

EXTENDED TO NOVEMBER 15, 2021

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed.

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529S

Print or Type

Name of organization (Check box if name changed and see instructions.) GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions. 324 3RD ST SE

City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS, IA 52401-1841

D Employer identification number 42-6053860

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 194,521,681.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of JEAN BRENNEMAN Telephone number 319-366-2862

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

<b>Part III Tax and Payments</b>			
<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
<b>6a</b> Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies ..... <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 ..... <input type="checkbox"/> Form 4136 ..... <input type="checkbox"/> Other ..... Total ▶	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ .....			X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ..... ▶ \$ .....			
<b>4a</b> Did the organization change its method of accounting? (see instructions) .....			X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.							
	Signature of officer _____		Date _____		CFO Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date			Check <input type="checkbox"/> if self-employed
	CARLEY LANE				11/12/21			P00982177
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325			
Firm's address ▶ 201 FIRST ST SE, SUITE 800				Phone no. 319-298-5333				
CEDAR RAPIDS, IA 52401								

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>42-6053860</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>523000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENT IN PARTNERSHIP INTERESTS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b>	<b>5</b>	-63,016.		-63,016.
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	-63,016.		-63,016.

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)					
<b>2</b> Salaries and wages					
<b>3</b> Repairs and maintenance					
<b>4</b> Bad debts					
<b>5</b> Interest (attach statement) (see instructions)					
<b>6</b> Taxes and licenses					
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>				
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>				<b>8b</b>
<b>9</b> Depletion					
<b>10</b> Contributions to deferred compensation plans					
<b>11</b> Employee benefit programs					
<b>12</b> Excess exempt expenses (Part VIII)					
<b>13</b> Excess readership costs (Part IX)					
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>					29,520.
<b>15 Total deductions.</b> Add lines 1 through 14					29,520.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					-92,536.
<b>17</b> Deduction for net operating loss (see instructions)					0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16					-92,536.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question: Do the rules of section 263A apply to the organization?

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Total amounts are shown as 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (straight line depreciation, other), total deductions, amount of average acquisition debt, average adjusted basis, and gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Total amounts are shown as 0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A  \_\_\_\_\_
- B  \_\_\_\_\_
- C  \_\_\_\_\_
- D  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....					0.

a					
3	Direct advertising costs by periodical .....				
a	Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
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5	Readership costs .....				
6	Circulation income .....				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				

8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a	Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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GREATER CEDAR RAPIDS COMMUNITY FOUNDATI

42-6053860

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
MERCER PRIVATE INVESTMENT PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-349.
MONTAUK TRIGUARD FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	-3,738.
FEG PRIVATE OPPORTUNITIES FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-1,730.
FEG PRIVATE OPPORTUNITIES FUND III LP - ORDINARY BUSINESS INCOME (LOSS)	-102,941.
PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP - ORDINARY BUSINESS INCOME (	-486.
NEWBURY EQUITY PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-194.
NORTHGATE IV LP - ORDINARY BUSINESS INCOME (LOSS)	4,400.
TRUCKERS SERVICE COMPANY LC - ORDINARY BUSINESS INCOME (LOSS)	15,559.
TN VOGEL II, LC - ORDINARY BUSINESS INCOME (LOSS)	12,376.
TN COOK II, LC - ORDINARY BUSINESS INCOME (LOSS)	14,093.
HARVEST MLP INCOME FUND II LLC - ORDINARY BUSINESS INCOME (LOSS)	-6.
 TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	 <u>-63,016.</u>

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	29,520.
 TOTAL TO SCHEDULE A, PART II, LINE 14	 <u>29,520.</u>

Form **8868**  
(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN) <b>42-6053860</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>324 3RD ST SE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CEDAR RAPIDS, IA 52401-1841</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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 52401-1841**  
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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)