.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	509(A)(1)	95,024.	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	509(A)(1)	20,000.	0.			2019 ESPECIALLY FOR YOU RACE SPONSORSHIP

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	509(A)(3)	82,666.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR OLDORF HOSPICE HOUSE, ANNUAL DESIGNATED DISTRIBUTION
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	509(A)(2)	25,776.	0.			ANNUAL DESIGNATED DISTRIBUTION, CAPITAL PROJECTS OR SPECIAL PROGRAMS
MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 389 - KALONA, IA 52247	42-1304224	509(A)(2)	5,022.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL SCHOLARSHIP FOLLOWING THE CRITERIA PROVIDED, ANNUAL
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	509(A)(1)	112,000.	0.			MONARCH RESEARCH PROJECT SUPPORT GRANT, TO ACCOMPLISH THE MISSION OF MONARCH RESEARCH PROJECT:
MOUNT MERCY UNIVERSITY STUDENT FINANCIAL SERVICES CENTER, 1330 ELMHURST DR NE - CEDAR RAPIDS, IA 52	42-0681046	509(A)(1)	87,608.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, ANNUAL
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION - 525 PALISADES RD SW - MOUNT VERNON, IA 52314-1761	42-1304892	509(A)(3)	109,406.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, CAPITAL
MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC. - PO BOX 31 - MT. VERNON, IA 52314	81-1018832	509(A)(1)	8,000.	0.			DESIGNATED DISTRIBUTION FOR THE FIRST STREET COMMUNITY CENTER,
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404	51-0189030	509(A)(1)	143,796.	0.			2019 FAMILY AND COMMUNITY PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION, BOARD TRAINING FOR
NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 50309-2316	53-0242652	509(A)(1)	33,033.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR PROJECTS IN IOWA WITH PREFERENCE FOR PROJECTS IN EASTERN

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	509(A)(1)	27,000.	0.			GENERAL SUPPORT
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	509(A)(1)	7,500.	0.			2019 FREE & FAMILY FRIENDLY PROGRAMMING AND EVENTS
OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 52203-8200	42-0985212	509(A)(2)	10,240.	0.			2020 THEATRE FOR YOUNG AUDIENCES SCHOOL TOUR
OLIVET NEIGHBORHOOD MISSION 237 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	501(C)(3)	43,345.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET PRESBYTERIAN CHURCH, FOOD PANTRY & CLOTHING CLOSET
OMAHA COMMUNITY FOUNDATION 3555 FARNAM STREET, SUITE 222 OMAHA, NE 68131	47-0645958	509(A)(1)	9,702.	0.			SPRING FLOODING IN IOWA: FREMONT COUNTY FLOOD FUND, MILLS COUNTY FLOOD FUND, AND HARRISON COUNTY
ONE CITY UNITED 22484 RIDGE RD E28 ANAMOSA, IA 52205	83-2071578	509(A)(1)	10,000.	0.			LOCAL GIVING: RETURNING CITIZENS APPRENTICESHIP PROGRAMMING
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	509(A)(2)	141,348.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION
PLANNED PARENTHOOD OF THE HEARTLAND, INC. DBA PLANNED PARENTHOOD OF THE NORTH CE - 818 5TH AVE STE 200 - DES MOINES, IA	42-0727488	509(A)(1)	24,744.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS HEALTH CENTER, ANNUAL DESIGNATED
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	509(A)(1)	8,593.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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PROSPECT MEADOWS 1890 COUNTY HOME ROAD MARION, IA 52402	45-1186453	509(A)(1)	13,536.	0.			BILL QUINBY FIELD, CAPITAL CAMPAIGN CONTRIBUTION, ROTARY DONOR WALL
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	509(A)(1)	35,675.	0.			ANNUAL DESIGNATED DISTRIBUTION, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS , GENERAL
RESONANCE CENTER FOR WOMEN 1608 S ELWOOD AVE TULSA, OK 74119	73-1023752	509(A)(1)	52,250.	0.			AC: RETURNING CITIZENS
REVIVAL THEATRE COMPANY 1380 60TH ST. NE PO BOX 11274 CEDAR RAPIDS, IA 52410	46-5106582	509(A)(2)	8,500.	0.			FOR GREATEST NEED, GENERAL SUPPORT
RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	509(A)(1)	134,090.	0.			CO-OP GIVING: MIDWEST ORGANIC CENTER
RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS - 730 HAWKINS DRIVE - IOWA CITY, IA 52246-2509	42-1189783	509(A)(1)	6,500.	0.			GENERAL PROGRAMS, GRANT INTENDED FOR RONALD MCDONALD FAMILY ROOM AT ST LUKE'S, CEDAR RAPIDS,
SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 52401-1921	42-1348441	509(A)(1)	10,000.	0.			WORK CLOTHING FOR RESIDENTS
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS - 1000 C AVE NW - CEDAR RAPIDS, IA 52405-3819	22-2406433	509(A)(1)	31,182.	0.			2019 FOOD THE RUN SPONSORSHIP (LAUREN SHOVEIN), ANNUAL DESIGNATED DISTRIBUTION,
SCHOLARSHIP AMERICA INC DBA SOLON DOLLARS FOR SCHOLARS - PO BOX 551 - SOLON, IA 52333	46-5034853	509(A)(2)	9,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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SOLON FIREFIGHTERS ASSOCIATION 131 N IOWA ST SOLON, IA 52333	26-0187147	509(A)(2)	6,500.	0.			OFFICERS/ADMINISTRATIVE OFFICE
SPROUTS HEALTHY COMMUNITIES FOUNDATION - 5455 E HIGH ST STE 111 - PHOENIX, AZ 85054	47-2975827	509(A)(1)	10,000.	0.			CO-OP GIVING: HEALTHY COMMUNITIES PROGRAMMING
SPT THEATRE COMPANY 311 ASHLAND CT SE CEDAR RAPIDS, IA 52403	20-0644595	509(A)(2)	10,000.	0.			SPT'S TALES FROM THE WRITERS' ROOM SEASON 12
ST. FRANCIS OF ASSISI PARISH 122 W WASHINGTON OTTAWA, IL 61350	36-2264415	501(C)(3)	7,500.	0.			ALTAR ROSARY SOCIETY, CCD PROGRAM
ST. JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	501(C)(3)	10,320.	0.			GENERAL SUPPORT, SECURING OUR FUTURE, EMPLOYEE MATCH: TONY BEDARD, GENERAL SUPPORT, SWEET
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	509(A)(1)	10,362.	0.			NASSIF COMMUNITY CANCER CENTER FOR GENERAL SUPPORT, THE SPIRIT FUND, ANNUAL DESIGNATED
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	509(A)(1)	5,130.	0.			GENERAL SUPPORT
ST. MATTHEW'S CATHOLIC CHURCH 2310 1ST AVE NE CEDAR RAPIDS, IA 52402-4935	42-0730342	501(C)(3)	6,000.	0.			2019 ST. MATTHEW MARDI GRAS, ANNUAL CHURCH CONTRIBUTIONS, GENERAL SUPPORT
ST. PAUL'S UNITED METHODIST CHURCH OF CEDAR RAPIDS FOUNDATION - 1340 3RD AVE SE - CEDAR RAPIDS, IA 52403-4019	75-3093308	509(A)(1)	10,624.	0.			ANNUAL DESIGNATED DISTRIBUTION

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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ST. WENCESLAUS CHURCH 1224 5TH ST. SE CEDAR RAPIDS, IA 52401	42-0688080	501(C)(3)	5,666.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR,
SUNDARI FOUNDATION, INC. DBA LOTUS HOUSE WOMEN'S SHELTER - SUNDARI FOUNDATION, INC. DBA LOTUS HOUSE, 217 NW 15TH ST - MIAMI, FL 33136	81-0652266	509(A)(1)	45,000.	0.			AC: WORKING CLASSROOM KITCHEN AND CULINARY PROGRAM
TABLE TO TABLE 840 S CAPITOL ST IOWA CITY, IA 52240	42-1457219	509(A)(1)	15,000.	0.			LOCAL GIVING: BIG TRUCK PROGRAM
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	509(A)(2)	151,754.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO CAMP TANAGER TO
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	509(A)(2)	48,915.	0.			ANNUAL DESIGNATED DISTRIBUTION, AWARD TO SCHOLARSHIP FUND FOR OVERNIGHT EXPERIENCES.,
THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	509(A)(1)	10,250.	0.			GENERAL SUPPORT, VETERANS EMERGENCY ASSISTANCE FUND
TREES FOREVER 80 W 8TH AVE MARION, IA 52302	42-1419181	509(A)(1)	30,833.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS GROWING FUTURES ,
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	509(A)(1)	9,300.	0.			FT. WAYNE/COLUMBUS MATCH AMOUNT.
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	509(A)(1)	258,759.	0.			CAMPAIGN CONTRIBUTION, ANNUAL CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL

Schedule I (Form 990)

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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

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UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT, SUITE 700 CHICAGO, IL 60615	36-2177139	509(A)(1)	67,160.	0.			ANNUAL DESIGNATED DISTRIBUTION: COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND MAINTENANCE
UNIVERSITY OF IOWA - UI SERVICE CENTER - 2700 UNIVERSITY CAPITOL CENTRE - IOWA CITY, IA 52242	42-6004813	170(C)(1)	55,965.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR SUMMER JOURNALISM WORKSHOP SCHOLARSHIPS FOR
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - P.O. BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	509(A)(1)	243,431.	0.			2019 KHAK RADIOTHON / KATHY E. CALL IN MATCH UICH, ANNUAL DESIGNATED DISTRIBUTION- BRADLEY
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID, 105 GILCHREST HALL - CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	8,800.	0.			SCHOLARSHIPS
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 205 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	509(A)(1)	25,500.	0.			SCHOLARSHIPS, GENERAL SUPPORT, THIS GRANT IS PROVIDED TO SUPPORT "THE SUFFRAGIST PROJECT"
WALKER LITTLE LEAGUE ASSOCIATION 5278 N CENTER POINT RD WALKER, IA 52352	47-2179549	509(A)(2)	10,000.	0.			BALL DIAMOND LIGHTING REPLACEMENT
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	509(A)(1)	51,396.	0.			ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN DESIGNATION FOR DOMESTIC VIOLENCE WAITING
WHEELCHAIR RAMP ACCESSIBILITY PROGRAM COALITION - ST. LUKE'S HOSPITAL VOLUNTEER CENTER, 1026 A AVENUE NE - CEDAR RAPIDS, IA	27-0841627	509(A)(1)	18,200.	0.			FOOD FOR RAMP BUILDERS, MEALS FOR RAMP WORKERS, WRAP RAMP DESIGNER SPECIALIST
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 78703-4677	20-2376273	501(C)(3)	100,000.	0.			CO-OP GIVING: GLOBAL MICRO LOAN PROGRAM FOR SMALL BUSINESSES

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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WILLIS DADY EMERGENCY SHELTER INC. 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	509(A)(1)	163,604.	0.			EVICTION & HOMELESS PREVENTION , GENERAL SUPPORT, HOMELESS PREVENTION SERVICES ,
WOMEN'S EMPOWERMENT 1590 NORTH A ST SACRAMENTO, CA 95811	03-0520643	509(A)(1)	47,750.	0.			AC: ENDING HOMELESSNESS FOR WOMEN THROUGH EMPOWERMENT, EDUCATION AND EMPLOYMENT
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	509(A)(1)	10,081.	0.			2019 BUSINESS APPEAL, 2019 PARISH APPEAL, ANNUAL DESIGNATED DISTRIBUTION FOR
YMCA OF THE CEDAR RAPIDS METRO AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	509(A)(1)	36,521.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	509(A)(1)	77,594.	0.			AFRICAN MOMS GROUP , BUILDING BRIGHT FUTURES , GENERAL SUPPORT, IT ENHANCEMENTS FOR
YOUTHPORT 2309 C ST SW CEDAR RAPIDS, IA 52404	47-5419601	509(A)(1)	32,000.	0.			GREAT EASTERN IOWA DUCK RACE DAYBREAK ROTARY, YOUTHPORT 21ST CENTURY COMMUNITY LEARNING CENTER
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	509(A)(1)	81,300.	0.			BIRDIES THAT CARE PROGRAM AT ELMCREST OCTOBER 7TH., GENERAL SUPPORT, KIDS ON COURSE PROGRAM, KIDS ON
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	509(A)(1)	60,921.	0.			AAMI VISION PROJECT, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HUMANIZE MY
AFFORDABLE HOUSING NETWORK INC. 5400 KIRKWOOD BLVD. CEDAR RAPIDS, IA 52404	20-8640691	509(A)(2)	15,000.	0.			MIDDLE SCHOOL MENTORING PROGRAM (MMP)

Schedule I (Form 990)

**THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

42-6053860

Page 1

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

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ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS - PO BOX 2842 - CEDAR RAPIDS, IA 52406	45-4289211	509(A)(1)	22,500.	0.			GENERAL SUPPORT, THE ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS
ABBEHEALTH INC 740 N. 15TH AVE HIAWATHA, IA 52233	42-1373123	509(A)(2)	15,000.	0.			DEVELOPING EFFECTIVE & SUSTAINABLE LEADERSHIP
6TH JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES - 951 29TH AVE SW - CEDAR RAPIDS, IA 52404-3414	42-1186506	170(C)(1)	15,000.	0.			THE ANCHOR CENTER FOR WOMEN

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REIMBURSEMENT TO STUDENTS WHO RECEIVED A SCORE OF 3 OR HIGHER ON ADVANCED PLACEMENT TESTS	273	12,380.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	49	1,385.	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, CREATING AN ADAPTIVE ORGANIZATIONAL CULTURE , GENERAL SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: ALZHEIMER'S ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ALZHEIMER'S WALK TO SUPPORT THE
EFFORTS OF GEANNE PAPPAS AA WI CHAPTER, CEDAR RAPIDS WALK TO END
ALZHEIMER'S IOWA CHAPTER, ANNUAL DESIGNATED DISTRIBUTION IOWA CHAPTER,
GENERAL FUND IOWA CHAPTER, GENERAL SUPPORT, GENERAL SUPPORT: A ROUND TO
REMEMBER

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, SOUND THE
ALARM CAMPAIGN IN IOWA

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ASAC FIRST ANNUAL CHAMPIONS OF HOPE
FUNDRAISER BREAKFAST, ASAC TECHNOLOGY IMPROVEMENT PROJECT , EXPANDING
HEART OF IOWA CHILDCARE SERVICES , LINN COUNTY YOUTH ADVISORY COUNCIL ,
SUBSTANCE USE DISORDER PREVENTION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: BIG MAGIC, BOWL FOR KIDS' SAKE,

Part IV Supplemental Information

BUILDING CAPACITY FOR BBBS MENTORING , DEFENDING THE POTENTIAL IN YOUTH ,
GENERAL SUPPORT , INVESTING IN KIDS CAMPAIGN , MENTORING LINN COUNTY
YOUTH , STRATEGIC GROWTH CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB OF CEDAR RAPIDS DBA BOYS AND GIRLS CLUB OF THE CORRIDOR

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, BOYS
& GIRLS CLUB READY FOR SUCCESS , FISH O RAMA, JUNIOR STAFF ACADEMY,
STREET SMART STARS, VOLUNTEERS COUNT, MODERNIZING A VMS

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
BRUCEMORE 2019 HERITAGE EVENT SPONSORSHIP , CAPITAL CAMPAIGN, GENERAL
SUPPORT, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR
OF DAVID JANSSEN., ORGANIZATIONAL TRANSITION: ENVISIONING THE FUTURE ,
PRIDE AND PRESERVATION CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMBERSHIP, SOLAR PROJECT, DIAMOND
THERAPY DOG, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED
DISTRIBUTION TO PROVIDE CAMBERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21)
ATTENDING RESIDENTIAL SUMMER CAMP, FILL SANTA'S SLEIGH, SPRINT TRIATHLON,
SUPPORT FOR TWO CAMPERS

NAME OF ORGANIZATION OR GOVERNMENT: CAMP FIRE - HEART OF IOWA

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

Part IV Supplemental Information

CLUBS

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: A PLACE OF WELCOME: CAPITAL CAMPAIGN
, AC: TRANSITIONAL HOUSING PROGRAM, BUILDING FUND, CAPITAL CAMPAIGN, FOR
IMMIGRANT AND REFUGEE SERVICES., FRIENDS ANNUAL SPONSORSHIP, GENERAL
SUPPORT, IMMIGRANT & REFUGEE COMMUNITY RESOURCE NAVIGATION , IMPROVING
QUALITY OF ADULT ENGLISH INSTRUCTION , IN SUPPORT OF "A PLACE OF WELCOME"
CAMPAIGN FROM JOHN & CINDY BLOOMHALL, ONGOING SUPPORT FOR REFUGEES AND
WOMEN IN TRANSITION., REFUGEE HEALTHCARE ACCESS & HEALTH LITERACY

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICA READS: READING IS
CONTAGIOUS, ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HIGH SCHOOL,
ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL'S
SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE
PERFORMING ARTS AT MCKINLEY MIDDLE SCHOOL, AP GHOSH T SHIRTS FOR STUDENTS
AT KENNEDY HIGH SCHOOL, AP GHOSH T SHIRTS FOR STUDENTS AT WASHINGTON HIGH
SCHOOL, DASH FOR CASH AT PIERCE ELEMENTARY SCHOOL, DASH FOR CASH AT
HARDING MIDDLE SCHOOL, DESIGNATED DISTRIBUTION FOR 2018 FIELD TRIPS TO
ORCHESTRA IOWA CONCERT., KIDS ON COURSE UNIVERSITY , MITCHELL B. ODELL
SCHOLARSHIP PROGRAM AT WASHINGTON HIGH SCHOOL, PURCHASE IPAD COMPUTERS
FOR TRICIA WEBER'S CLASSROOM AT GRANT WOOD ELEMENTARY SCHOOL. ,
SCHOOL'S AFTERSCHOOL INTERMURAL SPORTS AT HOOVER ELEMENTARY SCHOOL,
SUPPORT FOR DEBATE PROGRAM AT WASHINGTON HIGH SCHOOL, WASHINGTON HIGH
SCHOOL MENTORS PROGRAM, WASHINGTON HS HUMANITIES FIELD TRIP FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, ANNUAL DESIGNATED
DISTRIBUTION FOR ANNUAL STIPEND OF \$100 TO ALL CRCSD ELEMENTARY SCHOOLS
FOR THE UNRESTRICTED USE OF THE CLASSROOM MUSIC TEACHER., CRCSD AUTISM
PROGRAM , GRATEFUL GRANNIES, LIP SYNC FOR LEARNING EVENT OPENING ACT
LEVEL

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS METRO ECONOMIC ALLIANCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MATCHING GRANT FUNDING FOR GATEWAYS
FOR GROWTH CHALLENGE APPLICATION, AWARDED WITH THE CONDITION THAT THE
CITY OF CEDAR RAPIDS ENGAGE IMMIGRANT AND REFUGEE REPRESENTATIVES AND
SERVICE PROVIDERS IN THE PLANNING PROCESS AND PROJECT IMPLEMENTATION.

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL
DESIGNATED DISTRIBUTION, EXHIBITION AND EDUCATIONAL PROGRAM SUPPORT ,
EXHIBITION SPONSORSHIP, GENERAL SUPPORT, GENERAL SUPPORT ART GALA,
SUPPORT BRONZE SPONSORSHIP FOR GALA '19, SPRING 2020 PROGRAMMING SUPPORT
(EXPRESSIONASM EXHIBIT) , THE ANNUAL FUND LEADERSHIP SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, CR OPERA
THEATRE: 2019-20 SCHOOL OUTREACH OPERA, FISCAL YEAR 2019-20 BOARD
SUPPORT, GENERAL SUPPORT FOR OPERATIONS., MIKE AND ESTHER WILSON
CHALLENGE, YOUNG ARTIST PROGRAM 2019-20 SEASON SPONSORSHIP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 LITERARY VINES: A WINE & BEER

TASTING TO BENEFIT THE LIBRARY FOUNDATION GENERAL SUPPORT, AGENCY

DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED

DISTRIBUTION FOR DOLLY PARTON'S IMAGINATION LIBRARY, ANNUAL DESIGNATED

DISTRIBUTION IN MEMORY OF HAZEL DAWN HOBBS., CAPITAL PROJECTS OR SPECIAL

PROGRAMS, DOLLY PARTON'S IMAGINATION LIBRARY (DPIL) , GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 HOPE BUILDERS HOME , 2020

FAIRFAX BUILD , ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, GENERAL

SUPPORT, HUDDLE, LOCAL GIVING: HOUSING DEVELOPMENT IN FAIRFAX, IA

BLUEPRINT

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, PROGRAM SUPPORT FOR

JOURNEY SCHOLARSHIP, PROGRAM SUPPORT FOR MEN'S TENNIS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS

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

AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED DISTRIBUTION FOR CR PUBLIC

LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL

DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK

KACENA MEMORIAL FUND, IMPACTING YOUTH THROUGH ROLLING REC MOBILE ,

NEIGHBORHOOD FINANCE CORPORATION , PARKS & RECREATION DEPARTMENT: CAPITAL

CAMPAIGN CONTRIBUTION FOR OLD MACDONALD'S FARM PHASE 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CENTRAL CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERATOR READY ELECTRICAL WORK FOR
WELL AND SEWAGE SYSTEM, SENIOR DINING HOME DELIVERED MEALS FY20

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, AIDING DEMENTIA
PATIENTS: COE AND ALZHEIMER'S ASS. , ANNUAL DESIGNATED DISTRIBUTION FOR
GENERAL FUND, ATHLETIC DEPARTMENT, GENERAL SUPPORT FOR MEN'S AND WOMEN'S
TENNIS TEAMS. , GREATEST NEED

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL
DESIGNATED DISTRIBUTION, AREA OF MOST NEED, CHFC FY20 PRESCRIPTION
SERVICES, DIRECT PATIENT CARE , GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2018-19 CRST BROADWAY SERIES
SPONSORSHIP , ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SUPPORT,
EMERGING OPPORTUNITY: INCLUSION FOR COMMUNITY, FIDDLER ON THE ROOF
SPONSORSHIP , SETTING THE STAGE FOR TCR'S SUCCESS , TCR THEATRE
ACCESSIBILITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTCR

(H) PURPOSE OF GRANT OR ASSISTANCE: AWAKENING CONNECTIONS CAMPAIGN
SUPPORT, CAPITAL CAMPAIGN, IPADDLE PORTABLE RENTAL STATION & DOCK

NAME OF ORGANIZATION OR GOVERNMENT: DEAFINITELY DOGS INC.

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860 Page 2

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SHIFTING GEARS AND SCRATCHING
EARS CHARITY MOTORCYCLE RIDE SILVER SPONSOR, CAMPUS PUPS PROGRAM
EXPANDING INTO CEDAR RAPIDS , CHARITY GOLF TOURNAMENT

NAME OF ORGANIZATION OR GOVERNMENT: DISCOVERY LIVING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
COMMUNITY INTEGRATION THROUGH TRANSPORTATION , ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, DRUM
CIRCLE PROGRAM, EIAA'S AFTER SCHOOL ARTS ENRICHMENT PROGRAM , FOR
GREATEST NEED, FOR THE EASTERN IOWA ARTS ACADEMY GENERAL FUND AND VOLTA
YOUTH MUSIC FEST, GENERAL SUPPORT, HEALING HEARTS & COFFEE & ART CLUB
PROGRAM SUPPORT , IT TAKES A VILLAGE MURAL PROJECT, MUSIC & ARTS STUDIOS
FINANCIAL AID FUND , OPEN STUDIOS - OPEN MINDS 2019-2020, OPEN THE DOOR
TO THE ARTS, WHEREVER NEEDED THE MOST

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BIRTH CONTROL, EASTERN IOWA DIAPER
BANK SPONSORSHIP NEWBORN DIAPER SPONSOR, EIDB, GENERAL SUPPORT, STRATEGIC
PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HONOR FLIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GIVING: PULLING FOR HONOR
2019, GENERAL SUPPORT: IN MEMORY OF THOMAS CUNNINGHAM, BOB SCHMIDT AND
JIM BENEDICT, PULLING FOR HONOR 2019 TYLER THOMPSON & BRANDON RILEY

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

ECUMENICAL COMMUNITY CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
EMERGENCY EXPENSE: HVAC REPLACEMENT FOR GREEN SQUARE MEALS, HELPING HANDS
MINISTRY

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES HELPING FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING CONFIDENCE IN CHILDREN
AFTER ABUSE , CLOTHING & BASIC NEEDS FOR FOSTER CHILDREN , FOSTER CARE
PROGRAM SUPPORT LINN CO. NON-METRO, SUPPORT FOR CLOTHING, SCHOOLS
SUPPLIES AND HYGIENE NEEDS AS WELL AS SCHOLARSHIP SUPPORT FOR ART, MUSIC
AND SPORTS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF LINN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT FOR 2019, FOR THE
CONTINUATION OF THIS VALUABLE PROGRAM OF HELPING FAMILIES STAY TOGETHER.,
SETTING THE FOUNDATION FOR FUTURE SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: FEED IOWA FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: BUDDY CART, GENERAL SUPPORT,
INCREASE FEED IOWA FIRST'S PRODUCTION AND IMPACT , SO: FEED IOWA FIRST
GENERAL OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN CONTRIBUTION, FOR
USE IN THE OVERALL MISSION OF THE CHURCH AND FOR PHYSICAL IMPROVEMENTS TO
THE PHYSICAL STRUCTURE., GENERAL SUPPORT, PAY DOWN DEBT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION 2 INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BASIC NEED ITEMS INCLUDING CLOTHING,
SCHOOLS SUPPLIES AND HYGIENE SUPPLIES., EMERGENCY YOUTH SHELTER BASIC
NEEDS SUPPORT, EMERGENCY YOUTH SHELTER TECHNOLOGY SUPPORT , GENERAL
SUPPORT, MOBILE CRISIS, PAYROLL SYSTEM GRANT , THE BANDANA PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

FOUR OAKS FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 26TH ANNUAL FOUR OAKS GOLF CLASSIC
SPONSORSHIP, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL SPEND RATE ON
ENDOWMENT, COLLABORATING FOR A RESTORATIVE SCHOOL CULTURE , GENERAL
SUPPORT, JOE AND DAVES KIDS, MCINTYRE PROGRAM, MENTAL HEALTH NEEDS FOR
JUVENILES, TOTAL CHILD

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIRL SCOUT OUTREACH PROGRAM FOR AT
RISK GIRLS, LEADERSHIP AND CHARACTER BUILDING PROGRAM , RAISE YOUR VOICE,
LORAS COLLEGE

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, ANNUAL DESIGNATED
DISTRIBUTION FOR OPERATION BACKPACK, AWARD WILL SUPPORT ADDITIONAL
STUDENTS AT JOHNSON ELEMENTARY., FOOD RESERVOIR, OPERATION BACKPACK

NAME OF ORGANIZATION OR GOVERNMENT:

HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI SCHOLARSHIP PROGRAM,
CAMPERSHIP SPONSORSHIP, SCOUTREACH , SCOUTREACH AT RISK YOUTH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HILLCREST FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 25TH EDITION OF REFLECTIONS IN THE
PARK HILLCREST LIGHT FESTIVAL, HILLCREST FAMILY SERVICES SUPPORTED LIVING
PROGRAM , REFLECTIONS IN THE PARK

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION EXCLUSIVELY TO SUPPORT EFFORTS AND
PROGRAMS RELATED TO RESTORATION AND RECONSTRUCTION OF NATIVE ECOSYSTEMS
IN IOWA, INCLUDING LANDOWNER EDUCATION AND TRAINING., ANNUAL DESIGNATED
DISTRIBUTION FOR OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND
ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION TO MANAGE, RESTORE AND
UPGRADE LANDS AND FACILITIES, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT
PROGRAMMING AND TRANSPORTATION FOR AT-RISK YOUTH, CONCERTS AT THE CREEK
2019 , CO-OP GIVING: MIDWEST ORGANIC CENTER, CREATING CHAMPIONS OF NATURE
IN CHILDREN , DIVERSE PROGRAMMING FOR ALL AGES , EMPLOYEE MATCH FOR
ALICIA SIMMONS: LAND ACQUISITION PROJECT, FRONTIER CO-OP ORGANIC FIELD,
GENERAL SUPPORT, INCREASE INTERCULTURAL AWARENESS OF ICNC STAFF , INDIAN
CREEK EXHIBIT: BENEATH THE WATER'S SURFACE , LAND & CREEK LEGACY PROJECT,
LOCAL: ETZEL SUGAR GROVE FARM, SUPPORT FOR SPONSORSHIP OF LIVING BUILDING
CHALLENGE CELEBRATION EVENT, SPONSOR F

NAME OF ORGANIZATION OR GOVERNMENT: IOWA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL FUND-DESIGNATED FOR CORNELL

Part IV Supplemental Information

COLLEGE, GENERAL SUPPORT, ICF ANNUAL FUNDING REQUEST FEBRUARY 2019 , ICF
FUNDING REQUEST TO WORLD CLASS INDUSTRIES

NAME OF ORGANIZATION OR GOVERNMENT: IOWA JAG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IJAG: PREPARING THE NEXT GENERATION
WORKFORCE , IJAG: SUCCESS IN EDUCATION, CAREER AND LIFE

NAME OF ORGANIZATION OR GOVERNMENT: IOWA NATURAL HERITAGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 40 YEARS PROTECTING IOWA'S NATURAL
HERITAGE , ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION
FOR EASTERN IOWA PROJECTS, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: JANE BOYD COMMUNITY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
CEDAR VALLEY MENTORS , CHALLENGE CAMP, GENERAL SUPPORT, PROGRAM
ACHIEVEMENT ACADEMY, PROJECT MY CITY, SUSTAINING SERVICES FOR FAMILY
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 COMMUNITY ONE WALK SPONSORSHIP
REQUEST , APPLY TO TEAM MATT WALK TEAM FOR NEXT YEAR., COMMUNITY GIVING:
JDRF ONE WALK, EMPLOYEE MATCH BECKY SCHULTE, JDRF 2019 ONE WALK CEDAR
RAPIDS TO SUPPORT THE TEAMMATT TEAM (MATT NEUMEYER CEDAR RAPIDS), JDRF
COMMUNITY ONE WALK SPONSORSHIP REQUEST , LEADERSHIP GIVING PROGRAM MONEY
TO BE DIRECTED TOWARDS ENCAPSULATION DEVICE RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
BUILDING THE FUTURE: ECONOMIC EDUCATION , CREATING ECONOMIC STABILITY
THROUGH K-12 EDUCATION, CREATING ECONOMIC STABILITY THROUGH WORK
READINESS , EARN, SAVE, SPEND, DONATE: FINANCIAL LITERACY , GENERAL
SPONSORSHIP JA STOCK MARKET CHALLENGE , GENERAL SUPPORT, GENERAL
SUPPORT.. HALL OF FAME, PIERCE ELEMENTARY PROJECT IN HONOR OF LAUREN AND
ERIK BOYER, SPONSOR ONE CLASSROOM, TRANSFORMING "I CAN'T" INTO "I CAN!" ,
TRUSTEE GIFT, VOLLEY 4 EDUCATION GENERAL SUPPORT, WHAT CHOICE DO I HAVE?
JA ECONOMICS, YOUTH PROGRAMS IN LOCAL SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCACY FOR CHILDREN OF HIGH
CONFLICT DIVORCE, CHILD ADVOCACY IN HIGH CONFLICT CUSTODY CASES, CREATING
A FRAMEWORK FOR GROWTH , FOR CONTINUED ASSISTANCE FOR CHILDREN., FOR
GREATEST NEED, GENERAL SUPPORT, YOUTH RESTORATIVE JUSTICE

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, ANNUAL DESIGNATED
DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP ACTIVITIES,
ANNUAL DESIGNATED DISTRIBUTION TO "THE AREA OF GREATEST NEED FOR
UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL
ASSISTANCE FOR KIRKWOOD STUDENTS", GENERAL SUPPORT, GENERAL SUPPORT -
KCKK-FM, OPPORTUNITY CENTER AT LADD LIBRARY , THE CORRIDOR JAZZ PROJECT
XIII - KCKK-FM, WORKPLACE LEARNING CONNECTION :CONNECTING FUTURE WORKERS
TO EMERGING CAREERS

NAME OF ORGANIZATION OR GOVERNMENT: LBA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CR DREAMS PROGRAM GROWTH AND

Part IV Supplemental Information

ENHANCEMENTS 2019-2021, LBA 2019-2020 CR DREAMS PROGRAMMING, LBA
FOUNDATIONAL INFRASTRUCTURE BUILD OUT , PROFESSIONAL CUSTOMER SERVICE
WORKSHOP, PROFESSIONAL SKILLS CLASS

NAME OF ORGANIZATION OR GOVERNMENT: LEGION ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AREA OF MOST NEED, CLIFTON LARSON
ALLEN PAYROLL DEDUCTIONS, EMERGENCY EXPENSES: HIRE INTERIM DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY CONSERVATION BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO
SUPPORT EASEMENT, MORGAN CREEK PARK REDEVELOPMENT PHASE 1, WINGS TO WATER

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 YEAR END OPERATING GIFT, ANNUAL
DESIGNATED DISTRIBUTION, FOR GREATEST NEED., GENERAL SUPPORT, GENERAL
SUPPORT IN MEMORY OF NAN WOOD GRAHAM, OPENING DAY EXPENSES, TARGET
PRESERVATION OF FACILITY., THE HISTORY CENTER, VERBAL HISTORY EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: LINN-MAR SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASSROOM, CURRICULUM AND ENRICHMENT
GRANTS MADE BY THE LINN-MARR SCHOOL FOUNDATION TO OUR TEN K-12 SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: MAKE-A-WISH FOUNDATION OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUNRISE ROTARY WISH UPON A PAR GOLF
OUTING GENERAL SUPPORT, UNCORK A WISH SPONSORSHIP FOR MAKE A WISH IOWA

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 MARCH FOR BABIES BRONZE
SPONSOR, CELEBRATE CEDAR RAPIDS MARCH FOR BABIES 2019 , GENERAL SUPPORT,
MARCH OF DIMES CEDAR RAPIDS WALK, MARCH OF DIMES MARCH FOR BABIES

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, CAPITAL
CAMPAIGN CONTRIBUTION, GENERAL SUPPORT, GROW POSSIBILITIES CAMPAIGN,
HEALTHY TIME CHECK , PROGRAM SUPPORT, TO FURTHER THE MISSION OF MATTHEW
25 AND GROUNDSWELL CAFE

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
OLDORF HOSPICE HOUSE, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER
CENTER, ESPECIALLY FOR YOU SPONSORSHIP, FAMILY CAREGIVERS CENTER OF
MERCY, GENERAL SUPPORT, GENERAL SUPPORT -HOSPICE OF MERCY, GENERAL
SUPPORT FOR FAMILY CARE GIVERS PROGRAM, GENERAL SUPPORT HOSPICE HOUSE OF
MERCY, GENERAL SUPPORT: ANNUALLY FOR FIVE YEARS PENDING RECEIPT OF FUNDS,
MEMORIAL FUND FOR DAVID JUNGE SET UP BY FAMILY FOR HOSPICE OF MERCY,
SCHOLARSHIPS, PROGRAM SUPPORT, PURCHASE OF FUNITURE FOR THE DENNIS &
DONNA OLDORF HOSPICE HOUSE OF MERCY, SUPPORT MMC GREATEST NEEDS., SUPPORT
MMC HOSPICE HOUSE., SUPPORT THE HALL PERRINE CANCER CENTER., THIS GIFT IS
IN MEMORY OF CLEAVE R RAINWATER AND SHOULD BE USED TO SUPPORT THE ONGOING
OPERATIONS OF OLDORF HOSPICE HOUSE IN HIAWATHA, IA., HALL-PERRINE CANCER
CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL SCHOLARSHIP FOLLOWING THE CRITERIA PROVIDED, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SCHOLARSHIPS, SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: MONARCH RESEARCH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: MONARCH RESEARCH PROJECT SUPPORT GRANT , TO ACCOMPLISH THE MISSION OF MONARCH RESEARCH PROJECT:

RE-POPULATE THE MONARCH BUTTERFLY AND RE-ESTABLISH POLLINATOR HABITAT LANDS

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR MOUNT MERCY UNIVERSITY GRADUATE CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, COLLEGE OF NURSING, DAY OF GIVING.. TRUSTEES FUND, SUPPORT, GENERAL SUPPORT, GREATEST NEED, MOUNT MERCY UNIVERSITY JUMP START

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, CAPITAL CAMPAIGN, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 FAMILY AND COMMUNITY PROGRAMS , ANNUAL DESIGNATED DISTRIBUTION, BOARD TRAINING FOR ENGAGED LEADERSHIP , EDUCATION, NCSML HERITAGE & FOOD PROGRAMS , RECURRING CONTRIBUTION FOR

Part IV Supplemental Information

GENERAL SUPPORT, STEAM-POWERED ROBOTICS,

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY

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

PROJECTS IN IOWA WITH PREFERENCE FOR PROJECTS IN EASTERN IOWA, EXPAND

CAPACITY TO REDUCE LINN COUNTY FLOOD RISK , FOR USE IN NATURE

CONSERVATION PRACTICES IN IOWA., REDUCING FLOOD RISK AND IMPROVING WATER

QUALITY , REDUCING FLOOD RISK IN CEDAR RAPIDS ,

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET NEIGHBORHOOD MISSION

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

OLIVET PRESBYTERIAN CHURCH, FOOD PANTRY & CLOTHING CLOSET , FOOD PANTRY

EXPANSION , FUND THE FOOD PANTRY TRANSITION TO TWICE A MONTH SERVICE.,

INCREASE FOOD PRESERVATION CAPACITY ,

NAME OF ORGANIZATION OR GOVERNMENT: OMAHA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING FLOODING IN IOWA: FREMONT

COUNTY FLOOD FUND, MILLS COUNTY FLOOD FUND, AND HARRISON COUNTY FLOOD

FUND,

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA

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

DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST

TRUMPET, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS, ANNUAL

DESIGNATED DISTRIBUTION FOR MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED

MUSIC PURCHASE OR RENTAL., ANNUAL DESIGNATED DISTRIBUTION FOR SYMPHONY

SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A

DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, ANNUAL

Part IV Supplemental Information

DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, GENERAL SUPPORT,
ORCHESTRA IOWA'S 18-19 SEASON & EDUCATION PROGRAMS , SYMPHONY ON THE
ROCKS - NOVEMBER 8, 2019 GENERAL SUPPORT, TO SUPPORT THE MISSION OF
ORCHESTRA IOWA AS ONE OF OUR MOST IMPORTANT FINE ARTS INSTITUTIONS IN THE
STATE.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF THE HEARTLAND, INC. DBA PLANNED PARENTHOOD OF THE NORT
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
CEDAR RAPIDS HEALTH CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL
SUPPORT, CEDAR RAPIDS LOCATION, FOR GENERAL SUPPORT OF PPIOWA/ UNITE
EVENT, HEALTHY CONNECTIONS CEDAR RAPIDS, UNRESTRICTED / OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS , GENERAL OPERATING SUPPORT ,
MUSIC ALIVE: CHAMBER MUSIC FOR LINN COUNTY , MUSIC IN RURAL LINN COUNTY
LIBRARIES , RECORDING FEES, YEARLY DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PROGRAMS, GRANT INTENDED FOR
RONALD MCDONALD FAMILY ROOM AT ST LUKE'S, CEDAR RAPIDS, IOWA, RONALD
MCDONALD FAMILY ROOM AT UNITY POINT

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 FOOD THE RUN SPONSORSHIP

Part IV Supplemental Information

(LAUREN SHOVEIN), ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED
DISTRIBUTION FOR SALVATION ARMY OF CEDAR RAPIDS HEARTLAND DIVISION,
ANNUAL GIFT, FINANCIAL ASSISTANCE , GENERAL SUPPORT, RED KETTLE CAMPAIGN
MATCH FOR 12/7/2018

NAME OF ORGANIZATION OR GOVERNMENT: ST. JUDE CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SECURING OUR
FUTURE, EMPLOYEE MATCH: TONY BEDARD, GENERAL SUPPORT, SWEET CORN FESTIVAL
GENERAL FUND

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

(H) PURPOSE OF GRANT OR ASSISTANCE: NASSIF COMMUNITY CANCER CENTER FOR
GENERAL SUPPORT, THE SPIRIT FUND, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL
DESIGNATED DISTRIBUTION FOR ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND,
GENERAL SUPPORT, PLEASE DIRECT THIS SUPPORT APPROPRIATELY TO ENHANCE CARE
WITHIN THE ST. LUKE'S HEART CENTER

NAME OF ORGANIZATION OR GOVERNMENT: ST. WENCESLAUS CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR, UPKEEP OR
IMPROVEMENT TO THE ST. WENCESLAUS CATHOLIC CHURCH BUILDING AND
PROPERTIES, INCLUDING THE CZECH HERITAGE PARK. AC: WORKING CLASSROOM
KITCHEN AND CULINARY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION TO CAMP TANAGER TO PROVIDE CAMPERSHIPS TO
EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, BUILDING

Part IV Supplemental Information

CAPACITY FOR THE LGBTQ YOUTH CENTER , CAMP Tanager CAMPERSHIPS FOR RURAL LINN COUNTY , CAPITAL CAMPAIGN CONTRIBUTION, EMERGING OPPORTUNITY: FORUM FOR REDUCING VIOLENCE: TWO EVENTS, GENERAL SUPPORT, GLENBROOK APARTMENTS DROP IN PROGRAM, LGBTQ HANDOUT FULL PAGE, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF TIM FELDMAN., MOBILE INTEGRATION FOR COMMUNITY BASED SERVICES, ONE WEEK OF SUMMER CAMP AT CAMP Tanager , ROBIN'S CABIN , WHEREVER IT IS NEEDED MOST.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, AWARD TO SCHOLARSHIP FUND FOR OVERNIGHT EXPERIENCES., INVESTING IN OUR GREATEST ASSET: OUR PEOPLE , GENERAL SUPPORT, SUSTAINING GROWTH THROUGH TECHNOLOGY , THE ARC'S SUPPORTED EMPLOYMENT PROGRAM EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS GROWING FUTURES , EYE 380 2019 , GENERAL SUPPORT, TREES FOREVER TREEKEEPERS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN CONTRIBUTION, ANNUAL CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT, GENERAL SUPPORT, RED AHEAD, SPARK *5, SUPPORT THE NEEDS OF THE DISADVANTAGED IN LINN COUNTY AND SURROUNDING COUNTIES., TO SUPPORT THE MISSION OF UNITED WAY OF EAST CENTRAL IOWA, UNITED WAY CAMPAIGN 2019, VOLUNTEER HYGIENE KIT PACKAGING EVENT - 200 HYGIENE KITS, WOMEN UNITED

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

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

COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND MAINTENANCE OF THE GERALD
RATNER ATHLETIC CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA - UI SERVICE CENTER

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

DISTRIBUTION FOR SUMMER JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY
STUDENTS AND TEACHERS, SUPPORT OF C3G MEETING IN MADRID, SEPTEMBER 2019,
UI GRANT ACCOUNTING OFFICE

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 KHAK RADIOTHON / KATHY E. CALL

IN MATCH UICH, ANNUAL DESIGNATED DISTRIBUTION- BRADLEY LECTURE SERIES AND
UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, ANNUAL DESIGNATED
DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, SCHOLARSHIPS,
CHILDREN'S HOSPITAL, DANCE MARATHON , EMPLOYEE MATCH: STEAD FAMILY
CHILDREN'S HOSPITAL, FOR THE STEW AND LENORE HANSEN FOOTBALL PERFORMANCE
CENTER, INTERNATIONAL WRITERS WORKSHOP FOR SCHOLARSHIPS IN HONOR OF PAUL
ENGLE, KINNICK EDGE GIFT FUND, LOCAL GIVING: TIPPIE COLLEGE OF BUSINESS
IMPACT COMPETITION, PREFER TO BE USED FOR PURCHASE OF
TOYS/GAMES/ELECTRONICS FOR UICH., TO SUPPORT THE MISSION OF THE
BELIN-BLANK CENTER AND THE COLLEGE OF EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTHERN IOWA FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, GENERAL SUPPORT, THIS GRANT IS PROVIDED TO SUPPORT "THE SUFFRAGIST PROJECT" #223420 A MUSICAL , TUITION ASSISTANCE PROGRAM FOR STUDENTS IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT:

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN DESIGNATION FOR DOMESTIC VIOLENCE WAITING AREA, GENERAL SUPPORT, GENERAL SUPPORT FOR MADGE PHILLIPS CENTER, I BELIEVE IN WAYPOINT CAMPAIGN, PROGRAM SUPPORT FOR MADGE PHILLIPS CENTER SHELTER, TO HELP WOMEN AND CHILDREN WITH DOMESTIC VIOLENCE AND HOMELESSNESS, WAYPOINT CUSTOMER RELATIONS ASSOCIATE , WAYPOINT DOMESTIC VIOLENCE SAFETY NET PROJECT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EVICTION & HOMELESS PREVENTION , GENERAL SUPPORT, HOMELESS PREVENTION SERVICES , HOMELESS SERVICES EXPANSION AND RENOVATION PROJECT, HUMAN CAPACITY DEVELOPMENT , LOCAL GIVING: PREVENTION GRANT, NEW FACILITY FINISHING TOUCHES, SERVICE TO VETERANS, TARGET FUNDS TO THE NEEDED COTS AND PILLOWS WITH 10% ALLOCATED FOR BETTER QUALITY COST, ALLOWING FOR A QUALITY COMPARISON EXPERIMENT TO INFORM PURCHASES IN FUTURE YEARS., WHERE EVER NEEDED THE MOST, YOUTH AMBASSADOR PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 BUSINESS APPEAL, 2019 PARISH APPEAL, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, DANCING WITH THE STARS, EMPLOYEE MATCH FOR DEB SULLIVAN,

Part IV Supplemental Information

EMPLOYEE MATCH FOR ELLEN BOUCHARD, GENERAL SUPPORT, LOCAL: EMPLOYEE MATCH
FOR DALE AND LINDA MESKIMEN, PARISH APPEAL, XAVIER FOUNDATION BUSINESS
APPEAL

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE CEDAR RAPIDS METRO AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED
DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS
MEMBERSHIPS FOR DISADVANTAGED YOUTH, ANNUAL DESIGNATED DISTRIBUTION TO
CAMP WAPSIE TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5, FOR CAMP
WAPSIE'S FACILITIES AND IMPROVEMENTS., SUPPORT TO CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK DBA YPN

(H) PURPOSE OF GRANT OR ASSISTANCE: AFRICAN MOMS GROUP , BUILDING BRIGHT
FUTURES , GENERAL SUPPORT, IT ENHANCEMENTS FOR SUSTAINABILITY & GROWTH ,
TO SUPPORT THE MISSION OF YPN, YPN'S BUILDING BRIGHT FUTURES PRENATAL
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ZACH JOHNSON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BIRDIES THAT CARE PROGRAM AT
ELMCREST OCTOBER 7TH., GENERAL SUPPORT, KIDS ON COURSE PROGRAM, KIDS ON
COURSE SCHOOL SPONSORSHIP, KIDS ON COURSE UNIVERSITY SUMMER ACADEMIC
PROGRAM, PART OF TRUENORTH PRESENTING SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: AAMI VISION PROJECT, ANNUAL
DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HUMANIZE MY HOODIE, TO

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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 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 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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

THE GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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)	206,762.	100.	5,901.	14,916.	12,162.	239,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE BEISKER VP OF DEVELOPMENT	(i)	120,817.	250.	2,939.	9,223.	20,214.	153,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2019

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 for instructions and 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	26	3,181,024.	STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	1,497,543.	INDEPENDENT APPRAISA
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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) 2019

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 THE NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for reporting data.

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number	42-6053860
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FORM 990, PART VI, SECTION A, LINE 4:

THE BY-LAWS WERE AMENDED TO ADD THE FOLLOWING PROVISION:

ANY ACTION THAT IS REQUIRED OR NEEDS TO BE TAKEN AT A MEETING OF THE BOARD OF DIRECTORS MAY BE TAKEN WIHTOUT A MEETING IF A MAJORITY CONSENT IS GIVEN, WHETHER IN WRITING, BY TELEPHONE OR EMAIL. ALL SUCH ACTIONS WILL BE REPORTED IN BOARD MEETING MINUTES OR AGENDAS AND MADE PART OF THE COMMUNITY FOUNDATION'S PERMANENT RECORD. EMAIL RESPONSES WILL BE STORED AS PART OF THE COMMUNITY FOUNDATION'S FILES.

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.

Name of the organization	THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number	42-6053860
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FORM 990, PART VI, SECTION B, LINE 15A:

LINE 15A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS. THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND REVIEWED BY THE FULL BOARD IN AN EXECUTIVE SESSION. THE BOARD CHAIR EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON 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	103,524.
ADJUSTMENT FOR TRANSFER OF FUNDS TO AMOUNTS HELD ON BEHALF OF OTHER	-1,454.
ADJUSTMENT FOR INTERACCOUNT TRANSFERS	-50,987.

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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TOTAL TO FORM 990, PART XI, LINE 9 51,083.

PART XII, LINE 2C

NO CHANGES HAS BEEN MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 42-6053860
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. 324 3RD ST SE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR RAPIDS, IA 52401	

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** 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

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