

Return of Organization Exempt From Income Tax

2020

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: GREATER CEDAR RAPIDS COMMUNITY FOUNDATION. D Employer identification number: 42-6053860. E Telephone number: 319-366-2862. G Gross receipts: 23,122,197. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? Yes. H(c) Group exemption number: 1987. I Tax-exempt status: WW.GCRCF.ORG. J Website: WW.GCRCF.ORG. K Form of organization: Corporation.

Part I Summary

Table with 3 columns: Line number, Description, Amount. Rows include: 1-2 Activities & Governance (Mission: WE HELP DONORS MAKE A LASTING DIFFERENCE...); 3-19 Revenue (Total: 8,305,160); 20-22 Expenses (Total: 155,409,098); 23-24 Net Assets or Fund Balances (Total: 194,521,681).

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 JEAN BRENNEMAN, CFO. Date: 11/12/21. Preparer's signature: CARLEY LANE. Date: 11/12/21. Firm's name: RSM US LLP. Firm's address: 201 FIRST ST SE, SUITE 800 CEDAR RAPIDS, IA 52401. Firm's EIN: 42-0714325. Phone no.: 319-298-5333.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,039,335. including grants of \$ 9,734,851.) (Revenue \$) THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS 1,045 FUNDS BUILT WITH GIFTS AND BEQUESTS. IN 2020, THE FOUNDATION RECEIVED \$9.6 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES AND BUSINESSES. ALSO, IN 2020, THE COMMUNITY FOUNDATION AWARDED \$13.8 MILLION IN GRANTS AND SCHOLARSHIPS TO LOCAL NONPROFIT ORGANIZATIONS AND STUDENTS.

FOR MORE THAN 70 YEARS, THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION HAS ENDEAVORED TO IMPROVE THE QUALITY OF LIFE IN LINN COUNTY. AMID THE CHALLENGES OF 2020, THAT WORK WAS ESPECIALLY IMPORTANT. IN RESPONSE TO A YEAR LIKE NO OTHER, THE COMMUNITY FOUNDATION FOUND NEW WAYS TO

4b (Code:) (Expenses \$ 313,663. including grants of \$ 232,400.) (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 \$ 2,922. including grants of \$) (Revenue \$ 43,111.) 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 \$) (Revenue \$)

4e Total program service expenses 11,355,920.

Part IV Checklist of Required Schedules

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

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>	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>	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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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> b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> 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>		
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	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>	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>	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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		

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		31
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

Table with 16 main rows (2a-16) and sub-rows (a-h). Columns include question text, sub-headers (2a-16b), and Yes/No checkboxes. Contains detailed tax compliance questions regarding Form 990, Form 990-T, Form 8886-T, Form 8282, Form 990, Form 720, Form 4720, and Form 4968.

**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 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.	1a	21
b Enter the number of voting members included on line 1a, above, who are independent	1b	21
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Did the organization have a written whistleblower policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request <input type="checkbox"/> 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 52401-1841	

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	Officer	Key employee	Highest compensated employee			
(1) LESLIE H. GARNER JR PRESIDENT & CEO	40.00		X			216,334.	0.	28,278.
(2) MICHELLE BEISKER VP OF DEVELOPMENT	40.00			X		142,671.	0.	30,237.
(3) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	40.00			X		137,013.	0.	28,744.
(4) JEAN BRENNEMAN CFO	40.00		X			135,643.	0.	20,256.
(5) CORINNE RAMLER VP OF COMMUNICATIONS	40.00			X		105,642.	0.	18,416.
(6) KATE MINETTE CHAIR	2.00	X				0.	0.	0.
(7) CHARLIE SCHIMBERG VICE CHAIR/CHAIR-ELECT	2.00	X				0.	0.	0.
(8) MIKE SHEELEY TREASURER	2.00	X				0.	0.	0.
(9) SUE OLSON SECRETARY	2.00	X				0.	0.	0.
(10) AMY LYNCH PAST-CHAIR	2.00	X				0.	0.	0.
(11) JASMINE ALMOAYYED DIRECTOR	2.00	X				0.	0.	0.
(12) MOLLY ALTORFER DIRECTOR	2.00	X				0.	0.	0.
(13) ANTHONY ARRINGTON DIRECTOR	2.00	X				0.	0.	0.
(14) PATRICE CARROLL DIRECTOR	2.00	X				0.	0.	0.
(15) CHRIS CASEY DIRECTOR	2.00	X				0.	0.	0.
(16) JIM CHOATE UNTIL 08/20 DIRECTOR	2.00	X				0.	0.	0.
(17) ROD DOOLEY DIRECTOR	2.00	X				0.	0.	0.

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	Officer	Key employee	Highest compensated employee			
(18) PEGGY HARDESTY DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(19) SALMA IGRAM DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(20) JON LANDON DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(21) DIANA LEDFORD DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(22) CHRIS LINDELL DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(23) DAVID LITTLE DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(24) JOE LOCK DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(25) JULIE NOSEK DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
(26) ORPORA RICE DIRECTOR	2.00	<input checked="" type="checkbox"/>				0.	0.	0.
1b Subtotal						737,303.	0.	125,931.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						737,303.	0.	125,931.

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 **5**

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

Section B. Independent Contractors

1	(A) Name and business address	(B) Description of services	(C) Compensation
	RW BAIRD, 200 5TH AVENUE SE, SUITE 102, CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	147,434.
	FUND EVALUATION GROUP, 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	146,828.
	RESEARCH FOUNDATION OF THE CITY UNIVERSITY 230 WEST 41ST STREET, 7TH FLOOR, NEW YORK, NY	PROGRAMMATIC STRATEGY CONSULTING	125,000.

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 **3**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	1 b Membership dues					
	1 c Fundraising events					
	1 d Related organizations					
	1 e Government grants (contributions)	277,100.				
	1 f All other contributions, gifts, grants, and similar amounts not included above	8,028,060.				
	1 g Noncash contributions included in lines 1a-1f	740,004.				
	1 g \$					
	h Total. Add lines 1a-1f	8,305,160.				
	2 a					
2 b						
2 c						
2 d						
2 e						
2 f All other program service revenue						
g Total. Add lines 2a-2f						
3 Investment income (including dividends, interest, and other similar amounts)		2,532,931.			2,532,931.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Program Service Revenue	6 a Gross rents	(i) Real				
		(ii) Personal				
	6 a 45,346.					
	6 b Less: rental expenses					
	6 b 43,287.					
	6 c Rental income or (loss)					
	6 c 2,059.					
	6 d Net rental income or (loss)		2,059.			2,059.
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
7 a 11,754,665.						
7 b Less: cost or other basis and sales expenses						
7 b 11,282,805.						
7 c Gain or (loss)						
7 c 471,860.						
7 d Net gain or (loss)		388,970.			388,970.	
Other Revenue	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	8 a Less: direct expenses	8a				
	8 a Less: direct expenses	8b				
	9 a Net income or (loss) from fundraising events					
	9 a Less: direct expenses	9a				
	9 a Less: direct expenses	9b				
	10 a Net income or (loss) from gaming activities and allowances					
	10 a Less: cost of goods sold	10a				
	10 a Less: cost of goods sold	10b				
	10 a Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code				
		900099	43,111.	43,111.		
	11 b PARTNERSHIP UBIT	900099	-63,016.	-63,016.		
	11 c					
	11 d All other revenue					
	11 e Total. Add lines 11a-11d		-19,905.			
	12 Total revenue. See instructions		11,209,215.	43,111.	-63,016.	2,923,960.

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 <input type="checkbox"/>				
	(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	9,712,421.	9,712,421.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,130.	12,130.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	242,700.	242,700.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	931,389.	302,290.	315,231.	313,868.
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	909,125.	407,629.	168,616.	332,880.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,062.	19,025.	12,027.	29,010.
9 Other employee benefits	85,312.	27,024.	17,083.	41,205.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	88.		88.	
c Accounting	58,854.		58,854.	
d Lobbying	6,085.		6,085.	
e Professional fundraising services. See Part IV, line 17	552.			552.
f Investment management fees	327,362.	327,362.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	125,000.	125,000.		
12 Advertising and promotion	36,524.	8,285.	13,927.	14,312.
13 Office expenses	59,684.	19,320.	13,849.	26,515.
14 Information technology	143,598.	62,122.	31,217.	50,259.
15 Royalties				
16 Occupancy	100,130.	37,619.	31,376.	31,135.
17 Travel	4,345.	1,880.	944.	1,521.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,024.	5,291.	18,938.	1,795.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,750.	25,405.	17,251.	24,094.
23 Insurance	10,864.	1,443.	8,052.	1,369.
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 VACATION ACCRUAL	41,500.		41,500.	
b DUES AND SUBSCRIPTIONS	39,401.	8,147.	4,091.	27,163.
c OTHER INVESTMENT EXPENSE	10,827.	10,827.		
d LIFE INSURANCE EXPENSE	-6,065.		-6,065.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,004,662.	11,355,920.	753,064.	895,678.
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)

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	10,858,250.	14,897,840.
3 Pledges and grants receivable, net	1,623,599.	212,950.
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	25,074.	25,396.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,328,659.
10b Less: accumulated depreciation	10b	836,126.
11 Investments - publicly traded securities	2,055,132.	1,492,533.
12 Investments - other securities. See Part IV, line 11	126,262,586.	135,955,316.
13 Investments - program-related. See Part IV, line 11	43,697,684.	37,830,504.
14 Intangible assets	13	
15 Other assets. See Part IV, line 11	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,910,682. 187,433,007.	4,107,142. 194,521,681.
17 Accounts payable and accrued expenses	86,683.	141,440.
18 Grants payable	95,941.	59,024.
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	37,598,350.	37,683,839.
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	25	
26 Total liabilities. Add lines 17 through 25	1,316,056. 39,097,030.	1,228,280. 39,112,583.
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	143,426,680.	149,476,592.
28 Net assets with donor restrictions	4,909,297.	5,932,506.
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	148,335,977.	155,409,098.
33 Total liabilities and net assets/fund balances	187,433,007.	194,521,681.
Net Assets or Fund Balances		

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)	11,209,215.
2	Total expenses (must equal Part IX, column (A), line 25)	13,004,662.
3	Revenue less expenses. Subtract line 2 from line 1	-1,795,447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	148,335,977.
5	Net unrealized gains (losses) on investments	8,999,905.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	-131,337.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	155,409,098.

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? 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	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? 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	2b	<input checked="" type="checkbox"/>
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10911696.	11929096.	9283701.	14491611.	8028060.	54644164.
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	10911696.	11929096.	9283701.	14491611.	8028060.	54644164.
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)						4729169.
6 Public support. Subtract line 5 from line 4.						49914995.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10911696.	11929096.	9283701.	14491611.	8028060.	54644164.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3223505.	3767744.	5172671.	3585353.	2515261.	18264534.
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.)	1,537.	12,176.	46,202.	13,525.	320,211.	393,651.
11 Total support. Add lines 7 through 10						73302349.

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	68.09 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.66 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2020. 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	<input type="checkbox"/>	
b 33 1/3% support tests - 2019. 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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2020
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 0.015 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 0.035.	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	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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

2020

Name of the organization

**GREATHER 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 424,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 250,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 413,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 250,004.	12/22/20
6	CLOSELY HELD LLC INTEREST _____ _____ _____	\$ 500,000.	07/01/20
_____	(b) Description of noncash property given _____ _____ _____	\$ _____	(d) Date received _____
_____	(b) Description of noncash property given _____ _____ _____	\$ _____	(d) Date received _____
_____	(b) Description of noncash property given _____ _____ _____	\$ _____	(d) Date received _____
_____	(b) Description of noncash property given _____ _____ _____	\$ _____	(d) Date received _____
_____	(b) Description of noncash property given _____ _____ _____	\$ _____	(d) Date received _____

Part I-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.)

- 1 a** 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.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a 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					

Schedule C (Form 990 or 990-EZ) 2020

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)).

	(a)		(b) Amount
	Yes	No	
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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? <input checked="" type="checkbox"/>		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? <input checked="" type="checkbox"/>		
c	Media advertisements? <input checked="" type="checkbox"/>		
d	Mailings to members, legislators, or the public? <input checked="" type="checkbox"/>		
e	Publications, or published or broadcast statements? <input checked="" type="checkbox"/>		
f	Grants to other organizations for lobbying purposes? <input checked="" type="checkbox"/>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body? <input checked="" type="checkbox"/>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? <input checked="" type="checkbox"/>		
i	Other activities? <input checked="" type="checkbox"/>		
j	Total. Add lines 1c through 1i <input checked="" type="checkbox"/> 6,085.		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? <input checked="" type="checkbox"/>		
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		<input checked="" type="checkbox"/>
2		<input checked="" type="checkbox"/>
3		<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>
5	Taxable amount of lobbying and political expenditures (See instructions)	4
		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 LOBBYISTS TO DISCUSS FOUNDATION ISSUES WITH THE

STATE AND 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

2020
Open to Public Inspection

Name of the organization **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
Total number at end of year	250
Aggregate value of contributions to (during year)	2,698,265.
Aggregate value of grants from (during year)	5,014,153.
Aggregate value at end of year	36,602,939.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (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 \$ Yes No
- 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 \$ \$

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

Schedule D (Form 990) 2020

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition d Loan or exchange program
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount			
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	128,993,313.	110,849,692.	117,947,297.	105,320,077.	95,766,984.
b Contributions	1,766,447.	7,666,186.	5,535,942.	5,423,417.	8,605,920.
c Net investment earnings, gains, and losses	10,943,728.	18,115,349.	-6,509,610.	14,733,276.	6,276,974.
d Grants or scholarships	2,966,501.	2,905,035.	2,793,037.	2,659,751.	2,705,716.
e Other expenditures for facilities and programs	1,723,599.	1,449,300.		2,015,474.	
f Administrative expenses	1,746,808.	3,283,580.	3,330,900.	2,854,248.	2,624,085.
g End of year balance	135,266,580.	128,993,312.	110,849,692.	117,947,297.	105,320,077.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100 %
 b Permanent endowment .0000 %
 c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations
 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
 4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,000.		70,000.
b Buildings		1,790,167.	425,119.	1,365,048.
c Leasehold improvements				
d Equipment		234,529.	188,318.	46,211.
e Other		233,963.	222,689.	11,274.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,492,533.

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	2,047,247.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,251,826.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	30,243,132.	END-OF-YEAR MARKET VALUE
(E) GLOBAL FIXED INCOME BOND		
(F) FUNDS	288,299.	END-OF-YEAR MARKET VALUE
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) **37,830,504.**

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY &	
(3) UNITRUST AGREEMENTS	1,228,280.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) **▲ 1,228,280.**

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 X

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	19,912,011.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,999,905.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	43,287.
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	2e	9,043,192.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	10,868,819.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	327,362.
b	Other (Describe in Part XIII.)	4b	13,034.
c	Add lines 4a and 4b	4c	340,396.
5	Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.)</i>	5	11,209,215.

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	12,838,890.
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	174,624.
e	Add lines 2a through 2d	2e	174,624.
3	Subtract line 2e from line 1	3	12,664,266.
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	340,396.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	340,396.
5	Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.)</i>	5	13,004,662.

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 AN ASSET AND 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 43,287.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES NETTED WITH REVENUE 13,034.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE 43,287.

ACTUARIAL ADJUSTMENT ON ANNUITIES 131,337.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 174,624.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

INVESTMENT EXPENSES NETTED WITH REVENUE ON F/S	327,362.
OTHER EXPENSES NETTED WITH REVENUE ON F/S	13,034.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	340,396.

SCH D, PART 5, LINE E:

RECLASSIFICATION IN 2020 OF IRREVOCABLE TRUST TO TEMPORARILY RESTRICTED

FUNDS.

**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

2020

Open to Public
Inspection

Name of the organization

**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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		10,049,000.
3 a Subtotal	0	0			10,049,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,049,000.

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

Schedule F (Form 990) 2020

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)	REGULATION OF COMPLEMENT CONVERTASES (KIDNEEDS FOR C3G RESEARCH)	47,300.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	UNDERSTANDING THE PATHOGENETIC ROLE OF GENOMIC AND MOLECULAR FH-FHR ABNORMALITIES	48,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	IMPACT OF IMMUNOGLOBULIN PROPERTIES TO THE MOLECULAR SIGNATURE	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ROLE OF FHRS IN C3 GLOMERULOPATHY: FOCUS ON FHR1 AND FHR2	49,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	REGULATION OF COMPLEMENT CONVERTASES (KIDNEEDS FOR C3G RESEARCH)	48,400.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

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

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: UNDERSTANDING THE PATHOGENETIC ROLE OF GENOMIC AND

MOLECULAR FH-FHR ABNORMALITIES IN DDD AND C3GN

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: IMPACT OF IMMUNOGLOBULIN PROPERTIES TO THE

MOLECULAR SIGNATURE OF CONVERTASES OVERACTIVATION IN ACQUIRED C3

GLOMERULOPATHY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **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
ABBEHEALTH INC 740 N. 15TH AVE HIAWATHA, IA 52233	42-1373123	509(A)(2)	20,000.	0.			GENERAL SUPPORT
ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS - PO BOX 2842 - CEDAR RAPIDS, IA 52406	45-4289211	509(A)(1)	27,250.	0.			THE ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS, GENERAL SUPPORT
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	509(A)(1)	35,839.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, UNWAVERING: 21ST CENTURY ACTIVISM, AAMI REOPENING
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	509(A)(1)	9,153.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3007	42-0698056	501(C)(3)	14,744.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
ALZHEIMER'S ASSOCIATION - IOWA CHAPTER - 317 7TH AVE SE - CEDAR RAPIDS, IA 52401	13-3039601	509(A)(1)	11,737.	0.			EMPLOYEE DONATION MATCH, CUSTOMER - IMON COMMUNICATIONS, ANNUAL DESIGNATED DISTRIBUTION,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 163.**

3 Enter total number of other organizations listed in the line 1 table **▶ 8.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMANI COMMUNITY SERVICES 2315 FALLS AVE STE 1 WATERLOO, IA 50701	81-1605092	509(A)(1)	10,263.	0.			FAST TRACK TO SUCCESS
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	509(A)(1)	9,832.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, ANNUAL DESIGNATED
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - 3636 WESTOWN PARKWAY - WEST DES MOINES, IA 50266	30-0051272	509(A)(1)	10,000.	0.			ALS ASSOCIATION IOWA EQUIPMENT LOAN PROGRAM
ARCHDIOCESE OF DUBUQUE DBA PRAIRIEWOODS FRANCISCAN SPIRITUALITY CENTER - 120 E BOYSON RD - HIAWATHA, IA 52233-1277	42-0680409	509(A)(1)	19,250.	0.			YEAR-ROUND PRODUCE TO FIGHT LOCAL FOOD INSECURITY, ARCHDIOCESEONE CAMPAIGN,
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	509(A)(1)	35,250.	0.			HEART OF IOWA PROGRAM, PPE FOR STAFF AND PATIENTS, EXPANDING HEART OF IOWA CHILDCARE
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)	53,264.	0.			BOWL FOR KIDS SAKE, GENERAL SUPPORT, INVESTING IN KIDS CAMPAIGN, CAREER
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)	104,496.	0.			ANNUAL DESIGNATED DISTRIBUTION, GREATER [BOYS & GIRLS CLUBS OF] CEDAR RAPIDS!, RESET
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	509(A)(3) TYPE I	132,023.	0.			PRIDE & PRESERVATION CAMPAIGN, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
BUR OAK LAND TRUST 5 STUGIS CORNER DR SUITE 1250 IOWA CITY, IA 52246	42-1104058	509(A)(1)	5,615.	0.			CRESCENT POND PROJECT, AGENCY DISTRIBUTION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE RD SE WASHINGTON, DC 20020	52-1307706	509(A)(1)	30,000.	0.			AC: LEAP - LIFE SKILLS, EDUCATION AND ARTS PROGRAM, COVID-19 EMERGENCY FUNDS -
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	509(A)(1)	93,488.	0.			SPRINT TRIATHLON, SUPPORT CAMP COURAGEOUS OF IOWA, ANNUAL DESIGNATED DISTRIBUTION, GENERAL
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	509(A)(3)	5,477.	0.			ANNUAL DESIGNATED DISTRIBUTION
CATHERINE MCAULEY CENTER INC. 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	509(A)(1)	208,571.	0.			GENERAL SUPPORT, AC: TRANSITIONAL HOUSING PROGRAM, EMPLOYEE DONATION MATCH,
CATHOLIC CHARITIES ARCHDIOCESE OF DUBUQUE - CEDAR RAPIDS OFFICE - 420 6TH ST SE STE 220 - CEDAR RAPIDS, IA 52401-1906	42-0680493	509(A)(1)	40,750.	0.			GENERAL SUPPORT, IMMIGRATION LEGAL SERVICES
CATHOLIC FOUNDATION IN THE ARCHDIOCESE OF DUBUQUE - P.O BOX 357 - DUBUQUE, IA 52004-0357	45-1740219	509(A)(2)	10,000.	0.			ARCHDIOCESEONE SPECIAL APPEAL FOR PRIEST RETIREMENT AND CATHEDRAL RESTORATION, SUPPORT THE
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405-1015	42-6023551	170(C)(1)	31,987.	0.			KIDS ON COURSE UNIVERSITY, GENERAL SUPPORT FOR DEBATE PROGRAM, ANNUAL
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	509(A)(1)	39,439.	0.			IN HONOR OF ONEUP, KENNEDY CLASS OF 1980 FUNDRAISER, 2020 SCHOLARSHIP DISBURSEMENT,
CEDAR RAPIDS FREEDOM FESTIVAL 609 1ST AVE SW SUITE 102 CEDAR RAPIDS, IA 52405-3931	42-1329035	509(A)(1)	10,000.	0.			FREEDOM FESTIVAL COVID ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS JAYCEES CHARITIES 225 5TH AVE SW CEDAR RAPIDS, IA 52404-5727	42-6065897	509(A)(3)	5,613.	0.			JAYCEES TOYS FOR TOTS, 2020 COVID
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	509(A)(1)	267,510.	0.			AGENCY DISTRIBUTION, SPRING 2020 PROGRAMMING SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	509(A)(2)	93,673.	0.			CEDAR RAPIDS OPERA THEATRE 2020-2021 SEASON, AGENCY DISTRIBUTION, GENERAL SUPPORT, YOUNG
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	509(A)(1)	41,424.	0.			GENERAL SUPPORT, DOLLY PARTON'S IMAGINATION LIBRARY (DPIL), ANNUAL DESIGNATED DISTRIBUTION,
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	509(A)(3)	26,008.	0.			GENERAL SUPPORT
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)	67,891.	0.			HH 2020, GENERAL SUPPORT, 2020 HOPE BUILD, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, 2020
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	509(A)(2)	47,051.	0.			GENERAL SUPPORT - IN HONOR OF SCOOTER AND PENNY, TWO OF OUR CATS THAT WE GOT FROM THE
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 375 E CHICAGO AVE - CHICAGO, IL 60611	36-2167817	509(A)(1)	5,804.	0.			ANNUAL DESIGNATED DISTRIBUTION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CENTRAL CITY DEVELOPMENT CORPORATION - PO BOX 8036 - DES MOINES, IA 50301	31-1598838	509(A)(1)	41,205.	0.			COMMUNITY HOPE AND TRANSFORMATION (C.H.A.T.)
CENTRAL COLLEGE PO BOX 5800 PELLA, IA 50219	42-0680344	509(A)(1)	6,500.	0.			JOURNEY SCHOLARSHIP FUND, TENNIS PROGRAM SUPPORT, 2020 MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP,
CENTRAL FURNITURE RESCUE 1161 ABBE CREEK RD MOUNT VERNON, IA 52314	84-2506457	509(A)(1)	8,000.	0.			GENERAL SUPPORT, FUNDS FOR TECHNOLOGY NEEDS TO ACCOMMODATE GROWTH
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	509(A)(1)	29,444.	0.			ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 101 1ST ST SE CEDAR RAPIDS, IA 52401	42-6004336	170(C)(1)	25,376.	0.			NEIGHBORHOOD FINANCE CORPORATION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED
CITY OF CENTRAL CITY 137 4TH ST N CENTRAL CITY, IA 52214-9596	42-6004353	170(C)(1)	10,000.	0.			SENIOR DINING HOME DELIVERED MEALS FY21
CLIMB WYOMING 1001 W 31ST ST CHEYENNE, WY 82001	20-1523033	509(A)(1)	30,000.	0.			AC: EMPOWERING WYOMING LOW-INCOME SINGLE MOTHERS TO DISCOVER SELF SUFFICIENCY THROUGH
COASTAL ROOTS FARMS 441 SAXONY RD ENCINITAS, CA 92024	47-1570910	509(A)(1)	20,000.	0.			SO: PRODUCE DONATION PROGRAM, C19: STAFF EXPENSES TO HELP MEET INCREASED DEMAND THROUGH
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402-5092	42-0686467	509(A)(1)	284,177.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL FUND, PRAIRIE

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GREATER CEDAR RAPIDS COMMUNITY
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COGGON AREA BETTERMENT ASSOCIATION 5529 S HWY 13 COGGON, IA 52218	45-5125345	509(A)(2)	12,000.	0.			GENERAL SUPPORT, WATERPROOF
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	509(A)(2)	164,143.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, CHFC FY21 - DIRECT PATIENT
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	509(A)(2)	160,360.	0.			GENERAL SUPPORT, THEATRE CEDAR RAPIDS - 2019-2020 BROADWAY SERIES, ANNUAL DISTRIBUTION, ANNUAL
CONNECTCR P.O. BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	509(A)(1)	108,000.	0.			IPADDLE PORTABLE RENTAL STATION & DOCK, SUPPORT AWAKENING CONNECTIONS THE CAMPAIGN TO CONNECTCR,
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	509(A)(1)	204,618.	0.			GENERAL SUPPORT FOR BERRY CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL
CULTURE INCORPORATED 236 26TH STREET DR SE CEDAR RAPIDS, IA 52403	26-3188322	509(A)(2)	11,000.	0.			IMMEDIATE DISASTER RESPONSE NEEDS, GENERAL SUPPORT
CZECH VILLAGE/NEW BOHEMIA URBAN MAIN STREET DISTRICT DBA CZECH VILLAGE NEW BOHEM - 329 10TH AVE SE STE 123 - CEDAR RAPIDS, IA	27-1416767	509(A)(1)	25,000.	0.			FORGIVEABLE LOAN FUND FOR BUSINESSES, KEEPING THE DISTRICT VITAL
DISCOVERY LIVING INC. 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	509(A)(1)	21,789.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL APPEAL, SAFE AND MEANINGFUL DAYTIME
DONORSCHOOSE.ORG MAIL CODE: 6656 PHILADELPHIA, PA 19170-6656	13-4129457	509(A)(1)	25,000.	0.			2020 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DRAKE UNIVERSITY OFFICE OF ALUMNI AND DEVELOPMENT DES MOINES, IA 50311-4505	42-0680460	509(A)(1)	6,000.	0.			DONALD V. ADAMS LEADERSHIP INSTITUTE, SCHOLARSHIP SUPPORT, MCKINLEY ALUMNI
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	509(A)(1)	28,949.	0.			FOR THE EASTERN IOWA ARTS ACADEMY GENERAL FUND AND VOLTA YOUTH MUSIC FEST, ANNUAL DESIGNATED
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	509(A)(2)	9,555.	0.			EASTERN IOWA DIAPER BANK SUPPORTSHIP - NEWBORN DIAPER SUPPORT
EASTERN IOWA NFL FLAG LEAGUE 1803 WILLIAMS BLVD SW CEDAR RAPIDS, IA 52404	82-1373934	509(A)(2)	7,500.	0.			YOUTH DEVELOPMENT ATHLETIC AND ACADEMIC PROGRAM
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE STE 3 - CEDAR RAPIDS, IA 52401-1325	42-1456338	509(A)(1)	30,335.	0.			ANNUAL DESIGNATED DISTRIBUTION, HELPING HANDS EMERGENCY ASSISTANCE FUND, HELPING
EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	509(A)(1)	45,000.	0.			SO: MOTHER EARTH FARM, C19: PURCHASE OF ADDITIONAL FOOD AND MATERIALS TO MEET
ESSENTIAL INSTRUCTION C/O MARION MIXERS - P.O. BOX 2107 - CEDAR RAPIDS, IA 52406-2107	46-5762244	509(A)(1)	8,500.	0.			GENERAL SUPPORT, ESSENTIAL INSTRUCTION
ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER - 2309 EUCLID AVENUE - DES MOINES, IA 50310	46-1017191	509(A)(1)	5,250.	0.			EMERGING OPPORTUNITY: AMERICORPS FEE (FOR EIAD), IMMEDIATE DISASTER RESPONSE NEEDS FOR EIAD
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	509(A)(1)	30,252.	0.			PROGRAM SUPPORT FOR LINN COUNTY FOSTER CHILDREN, FOSTER CARE PROGRAM SUPPORT - LINN CO.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FAMILY PROMISE OF LINN COUNTY 610 31ST ST SE CEDAR RAPIDS, IA 52403	27-3296139	509(A)(1)	21,992.	0.			HOMELESS PREVENTION, DIVERSION, AND STABILITY PROGRAM DIRECT ASSISTANCE FUND, ANNUAL SUPPORT FOR
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406	45-4058376	509(A)(1)	86,158.	0.			C19: EMERGENCY GREENHOUSE REPAIR, FARM MANAGER'S SALARY, GENERAL SUPPORT, SAFE DISTRIBUTION OF
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	509(A)(1)	7,614.	0.			ANNUAL DESIGNATED DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, IN
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	509(A)(1)	21,823.	0.			AGENCY DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, TO BE USED TOWARDS OUR CAPITAL
FIRST UNITED METHODIST CHURCH, MARION - 1298 SEVENTH AVE - MARION, IA 52302	42-0772550	501(C)(3)	10,000.	0.			INCREASED DEMAND FOR FREE SUMMER LUNCH PROGRAM
FOUNDATION 2 INC. 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405-4865	42-1078444	509(A)(1)	104,585.	0.			YOUTH SHELTER STAFFING SUPPORT, IMMEDIATE DISASTER RESPONSE NEEDS, DISASTER RECOVERY,
FOUR OAKS FAMILY & CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	509(A)(1)	70,554.	0.			GENERAL SUPPORT, MENTAL HEALTH NEEDS FOR JUVENILES, ANNUAL DISTRIBUTION, ANNUAL
FRIENDS OF ACTION GROUP ON EROSION TECHNOLOGY AND CONCENTRATION INC. - 441 AVON ST - OAKLAND, CA 94618	13-4181753	509(A)(1)	15,000.	0.			SUPPORT FOR SYNTHETIC BIOLOGY COMMUNICATION, OUTREACH AND RESEARCH
FRIENDS OF THE EARTH 1101 15TH ST NW, 11TH FL WASHINGTON, DC 20005	23-7420660	509(A)(1)	15,000.	0.			SUPPORT FOR GMOS 2.0: NEXT GENERATION GENETIC ENGINEERING AND THE FUTURE OF FOOD

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GARLAND COUNTY LIBRARY 1427 MALVERN AVE HOT SPRINGS, AR 71901	71-0735562	170(C)(1)	5,804.	0.			ANNUAL DESIGNATED DISTRIBUTION IN MEMORY OF HAZEL DAWN HOBBS
GEMS OF HOPE 420 6TH ST. SE CEDAR RAPIDS, IA 52401	20-3155610	509(A)(1)	20,950.	0.			GEMS OF HOPE 15TH ANNIVERSARY - GENERAL SUPPORT, PROGRAMMING SUPPORT FOR LOCAL CANCER
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC. - 2345 BLAIRS FERRY RD, NE - CEDAR RAPIDS, IA 52402	42-1008848	509(A)(1)	7,000.	0.			GIRL SCOUT LEADERSHIP PROGRAM IN LINN COUNTY
GOOD FRIDAY PRAYER BREAKFAST CLUB 3523 LOCHWOOD DR NE CEDAR RAPIDS, IA 52402	77-0646383	509(A)(2)	11,592.	0.			MISSIONS: SAME AS LAST YEAR,
GOOD360 675 N WASHINGTON STREET STE 330 ALEXANDRIA, VA 22314	54-1282616	509(A)(1)	10,000.	0.			STORAGE & DISTRIBUTION OF DONATED GOODS
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	509(A)(1)	47,318.	0.			FOOD RESERVOIR, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR
HAWKEYE DOWNS INC 4400 6TH ST SW CEDAR RAPIDS, IA 52404-4431	42-0680946	509(A)(2)	20,000.	0.			HAWKEYE DOWNS GRANT REQUEST - FALL 2019, HAWKEYE DOWNS RACING SCHOOL
HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001	42-0680411	509(A)(1)	18,465.	0.			HILLCREST FAMILY SERVICES SUPPORTED LIVING PROGRAM
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC - 1245 2ND AVE SE - CEDAR RAPIDS, IA 52403	39-1878606	509(A)(1)	23,467.	0.			GENERAL SUPPORT, MEDICAL EQUIPMENT AND EDUCATION

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HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	170(C)(1)	45,980.	0.			ANNUAL DESIGNATED DISTRIBUTION
HOLY FAMILY PARISH 710 S WACOUTA AVE PRAIRIE DU CHIEN, WI 53821	80-0823428	501(C)(3)	6,000.	0.			GENERAL SUPPORT, PRAIRIE CATHOLIC SCHOOL, ANNUAL APPEAL, GENERAL SUPPORT FOR JAYWALKER'S YOUTH
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	509(A)(1)	63,778.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE TEMPORARY EXHIBIT FUND IN THE QUARTON
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST SE - CEDAR RAPIDS, IA 52406	42-1135083	509(A)(1)	146,347.	0.			GENERAL SUPPORT, EMERGING OPPORTUNITY:BLACK WOMEN'S MATERNAL HEALTH SYMPOSIUM APRIL 17, 2020,
HOUSING FUND FOR LINN COUNTY 700 16TH STREET NE SUITE 301 CEDAR RAPIDS, IA 52402	20-8890152	170(C)(1)	136,000.	0.			PATCH PROGRAM ADMINISTRATION, PATCH PROGRAM REVOLVING LOAN FUND
IMMACULATE CONCEPTION CATHOLIC CHURCH - 857 3RD AVE SE - CEDAR RAPIDS, IA 52403	42-0698294	501(C)(3)	12,500.	0.			GENERAL SUPPORT, EXTRAORDINARY FORM (LATIN MASS) INVESTMENTS (VESTMENTS, VESSELS,
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	509(A)(1)	199,607.	0.			GENERAL SUPPORT, MIDWEST ORGANIC CENTER 2020 FUNDING, ANNUAL DESIGNATED DISTRIBUTION,
IOWA ART WORKS DBA IOWA CERAMICS CENTER AND GLASS STUDIO - 329 10TH AVE SE STE 117 - CEDAR RAPIDS, IA 52401-2339	42-1112539	509(A)(2)	65,500.	0.			GENERAL SUPPORT, PROGRAMMING ADAPTATION, IN HONOR OF MY GOOD FRIEND DOUG FLUGUM,
IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 65361 - WEST DES MOINES, IA 50265	45-4574664	509(A)(1)	126,132.	0.			ANNUAL DESIGNATED DISTRIBUTION

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IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	509(A)(1)	14,420.	0.			STUDENT AND EDUCATOR SUPPORT DURING COVID-19, COMPREHENSIVE K-8 CAREER AND COLLEGE READINESS
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	509(A)(2)	28,750.	0.			ICF ANNUAL FUNDING REQUEST TO CRST, ICF ANNUAL PROPOSAL TO GREATAMERICA, ANNUAL
IOWA CREDIT UNION FOUNDATION 7745 OFFICE PLAZA DRIVE NORTH, SUITE 170 - WEST DES MOINES, IA 50266	42-1438113	509(A)(1)	15,700.	0.			TO PROVIDE ASSISTANCE TO IOWA CREDIT UNION MEMBERS WHO HAVE EXPERIENCED A FINANCIAL HARDSHIP DUE TO
IOWA GIVING CREW 164 W WILLIAMS DR MARION, IA 52302	83-4445106	509(A)(2)	6,000.	0.			TWIN SIZED MATTRESS PADS, SHEET SETS, COMFORTERS, OPERATION GIVE BIRDS - THANKSGIVING MEALS,
IOWA HUMANE ALLIANCE 6540 6TH ST SW CEDAR RAPIDS, IA 52404	26-1992986	509(A)(1)	26,500.	0.			CLINIC EXPANSION, GENERAL SUPPORT
IOWA JAG INC. 1111 9TH ST DES MOINES, IA 50314	42-1492988	509(A)(1)	27,500.	0.			IJAG: PREPARING THE NEXT GENERATION WORKFORCE, BRIDGING THE GAP BETWEEN HIGH SCHOOL AND CAREERS
IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 52401-2003	42-1079227	509(A)(1)	44,005.	0.			COVID-19 HOTLINE SUPPORT FOR LINN COUNTY RESIDENTS, AID FOR FORECLOSURE PROTECTION
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID AMES, IA 50011-2028	42-6004224	170(C)(1)	25,410.	0.			GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP, DREW WALL SCHOLARSHIP,
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	509(A)(1)	45,632.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PATHS TO EMPLOYMENT, JANE BOYD

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JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF - 1026 A AVE NE STE 113 - CEDAR RAPIDS, IA 52406	23-1907729	509(A)(1)	12,400.	0.			ELMCREST COUNTRY CLUB TENNIS PRO-AM - SILVER LEVEL SUPPORTSHIP, ENCAPSULATION DEVICE
JEFFERSON COUNTY KIDS INC. 101 N COURT ST FAIRFIELD, IA 52556	84-1895190	509(A)(1)	25,000.	0.			CAPITAL CAMPAIGN
JOEY'S FLY FISHING FOUNDATION 109 SOUTH MAIN ST SHERIDAN, WY 82801	20-8989230	509(A)(1)	10,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	509(A)(1)	84,007.	0.			ANNUAL CONTRIBUTION, JA GIRL EMPOWERMENT, INSPIRING FUTURE LEADERS OF IOWA, ANNUAL
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 52401-2007	42-6060212	509(A)(2)	32,000.	0.			BRIDGING THE G.A.P. PROGRAM
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	509(A)(1)	99,600.	0.			GENERAL SUPPORT, CHILD ADVOCACY IN HIGH-CONFLICT CUSTODY CASES, ADVOCACY FOR CHILDREN OF
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	23-7076632	509(A)(1)	105,270.	0.			SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SUPPLEMENTAL ASSISTANCE
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	509(A)(1)	32,500.	0.			CEDAR RAPIDS-CHOOSE TO CHANGE PROGRAM
LEGION ARTS INC. 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	509(A)(1)	22,138.	0.			REMAINING FUNDS SUPPORTING TRANSITION PLAN, TO PAY THE ARTISTS THAT WE HAD TO POSTPONE

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LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 52401-1601	20-0076420	509(A)(1)	9,191.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, TO BE
LINN COUNTY CONSERVATION BOARD 10260 MORRIS HILLS RD TODDVILLE, IA 52341	42-6004338	170(C)(1)	43,483.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EASEMENT, PROGRAM SUPPORT FOR WATER QUALITY -
LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIES - PO BOX 1322 - CEDAR RAPIDS, IA 52406-1322	20-0647905	509(A)(1)	5,750.	0.			JUVENILE DETENTION YOUTH PROGRAM, GENERAL SUPPORT
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 800 2ND AVE SE - CEDAR RAPIDS, IA 52403	23-7311415	509(A)(2)	64,643.	0.			RINGING IN THE ROARING (20)20S!, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101-1041	42-0680466	509(A)(1)	9,750.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP, BIOLOGY DEPARTMENT, KALOUS
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	509(A)(2)	9,885.	0.			ANNUAL FUNDS DISTRIBUTION
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	509(A)(1)	29,644.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND
MARCH OF DIMES FOUNDATION 3315 WILLIAMS PARKWAY SW CEDAR RAPIDS, IA 52404	13-1846366	509(A)(1)	13,600.	0.			GENERAL SUPPORT, CELEBRATE CEDAR RAPIDS MARCH FOR BABIES 2020 - 146182, MOM AND BABY
MARION CARES, INC. 1050 MCGOWAN BLVD MARION, IA 52302	26-0585390	509(A)(2)	11,000.	0.			MOBILE HOME RENTAL ASSISTANCE PROGRAM, GENERAL SUPPORT

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MARION CHAMBER FOUNDATION 1225 6TH AVE. STE. 100 MARION, IA 52302	27-3113197	509(A)(1)	11,000.	0.			IMMEDIATE DISASTER RESPONSE NEEDS GENERAL SUPPORT
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 SOUTH 15TH STREET - MARION, IA 52302	42-1343360	509(A)(1)	24,450.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, DISTRICT SANITATION EQUIPMENT
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	509(A)(1)	260,995.	0.			SO: GROUND SWELL CAF, GENERAL SUPPORT, GROW POSSIBILITIES CAMPAIGN, HEALTHY TIME CHECK -
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	509(A)(1)	5,859.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR FAMILY CAREGIVERS CENTER, 2020 ESPECIALLY FOR YOU RACE
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	509(A)(3)	1,143,413.	0.			FAMILY CAREGIVERS CENTER OF MERCY, 2020 ESPECIALLY FOR YOU RACE, TO SUPPORT MERCY MEDICAL CENTER, TO
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	509(A)(2)	29,004.	0.			GENERAL SUPPORT, ANNUAL DISTRIBUTION, WICK FUND
MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 389 - KALONA, IA 52247	42-1304224	509(A)(2)	5,417.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SCHOLARSHIPS
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	509(A)(1)	40,097.	0.			MONARCH RESEARCH PROJECT SUPPORT GRANT, 1,000 MILE PILOT (2021 PLANTING SEASON)
MOUNT MERCY UNIVERSITY 1330 ELMHURST DRIVE NE CEDAR RAPIDS, IA 52402-4797	42-0681046	509(A)(1)	53,898.	0.			GENERAL SUPPORT, AMIR HADZIC MMU SOCCER FIELD, DAY OF MERCY MAY 1, 2020, ANNUAL DESIGNATED

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MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION - 525 PALISADES RD SW - MOUNT VERNON, IA 52314-1761	42-1304892	509(A)(3)	112,561.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, GENERAL
MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC. - PO BOX 31 - MT. VERNON, IA 52314	81-1018832	509(A)(1)	8,100.	0.			DESIGNATED DISTRIBUTION FOR THE FIRST STREET COMMUNITY CENTER, GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS LINN COUNTY - PO BOX 945 - CEDAR RAPIDS, IA 52406-0945	42-1429262	509(A)(1)	5,900.	0.			EDUCATING FAMILIES IN THE COVID-19 ERA, RETURNING TO CLUB PROGRAMMING
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404	51-0189030	509(A)(1)	141,839.	0.			2020 FAMILY AND COMMUNITY PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, CZECH &
NATURE CONSERVANCY 505 5TH AVE STE 630 DES MOINES, IA 50309-2316	53-0242652	509(A)(1)	22,447.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR PROJECTS IN IOWA WITH PREFERENCE FOR PROJECTS IN EASTERN
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	509(A)(1)	81,000.	0.			NEWBOCO'S CODERDOJO TECH SUPPORT, VIRTUAL TRANSITION OF CODERDOJO, VIRTUAL TEACHING HUB,
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	509(A)(1)	26,781.	0.			BUILDING SUSTAINABILITY IMPROVEMENTS--LED LIGHTING, INVESTMENT IN EQUIPMENT FOR THE
OLIVET NEIGHBORHOOD MISSION 237 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	509(A)(1)	22,884.	0.			ANNUAL DESIGNATED DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, COVID-19
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	509(A)(2)	187,375.	0.			ORCHESTRA IOWA'S 19/20 SEASON & EDUCATION PROGRAMS, GENERAL SUPPORT, ANNUAL

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PLANNED PARENTHOOD OF THE HEARTLAND, INC. DBA PLANNED PARENTHOOD OF THE NORTH CE - PO BOX 310838 - DES MOINES, IA 50331	42-0727488	509(A)(1)	44,309.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	509(A)(1)	12,522.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, FOUNDATIONS IN LEARNING PROGRAM
PROJECT WORTHMORE 1609 HAVANA ST AURORA, CO 80010	45-0933835	509(A)(1)	20,000.	0.			SO: YU MEH FOOD SHARE, C19: EMERGENCY FUNDS TO HELP WITH ADDITIONAL FOOD PANTRY EXPENSES
PROSPECT MEADOWS 1890 COUNTY HOME ROAD MARION, IA 52402	45-1186453	509(A)(1)	18,000.	0.			GENERAL SUPPORT, 2020 IMPACT OF COVID-19
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	509(A)(1)	27,796.	0.			GENERAL SUPPORT, ANNUAL DISTRIBUTION, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS, LINN
RESONANCE CENTER FOR WOMEN 1608 S ELWOOD AVE TULSA, OK 74119	73-1023752	509(A)(1)	30,000.	0.			AC: RETURNING CITIZENS, COVID-19 RELIEF FUNDS
RIVERVIEW CENTER INC. 1789 ELM STREET DUBUQUE, IA 52001	36-3920008	509(A)(1)	10,250.	0.			GENERAL SUPPORT FOR LUNCHEON OF LIGHT AND EVENING OF LIGHT ON APRIL 15, 2020: IF EVENT IS
RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	509(A)(1)	100,000.	0.			MIDWEST ORGANIC CENTER 2020 FUNDING
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS - 1000 C AVE NW - CEDAR RAPIDS, IA 52405-3819	22-2406433	509(A)(1)	66,984.	0.			RED KETTLE CAMPAIGN - VAN METER CAMPAIGN WEEK, FLOOD THE RUN 2020 - SPLASH SUPPORT, ANNUAL

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SOUTHEAST LINN COMMUNITY CENTER CORPORATION - PO BOX 511 - LISBON, IA 52253-0511	43-1406317	509(A)(1)	19,808.	0.			SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, PANDEMIC AND DERECHO HARDSHIP
SPT THEATRE COMPANY PO BOX 682 CEDAR RAPIDS, IA 52406	20-0644595	509(A)(2)	8,025.	0.			SPT THEATRE PROGRAMMING
ST. AMBROSE UNIVERSITY 518 W. LOCUST ST DAVENPORT, IA 52803	42-0703280	509(A)(1)	8,000.	0.			THE ACADEMY FOR STUDY OF ST. AMBROSE OF MILAN, IOWA PHYSICIAN ASSISTANT SOCIETY SCHOLARSHIP,
ST. JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	501(C)(3)	59,370.	0.			GENERAL SUPPORT, SECURING OUR FUTURE FUND, GIFT TO BE USED TO MAKE TECHNOLOGY UPGRADES TO
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	509(A)(1)	11,451.	0.			MASK PROJECT FOR HOSPITALS, FOR HELPING ALL OF THE DEDICATED STAFF AT ST LUKE'S AS
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	509(A)(1)	5,499.	0.			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)	11,822.	0.			ANNUAL DESIGNATED DISTRIBUTION
ST. PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402-2402	42-0859572	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ST. WENCESLAUS CHURCH 1224 5TH ST. SE CEDAR RAPIDS, IA 52401	42-0688080	501(C)(3)	10,312.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO

Schedule I (Form 990)

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYSTEMS UNLIMITED, INC. 2533 SCOTT BLVD SE IOWA CITY, IA 52240-8195	42-0985205	509(A)(1)	20,492.	0.			GENERAL SUPPORT
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	509(A)(2)	279,416.	0.			GENERAL SUPPORT, ONE WEEK OF SUMMER CAMP AT CAMP TANAGER 2020, ANNUAL DESIGNATED DISTRIBUTION,
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	509(A)(2)	25,238.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, CORPORATE SUPPORT - GUARDIAN, FRIENDS HELPING
TREES FOREVER 80 WEST 8TH AVE MARION, IA 52302	42-1419181	509(A)(1)	37,671.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, TREES FOREVER GROWING
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS DBA METRO CATHOLIC OUTREACH - 420 6TH ST. SE - CEDAR RAPIDS, IA 52401	53-0196617	509(A)(1)	5,983.	0.			TO AID IN METRO CATHOLIC OUTREACH MISSION, GENERAL SUPPORT
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	509(A)(1)	8,115.	0.			GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	509(A)(1)	299,213.	0.			GENERAL SUPPORT, REDAHEAD, ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION,
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT CHICAGO, IL 60615	36-2177139	509(A)(1)	67,721.	0.			ANNUAL DESIGNATED DISTRIBUTION
UNIVERSITY OF IOWA E346 ADLER JOURNALISM BLDG IOWA CITY, IA 52242	42-6004813	170(C)(1)	45,157.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN

Schedule I (Form 990)

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - C/O TARA STERBA - IOWA CITY, IA 52244-4550	42-0796760	509(A)(1)	224,608.	0.			COMPUTER SCIENCE DEPARTMENT, SEASON SUPPORT FOR HANCHER, ANNUAL DESIGNATED
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	9,750.	0.			COLLEGE OPPORTUNITY SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, GLENN AND MARY WENDLER
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 205 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	509(A)(1)	153,000.	0.			THE SUFFRAGIST PREMIERE, BRENDA AND JIM CLANCY SCHOLARSHIP FUND, ANNUAL FUND, 2020 CAMPAIGN
VARIETY - THE CHILDREN'S CHARITY OF IOWA - 505 5TH AVE STE 310 - DES MOINES, IA 50309-2322	42-6077108	509(A)(2)	5,250.	0.			GOLF INVITATIONAL GENERAL DONATION, VARIETY - SPECIALIZED BIKES FOR KIDS
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	509(A)(1)	80,912.	0.			GENERAL SUPPORT FOR MADGE PHILLIPS CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
WELLINGTON HEIGHTS COMMUNITY CHURCH (SEEKING 501C3 STATUS) - PO BOX 462 - CEDAR RAPIDS, IA 52403	84-4925970	501(C)(3)	40,000.	0.			WELLINGTON HEIGHTS NEIGHBORHOOD ENGAGEMENT PROGRAM
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 78703-4677	20-2376273	501(C)(3)	50,000.	0.			SUPPLIER ALLIANCE FOR MICROCREDIT,
WILLIS DADY EMERGENCY SHELTER INC. 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	509(A)(1)	77,648.	0.			HOMELESS SERVICES EXPANSION AND RENOVATION PROJECT, SUPPORT FOR QUARANTINE PROTOCOL FOR
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	509(A)(1)	9,836.	0.			DANCING WITH THE SAINTS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP IN HONOR

Schedule I (Form 990)

**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	274	11,380.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	8	750.	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:

AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA

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

DISTRIBUTION, UNWAVERING: 21ST CENTURY ACTIVISM, AAMI REOPENING

Part IV Supplemental Information

REIMAGINED!

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION - IOWA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPLOYEE DONATION MATCH, CUSTOMER -
IMON COMMUNICATIONS, ANNUAL DESIGNATED DISTRIBUTION, TECHNOLOGY TO SUPPORT
VIRTUAL PROGRAMS, GENERAL SUPPORT, TECHNOLOGY TO SUPPORT VIRTUAL
PROGRAMS, IN MEMORY OF RICK COHEN

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
THE GRANT WOOD AREA CHAPTER, ANNUAL DESIGNATED DISTRIBUTION, DERECHO
RECOVERY - LOCALLY IN CEDAR RAPIDS, IA; SUPPORT - FOOD, WATER, SHELTER,
ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

ARCHDIOCESE OF DUBUQUE DBA PRAIRIEWOODS FRANCISCAN SPIRITUALITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: YEAR-ROUND PRODUCE TO FIGHT LOCAL
FOOD INSECURITY, ARCHDIOCESEONE CAMPAIGN, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: HEART OF IOWA PROGRAM, PPE FOR STAFF

Part IV Supplemental Information

AND PATIENTS, EXPANDING HEART OF IOWA CHILDCARE SERVICES, AREA SUBSTANCE
ABUSE COUNCIL, PREVENTION STRATEGY

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: BOWL FOR KIDS SAKE, GENERAL SUPPORT,
INVESTING IN KIDS CAMPAIGN, CAREER OPPORTUNITIES AND EXPLORATION, ANNUAL
DESIGNATED DISTRIBUTION, BIG MAGIC, STORM RELIEF, BUILDING AN INCLUSIVE
COMMUNITY THROUGH MENTORING, EMPOWER WELL-BEING IN CHILDREN AND FAMILIES,
SUSTAIN MENTORING FOR CHILDREN'S WELL-BEING

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,
GREATER [BOYS & GIRLS CLUBS OF] CEDAR RAPIDS!, RESET 2020, FISH-O-RAMA -
GENERAL SUPPORT, WHATEVER IT TAKES TO SERVE CLUB KIDS & FAMILIES, GENERAL
SUPPORT, BOUNCE BACK IN 2020 - STAY ON TRACK IN 2021

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIDE & PRESERVATION CAMPAIGN,
GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR PRESERVATION,
MAINTENANCE OR RESTORATION OF THE OPUS 754 SKINNER PIPE ORGAN OWNED BY
BRUCEMORE, ANNUAL DESIGNATED DISTRIBUTION, IN SUPPORT FOR CAPITAL
CAMPAIGN, BRUCEMORE 2020 HERITAGE SUPPORTSHIP, ANNUAL FUND, FOR
RESTORATION OF GROUNDS AFTER DERECHO STORM, 2021 SUMMER SEASON AT
BRUCEMORE, DIGITAL ENGAGEMENT IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: CALVARY WOMEN'S SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: AC: LEAP - LIFE SKILLS, EDUCATION AND ARTS PROGRAM, COVID-19 EMERGENCY FUNDS - PURCHASE OF ADDITIONAL FOOD, SUPPLIES, AND STAFF DURING CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRINT TRIATHLON, SUPPORT CAMP COURAGEOUS OF IOWA, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, FILL SANTA 'S SLEIGH

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, AC: TRANSITIONAL HOUSING PROGRAM, EMPLOYEE DONATION MATCH, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, A PLACE OF WELCOME: CAPITAL CAMPAIGN, COVID-19 RELIEF FUNDS, ESL FOR EMERGING LITERACY LEARNERS, CATHERINE MCAULEY CENTER BUILDING FUND, FOR THE COMMUNITY GATHERING SPACE IN MEMORY OF GERALD T KNOX, IMMEDIATE DISASTER RESPONSE NEEDS, DISASTER SUPPORT FOR IMMIGRANT COMMUNITY, SUPPORTING ESL LEARNERS BY ADAPTING DELIVERY MODEL, ESL AND CITIZENSHIP EDUCATION IN HIAWATHA, MAINTAINING ESSENTIAL PROGRAMMING AND STAFF

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC FOUNDATION IN THE ARCHDIOCESE OF DUBUQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: ARCHDIOCESEONE SPECIAL APPEAL FOR PRIEST RETIREMENT AND CATHEDRAL RESTORATION, SUPPORT THE ARCHDIOCESE OF DUBUQUE CAMPAIGN, TO SUPPORT PRIEST RETIREMENT, CATHEDRAL RESTORATION, & SEMINARIAN EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: KIDS ON COURSE UNIVERSITY, GENERAL SUPPORT FOR DEBATE PROGRAM, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE PERFORMING ARTS AT MCKINLEY MIDDLE SCHOOL, DESIGNATED DISTRIBUTION FOR 2019 FIELD TRIPS TO ORCHESTRA IOWA CONCERT, ANNUAL DESIGNATED DISTRIBUTION-JEFFERSON HIGH SCHOOL, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL'S SCHOLARSHIP PROGRAM, FOR THE PURCHASE OF UKULELES-ERSKINE ELEMENTARY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF ONEUP, KENNEDY CLASS OF 1980 FUNDRAISER, 2020 SCHOLARSHIP DISBURSEMENT, ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL STIPEND OF \$100 TO ALL CRCSD ELEMENTARY SCHOOLS FOR THE UNRESTRICTED USE OF THE CLASSROOM MUSIC TEACHER, STUDENT INTERNET ACCESS AT HOME, DERECHO CLEAN-UP FOR CEDAR RAPIDS SCHOOLS, HOT SPOT PURCHASE

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, SPRING 2020 PROGRAMMING SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, THE ANNUAL FUND LEADERSHIP SOCIETY, FALL 2020 EXHIBITIONS AND EDUCATIONAL PROGRAMMING, GENERAL SUPPORT, EXPANSION OF DIGITAL PROGRAMMING OFFERINGS, "A YEAR OF IOWA" PROGRAMMING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: CEDAR RAPIDS OPERA THEATRE 2020-2021 SEASON, AGENCY DISTRIBUTION, GENERAL SUPPORT, YOUNG ARTIST PROGRAM

Part IV Supplemental Information

SUPPORTSHIP, ANNUAL FUND, CR OPERA THEATRE: 2019-20 SCHOOL OUTREACH

OPERA

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, DOLLY PARTON'S

IMAGINATION LIBRARY (DPIL), ANNUAL DESIGNATED DISTRIBUTION, AGENCY

DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: HH 2020, GENERAL SUPPORT, 2020 HOPE

BUILD, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, 2020 REHAB HOME,

CVHFH TECHNOLOGY ENHANCEMENTS, LAPTOPS AND POS SYSTEMS FOR RESTORE,

GENERAL SUPPORT OF DERECHO PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT - IN HONOR OF

SCOOTER AND PENNY, TWO OF OUR CATS THAT WE GOT FROM THE HUMANE SOCIETY,

ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, CVHS COVID-19

OPERATIONAL RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: JOURNEY SCHOLARSHIP FUND, TENNIS

PROGRAM SUPPORT, 2020 MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, KELLEY

SCHOLARSHIP AT LISBON HIGH SCHOOL, KALOUS OPPORTUNITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEIGHBORHOOD FINANCE CORPORATION,

Part IV Supplemental Information

ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE

WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND, ANNUAL

DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL DESIGNATED

DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, PARKS & RECREATION DEPARTMENT:

CAPITAL CAMPAIGN CONTRIBUTION FOR OLD MACDONALD'S FARM PHASE 2

NAME OF ORGANIZATION OR GOVERNMENT: CLIMB WYOMING

(H) PURPOSE OF GRANT OR ASSISTANCE: AC: EMPOWERING WYOMING LOW-INCOME

SINGLE MOTHERS TO DISCOVER SELF SUFFICIENCY THROUGH CAREER TRAINING AND

PLACEMENT, COVID-19 RELIEF FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL ROOTS FARMS

(H) PURPOSE OF GRANT OR ASSISTANCE: SO: PRODUCE DONATION PROGRAM, C19:

STAFF EXPENSES TO HELP MEET INCREASED DEMAND THROUGH CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE

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

ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL FUND, PRAIRIE GOLF

SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC

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

DISTRIBUTION, AGENCY DISTRIBUTION, CHFC FY21 - DIRECT PATIENT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THEATRE CEDAR RAPIDS

- 2019-2020 BROADWAY SERIES, ANNUAL DISTRIBUTION, ANNUAL DESIGNATED

Part IV Supplemental Information

DISTRIBUTION, TCR - CINDERELLA SHOW SUPPORTSHIP, THEATRE CEDAR RAPIDS
SUSTAINING SUPPORT, TCR 20-21 SEASON SUPPORTSHIP, THEATRE CEDAR RAPIDS
SUSTAINING SUPPORT CYCLE 3

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTCR

(H) PURPOSE OF GRANT OR ASSISTANCE: IPADDLE PORTABLE RENTAL STATION &
DOCK, SUPPORT AWAKENING CONNECTIONS THE CAMPAIGN TO CONNECTCR, GENERAL
SUPPORT, CEDAR LAKE PROJECT, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR BERRY CENTER,
GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, LAVENZ
MEMORIAL INCOURAGE SCHOLARSHIP, JOURNEY SCHOLARSHIP FUND, TENNIS PROGRAM
SUPPORT, MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, KELLEY SCHOLARSHIP AT
LISBON HIGH SCHOOL, KALOUS OPPORTUNITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: DISCOVERY LIVING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL APPEAL, SAFE AND MEANINGFUL DAYTIME ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: DRAKE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONALD V. ADAMS LEADERSHIP
INSTITUTE, SCHOLARSHIP SUPPORT, MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP,
KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, KALOUS OPPORTUNITY SCHOLARSHIP,
IN MEMORY OF NANCY KOLP ERICKSON, BFA 1975, FOR THE MUSIC DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EASTERN IOWA ARTS ACADEMY

Part IV Supplemental Information

GENERAL FUND AND VOLTA YOUTH MUSIC FEST, ANNUAL DESIGNATED DISTRIBUTION, SUMMER PROGRAMS, STUDIO17-NEW PHYSICAL DISTANCING PROGRAM LOCATION, GENERAL SUPPORT, FOR GENERAL ARTS PROGRAMMING CLASSES, NAVIGATING COVID19

NAME OF ORGANIZATION OR GOVERNMENT:

ECUMENICAL COMMUNITY CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, HELPING HANDS EMERGENCY ASSISTANCE FUND, HELPING HANDS MINISTRY, INDIVIDUAL RENT AND UTILITY ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: EMERGENCY FOOD NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SO: MOTHER EARTH FARM, C19: PURCHASE OF ADDITIONAL FOOD AND MATERIALS TO MEET INCREASED DEMAND THROUGH CRISIS

NAME OF ORGANIZATION OR GOVERNMENT:

ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGING OPPORTUNITY: AMERICORPS FEE (FOR EIAD), IMMEDIATE DISASTER RESPONSE NEEDS FOR EIAD RELIEF, ORGANIZATIONAL SUPPORT FOR EIAD RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES HELPING FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT FOR LINN COUNTY FOSTER CHILDREN, FOSTER CARE PROGRAM SUPPORT - LINN CO. NON-METRO, GENERAL OBLIGATION FUNDS IN APPRECIATION OF YOUR HARD WORK THIS YEAR

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF LINN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESS PREVENTION, DIVERSION, AND

Part IV Supplemental Information

STABILITY PROGRAM DIRECT ASSISTANCE FUND, ANNUAL SUPPORT FOR 2020, TO PROMOTE PROVIDING HOUSING AND A STABLE ENVIRONMENT FOR FAMILIES IN OUR COMMUNITY, SUPPORT FOR PREVENTION, SHELTER, AND STABILIZATION, HOMELESS PREVENTION, DIVERSION, AND STABILITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FEED IOWA FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: C19: EMERGENCY GREENHOUSE REPAIR, FARM MANAGER'S SALARY, GENERAL SUPPORT, SAFE DISTRIBUTION OF FRESH PRODUCE, IMMEDIATE DISASTER RESPONSE NEEDS, DERECHO RECOVERY RELIEF, EQUITABLE LAND ACCESS, GROW DON'T MOW

NAME OF ORGANIZATION OR GOVERNMENT: FIRST LUTHERAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, IN MEMORY OF DEAN GESME SR.

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, TO BE USED TOWARDS OUR CAPITAL CAMPAIGN, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION 2 INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH SHELTER STAFFING SUPPORT, IMMEDIATE DISASTER RESPONSE NEEDS, DISASTER RECOVERY, GENERAL SUPPORT, MENTAL HEALTH ACCESS CENTER CRISIS TRIAGE, TARGETED VIOLENCE PREVENTION FOR YOUNG ADULTS

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

FOUR OAKS FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, MENTAL HEALTH NEEDS FOR JUVENILES, ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, 27TH ANNUAL FOUR OAKS GOLF CLASSIC \$1,000 SUPPORT - IRON SUPPORT, GENERAL SUPPORT FOR TOTALCHILD, MCINTYRE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: GEMS OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: GEMS OF HOPE 15TH ANNIVERSARY - GENERAL SUPPORT, PROGRAMMING SUPPORT FOR LOCAL CANCER PATIENTS AND FAMILIES, TECHNOLOGY AND PROGRAM ADJUSTMENTS

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD RESERVOIR, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OPERATION BACKPACK, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, COVID 19 RELIEF RELATED ACTIVITIES, FOOD BANK PROGRAM, GENERAL SUPPORT, MOBILE FOOD PANTRY, EMPLOYEE DONATION MATCH, FOOD SECURITY

NAME OF ORGANIZATION OR GOVERNMENT: HOLY FAMILY PARISH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PRAIRIE CATHOLIC SCHOOL, ANNUAL APPEAL, GENERAL SUPPORT FOR JAYWALKER'S YOUTH GROUP

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION

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

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, EMERGING OPPORTUNITY:BLACK WOMEN'S MATERNAL HEALTH SYMPOSIUM APRIL 17, 2020, TRANSPORTING ESSENTIAL WORKERS SAFELY; MAINTAINING MEALS FOR OLDER ADULTS, COVID 19 RELIEF RELATED ACTIVITIES, MEALS ON WHEELS PROGRAM, AURACACIA COVID-19 RELIEF FUND SUPPORT FOR MEALS ON WHEELS PROGRAM, NTS TRANSPORTATION SUPPORT, EMERGENCY FOOD DISTRIBUTION, NEIGHBORHOOD TRANSPORTATION SERVICE, MEALS FOR OLDER ADULTS IN LISBON

NAME OF ORGANIZATION OR GOVERNMENT: IMMACULATE CONCEPTION CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, EXTRAORDINARY FORM (LATIN MASS) INVESTMENTS (VESTMENTS, VESSELS, MISSALS, ETC.)

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, MIDWEST ORGANIC CENTER 2020 FUNDING, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, ANNUAL DESIGNATED DISTRIBUTION FOR OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT PROGRAMMING AND TRANSPORTATION FOR AT-RISK YOUTH, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EFFORTS AND PROGRAMS RELATED TO RESTORATION AND RECONSTRUCTION OF NATIVE ECOSYSTEMS IN IOWA, INCLUDING LANDOWNER EDUCATION AND TRAINING, LAND RESTORATION AND TRAIL CLEARING, FOR CURRENT NEEDS OTHER THAN SALARIES, INCREASING SOIL HEALTH USING ORGANIC PRACTICES, EXPANDING A PROTECTED LAND PARCEL, LAND AND EDUCATION RECOVERY AT THE NATURE CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

IOWA ART WORKS DBA IOWA CERAMICS CENTER AND GLASS STUDIO

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROGRAMMING
ADAPTATION, IN HONOR OF MY GOOD FRIEND DOUG FLUGUM, COMMUNITY OUTREACH
THROUGH ARTS EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: IOWA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ICF ANNUAL FUNDING REQUEST TO CRST,
ICF ANNUAL PROPOSAL TO GREATAMERICA, ANNUAL SUPPORT FOR CORNELL COLLEGE,
GENERAL SUPPORT, ICF ANNUAL FUNDING REQUEST TO DIAMOND V, ICF REQUEST TO
WORLD CLASS INDUSTRIES

NAME OF ORGANIZATION OR GOVERNMENT: IOWA CREDIT UNION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE TO IOWA CREDIT
UNION MEMBERS WHO HAVE EXPERIENCED A FINANCIAL HARDSHIP DUE TO THE
COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: IOWA GIVING CREW

(H) PURPOSE OF GRANT OR ASSISTANCE: TWIN SIZED MATTRESS PADS, SHEET
SETS, COMFORTERS, OPERATION GIVE BIRDS - THANKSGIVING MEALS, GENERAL
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: IOWA LEGAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 HOTLINE SUPPORT FOR LINN
COUNTY RESIDENTS, AID FOR FORECLOSURE PROTECTION DEFENSE, GENERAL
SUPPORT, HEALTH & LAW PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: IOWA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GLIDDEN COMMUNITY SERVICE
SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP, DREW WALL SCHOLARSHIP,

Part IV Supplemental Information

KALOUS OPPORTUNITY SCHOLARSHIP, KLEIMAN FAMILY SCHOLARSHIP, KOMENSKY SOCIETY SCHOLARSHIP, MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, OUTSTANDING STUDENT LEADER SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, WILLIAM & PATRICIA BUSS STEM SCHOLARSHIP, RALPH PLAGMAN SCHOLARSHIP, ALL-MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP FOR 2020

NAME OF ORGANIZATION OR GOVERNMENT: JANE BOYD COMMUNITY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PATHS TO EMPLOYMENT, JANE BOYD ACHIEVEMENT ACADEMY
OUT-OF-SCHOOL CARE

NAME OF ORGANIZATION OR GOVERNMENT:

JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

(H) PURPOSE OF GRANT OR ASSISTANCE: ELMCREST COUNTRY CLUB TENNIS PRO-AM
- SILVER LEVEL SUPPORTSHIP, ENCAPSULATION DEVICE RESEARCH, EMPLOYEE MATCH, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CONTRIBUTION, JA GIRL EMPOWERMENT, INSPIRING FUTURE LEADERS OF IOWA, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, 2020 HOF SUPPORT AND SUPPORT FOR 20-21 CRA PROGRAMS, INSPIRING BRIGHTER TOMORROWS

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CHILD ADVOCACY IN HIGH-CONFLICT CUSTODY CASES, ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, RESTORATIVE JUSTICE PREVENTS YOUTH VIOLENCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

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

DISTRIBUTION, GENERAL SUPPORT, SUPPLEMENTAL ASSISTANCE FOR KIRKWOOD

COMMUNITY COLLEGE PANTRY, GREATAMERICA FINANCIAL SERVICES SCHOLARSHIP,

COVID STUDENT EMERGENCY FUND, 2020 COLLEGE OPPORTUNITY SCHOLARSHIP,

KALOUS OPPORTUNITY SCHOLARSHIP, ANNUAL FUND, KOMENSKY SOCIETY

SCHOLARSHIP, ROBERT K. DENNIS SCHOLARSHIP, STATLER FAMILY SCHOLARSHIP,

REEDER MEMORIAL SCHOLARSHIP, VIRGIL AND ELEANOR BOWSER SCHOLARSHIP,

WILLIAM & PATRICIA BUSS SCHOLARSHIP, KLIMA ACADEMIC EXCELLENCE

SCHOLARSHIP, FRANCIS MCMANN SCHOLARSHIP, KIRKWOOD GOLF PROGRAM INDOOR

FACILITY, ATHERTON SCHOLARSHIP AWARD, THE CORRIDOR JAZZ PROJECT XIII

NAME OF ORGANIZATION OR GOVERNMENT: LEGION ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REMAINING FUNDS SUPPORTING

TRANSITION PLAN, TO PAY THE ARTISTS THAT WE HAD TO POSTPONE OR CANCEL A

PORTION OR ALL OF THEIR FEES, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LINN COMMUNITY FOOD BANK

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

DISTRIBUTION, SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, TO BE USED IN THE

OUTREACH TO THE FOOD INSECURE IN OUR COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY CONSERVATION BOARD

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

SUPPORT EASEMENT, PROGRAM SUPPORT FOR WATER QUALITY - WINGS2WATER,

SUICIDE PREVENTION/MENTAL HEALTH TREATMENT, DISASTER SUPPORT, MENTAL

HEALTH ACCESS CENTER OPERATIONAL FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RINGING IN THE ROARING (20)20S!,

GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SUSTAIN THE PRIMARY

MISSION OF THE HISTORY CENTER, ADAPTING EDUCATIONAL PROGRAMS FOR DIGITAL

DELIVERY

NAME OF ORGANIZATION OR GOVERNMENT: LUTHER COLLEGE

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

DISTRIBUTION FOR SCHOLARSHIP, BIOLOGY DEPARTMENT, KALOUS OPPORTUNITY

SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES FOUNDATION

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

RAPIDS MARCH FOR BABIES 2020 - 146182, MOM AND BABY COVID-19 INTERVENTION

& SUPPORT FUND, FUND THE MISSION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

(H) PURPOSE OF GRANT OR ASSISTANCE: SO: GROUNDSWELL CAF, GENERAL

SUPPORT, GROW POSSIBILITIES CAMPAIGN, HEALTHY TIME CHECK - WORKFORCE

RENTAL HOUSING, C19: EMERGENCY STAFF SUPPORT, IMMEDIATE DISASTER RESPONSE

NEEDS, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR

THE CULTIVATE HOPE PROGRAM, PATCH PROGRAM VOLUNTEER COORDINATOR POSITION,

PATCH PROGRAM CONSTRUCTION SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER

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

FAMILY CAREGIVERS CENTER, 2020 ESPECIALLY FOR YOU RACE SUPPORTSHIP,

Part IV Supplemental Information

ESPECIALLY FOR YOU FUND

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CAREGIVERS CENTER OF MERCY,
2020 ESPECIALLY FOR YOU RACE, TO SUPPORT MERCY MEDICAL CENTER, TO SUPPORT
MERCY'S HALL-PERRINE CANCER CENTER, TO SUPPORT MERCY'S HOSPICE HOUSE,
ANNUAL DESIGNATED DISTRIBUTION FOR OLDORF HOSPICE HOUSE, ANNUAL
DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER, GENERAL SUPPORT
HOSPICE HOUSE OF MERCY, EMPLOYEE ASSISTANCE FUND, GENERAL SUPPORT FOR
FAMILY CARE GIVERS PROGRAM, GENERAL SUPPORT IN MEMORY OF THOMAS O.
FERGUSON, HOSPICE HOUSE IN MEMORY OF ARLENE RUDI MOTHER OF DEVVIE FRIESZ,
MEMORIAL GIFTS AND LECTURE SERIES, WITH LOVING THOUGHTS AND MEMORIES OF
PEGGY MEEK'S DEDICATION TO HER FAMILY AND HER COMMITMENT TO OUR
COMMUNITY, FOR THE CREATION AND FORMATION OF THE CHRIS AND SUZY DEWOLF
FAMILY INNOVATION CENTER FOR AGING & DEMENTIA, SUPPORT FOR HALLMAR
VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, AMIR HADZIC MMU
SOCCER FIELD, DAY OF MERCY MAY 1, 2020, ANNUAL DESIGNATED DISTRIBUTION
FOR MOUNT MERCY UNIVERSITY GRADUATE CENTER, ANNUAL DESIGNATED
DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, ANNUAL DESIGNATED
DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, PRESIDENTS FUND - IN HONOR OF
PRESIDENT LAURIE HAMEN, SCHOLARSHIP FUND, BESONG FAMILY SCHOLARSHIP,
GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP,
HADZIC FIELD ENDOWMENT, AMIR HADZIC FIELD DONATION

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, GENERAL SUPPORT, MOUNT VERNON MIDDLE SCHOOL PARENT AND TEACHER ORGANIZATION, MOUNT VERNON FINE ARTS ASSOCIATION, MOUNT VERNON BOOSTER CLUB, CARE CLUB, KIDS IN NEED PROGRAM, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 FAMILY AND COMMUNITY PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, CZECH & SLOVAK HERITAGE AND CULTURE PROGRAMS, COVID RECOVERY WITH SENIORS AND STUDENTS, STEAM GROWN EDUCATION

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, TRAINING AND SUPPORT TO PROVIDE FOR FIRE FIGHTING IN SELECTED SITES

NAME OF ORGANIZATION OR GOVERNMENT:

NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO

(H) PURPOSE OF GRANT OR ASSISTANCE: NEWBOCO'S CODERDOJO TECH SUPPORT, VIRTUAL TRANSITION OF CODERDOJO, VIRTUAL TEACHING HUB, SUPPORT TO EXPAND DELTAV CODE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING SUSTAINABILITY

Part IV Supplemental Information

IMPROVEMENTS--LED LIGHTING, INVESTMENT IN EQUIPMENT FOR THE ENTREPRENEUR
ACCELERATOR, 2020-2021 COVID-19 OPERATIONAL RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET NEIGHBORHOOD MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
SUPPLEMENTAL ASSISTANCE FOR FOOD PANTRY, COVID-19 RESPONSE SUPPORT,
OLIVET FOOD & KITCHEN PANTRY PROGRAMS, HOLIDAY ADOPTION PROGRAM SUPPORT,
FUNDING TO SUPPORT PARISH MISSION NURSE, HOLIDAY SUPPLEMENTAL FOOD
PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ORCHESTRA IOWA'S 19/20 SEASON &
EDUCATION PROGRAMS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION FOR MUSIC INSTRUMENT MAINTENANCE AND/OR
PRINTED MUSIC PURCHASE OR RENTAL, ANNUAL DESIGNATED DISTRIBUTION FOR THE
SYMPHONY CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, 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, ORCHESTRA IOWA'S 19-20 SEASON &
EDUCATION PROGRAMS, IN MEMORY OF JAMES "JIM" SEALY - PAST ORCHESTRA IOWA
BOARD PRESIDENT, REIMAGINING ORCHESTRA IOWA'S 2020-21 PROGRAMS, FUNDING
ARTS IN THE COMMUNITY

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
GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS HEALTH
CENTER, GENERAL SUPPORT, EDUCATION, CEDAR RAPIDS HEALTH SERVICES

Part IV Supplemental Information

ADAPTATION GRANT, HEALTHCARE STAFF, PPE & SANITATION

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC

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

DISTRIBUTION, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS, LINN COUNTY

PROGRAMMING FY21 - RCCM, CHAMBER MUSIC IN RURAL LINN COUNTY LIBRARIES

2021

NAME OF ORGANIZATION OR GOVERNMENT: RIVERVIEW CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR LUNCHEON OF

LIGHT AND EVENING OF LIGHT ON APRIL 15, 2020: IF EVENT IS CANCELLED OR

POSTPONED, PLEASE USE AS GENERAL SUPPORT FOR RIVERVIEW CENTER, RURAL LINN

COUNTY SYSTEMS ENHANCEMENT INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: RED KETTLE CAMPAIGN - VAN METER

CAMPAIGN WEEK, FLOOD THE RUN 2020 - SPLASH SUPPORT, ANNUAL DESIGNATED

DISTRIBUTION, GENERAL SUPPORT, DERECHO RECOVERY IN CEDAR RAPIDS - GENERAL

SUPPORT, EMERGENCY FINANCIAL ASSISTANCE PROGRAM AND PANTRY SUPPLIES, RED

KETTLE CAMPAIGN - VAN METER CAMPAIGN WEEK

OUR BIGGEST DAY WAS \$609.37

OUR 3 DAY TOTAL WAS \$1,536.48 (LAST YEAR OUR 5 DAY TOTAL WAS \$1,798.09)

ADD IN VAN METER'S ONE DAY MATCH OF UP TO \$500 AND WE HELPED THE KETTLE

RAISE??\$2,036.48 IN JUST 3 DAYS!!,

NAME OF ORGANIZATION OR GOVERNMENT: ST. AMBROSE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ACADEMY FOR STUDY OF ST. AMBROSE

Part IV Supplemental Information

OF MILAN, IOWA PHYSICIAN ASSISTANT SOCIETY SCHOLARSHIP, SCHOLARSHIP

FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ST. JUDE CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SECURING OUR FUTURE
FUND, GIFT TO BE USED TO MAKE TECHNOLOGY UPGRADES TO SUPPORT CONTINUED
STREAMING OF CHURCH SERVICES DUE TO THE PANDEMIC, TO REDUCE COMMUNITY
CENTER DEBT - PART OF CHALLENGE APPEAL, GIVING TUESDAY - DERECHO FUND,
CHRISTMAS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MASK PROJECT FOR HOSPITALS, FOR
HELPING ALL OF THE DEDICATED STAFF AT ST LUKE'S AS THEY HELP PATIENTS
WITH COVID-19, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED
DISTRIBUTION FOR ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, IN PATIENT
HOSPICE IN MEMORY OF DORIS ALBAUGH, IN MEMORY OF CLYDE BAILEY - A GREAT
AMBASSADOR OF THE GREATER CEDAR RAPIDS COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: ST. WENCESLAUS CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION FOR MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO THE ST.
WENCESLAUS CATHOLIC CHURCH BUILDING AND PROPERTIES, INCLUDING THE CZECH
HERITAGE PARK, DERECHO REPAIR FUND

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ONE WEEK OF SUMMER
CAMP AT CAMP TANAGER 2020, ANNUAL DESIGNATED DISTRIBUTION, ROBIN'S CABIN,
SOARING BEYOND CAMPAIGN, CAMPERSHIPS FOR SUMMER CAMP 2021 AT CAMP

Part IV Supplemental Information

TANAGER, CHILDREN'S MENTAL HEALTH FUND, TANAGER CAMP EXPANSION PROJECT,
LGBTQ YOUTH CENTER AT TANAGER PLACE, S.O.S.: SAVING OUR SISTERS,
MAINTAINING CAPACITY FOR INPATIENT TREATMENT, CAMP TANAGER CAPACITY
EXPANSION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION, CORPORATE SUPPORT - GUARDIAN, FRIENDS HELPING FRIENDS
CHALLENGE, ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION, AGENCY DISTRIBUTION, TREES FOREVER GROWING FUTURES -
CAPITAL SUPPORT, COVID RECOVERY FOR TREES FOREVER

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, REDAHEAD, ANNUAL
DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, PRINT AND DISTRIBUTE
RESOURCE SHEETS TO HELP PUBLICIZE SUPPORT FOR BASIC NEEDS, DISASTER
RELIEF FUND, WOMEN UNITED, UNITED WAY CAMPAIGN, LONG TERM RECOVERY
NAVIGATOR AND FUND FOR UNMET NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS,
GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP,
KALOUS OPPORTUNITY SCHOLARSHIP, JOE CORBIN MEMORIAL SCHOLARSHIP, KLEIMAN
FAMILY SCHOLARSHIP, KOMENSKY SOCIETY SCHOLARSHIP, MERVEAUX ACADEMIC

Part IV Supplemental Information

EXCELLENCE SCHOLARSHIP, OUTSTANDING STUDENT LEADER SCHOLARSHIP, REEDER

MEMORIAL SCHOLARSHIP, ZETA PHI ETA MEMORIAL SCHOLARSHIP, 2020 TVEDT

MEMORIAL LECTURE SERIES, ALL-MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP FOR

2020, IOWA PHYSICIAN ASSISTANT SOCIETY SCHOLARSHIP, KLIMA ACADEMIC

EXCELLENCE SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPUTER SCIENCE DEPARTMENT, SEASON

SUPPORT FOR HANCHER, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED

DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, GENERAL SUPPORT,

UNIVERSITY OF IOWA DANCE MARATHON, BELIN-BLANK CENTER FOR GIFTED AND

TALENTED EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NORTHERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLEGE OPPORTUNITY SCHOLARSHIP,

KALOUS OPPORTUNITY SCHOLARSHIP, GLENN AND MARY WENDLER SCHOLARSHIP,

OUTSTANDING STUDENT LEADER SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH

SCHOOL, NORMA WENZEL SCHOLARSHIP, STEPHEN BONFIG MEMORIAL SCHOLARSHIP,

O.J. & VIOLA ELSENBAST SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR MADGE PHILLIPS

CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, POINTING THE

WAY, CAPITAL CAMPAIGN - DESIGNATION FOR DOMESTIC VIOLENCE WAITING AREA,

WATER DAMAGE REPAIR COSTS, CHILD CARE CLASSROOM SUPPORT & SUPPLIES,

WAYPOINT DOMESTIC VIOLENCE SAFETY NET PROJECT

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESS SERVICES EXPANSION AND RENOVATION PROJECT, SUPPORT FOR QUARANTINE PROTOCOL FOR HOMELESS ADULTS, COVID-19 RESPONSE SUPPORT, GENERAL SUPPORT, EMERGENCY SHELTER COOLING FANS, HOMELESSNESS PREVENTION SERVICES, TRANSPORTATION PROGRAM SUPPORT, WILLIS DADY EMERGENCY SHELTER, SHELTER STAFF AND SANITATION SUPPLIES, EMPLOYMENT SERVICES AND LONG-TERM SUPPORTIVE HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DANCING WITH THE SAINTS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, ENDOWMENT, XAVIER IMPACT FUND

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

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE CONSTRUCTION OF THE NEW MARION YMCA CAPITAL CAMPAIGN, ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, GENERAL SUPPORT FOR CAMP WAPSIE, SUPPORT TO CAPITAL CAMPAIGN, CR METRO YMCA COVID IMPACT AND DISASTER RECOVERY

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK DBA YPN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, IMMEDIATE DISASTER RESPONSE NEEDS FOR LATINX COMMUNITY AND YPN FAMILIES, BUILDING BRIGHT FUTURES PROGRAM, BROADWAY MAYBIES - SPOTLIGHT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ZACH JOHNSON FOUNDATION

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number

42-6053860

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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? <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	X	X
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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.		X X X
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.		X X
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.		X X
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.		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2020

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)	210,091.	350.	5,893.	15,187.	13,091.	244,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE BEISKER VP OF DEVELOPMENT	(i)	139,961.	350.	2,360.	10,503.	19,734.	172,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	(i)	136,516.	350.	147.	10,114.	18,630.	165,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEAN BRENNEMAN CFO	(i)	134,908.	350.	385.	9,595.	10,661.	155,899.	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.

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):

USING A COMBINATION OF THE TWO METHODS ABOVE

Multiple horizontal lines for supplemental information.

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

2020

Open to Public Inspection

Name of the organization

GREATHER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number

42-6053860

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDE LEADERSHIP DURING UNCERTAINTY. WHEN THE PANDEMIC BEGAN IN MARCH

2020, THE COVID-19 DISASTER RESPONSE FUND WAS ESTABLISHED TO PROVIDE

TARGETED GRANTS TO HELP MEET THE BASIC NEEDS OF OUR COMMUNITY'S MOST

VULNERABLE PEOPLE. WHEN THE DERECHO SWEPT THROUGH LINN COUNTY IN AUGUST

2020, THE DISASTER RECOVERY FUND WAS ESTABLISHED AND IMMEDIATELY BEGAN

PROVIDING RAPID RESPONSE GRANTS AND HELPED TO MEET LONG-TERM RECOVERY

NEEDS. THE COVID-19 DISASTER RESPONSE FUND RAISED \$447,141 IN 2020 AND

GRANTED \$360,273 TO 39 NONPROFIT ORGANIZATIONS. THE DISASTER RECOVERY

FUND FOR THE DERECHO RAISED \$2,006,059 AND GRANTED \$381,239 TO 14

NONPROFIT ORGANIZATIONS IN 2020.

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, COMMUNITY IMPACT COMMITTEE

MEMBERS, FINANCE COMMITTEE 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

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

Schedule O (Form 990 or 990-EZ) 2020

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

Employer identification number
42-6053860

SIGN CONFLICT OF INTEREST DECLARATIONS BEFORE VOTING.

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

LINE 15A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS. THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND REVIEWED BY THE FULL BOARD IN AN EXECUTIVE SESSION. THE BOARD CHAIR EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON 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 -131,337.

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

Employer identification number
42-6053860

PART XII, LINE 2C

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

Multiple horizontal lines for additional information.

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. GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 42-6053860
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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 52401-1841

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 52401-1841**

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

3a	3a	\$	\$	0.
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 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.				
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.				

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.**