

Form **990**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION Doing business as		D Employer identification number 42-6053860
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 324 3RD ST SE		E Telephone number 319-366-2862
	City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS, IA 52401-1841		G Gross receipts \$ 28,485,497.
	F Name and address of principal officer: LESLIE H. GARNER, JR SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: WWW.GRCRF.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1987 **M State of legal domicile:** IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO STRENGTHEN OUR COMMUNITY THROUGH PHILANTHROPY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	232
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-127,369.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,305,160.	15,741,697.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,921,901.	10,714,829.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-17,846.	36,928.
		11,209,215.	26,493,454.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,967,251.	11,397,285.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,985,888.	2,056,833.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	552.	502.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 973,493.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,050,971.	1,368,765.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,004,662.	14,823,385.
19 Revenue less expenses. Subtract line 18 from line 12	-1,795,447.	11,670,069.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	194,521,681.	223,368,352.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,112,583.	47,613,166.
	155,409,098.	175,755,186.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JEAN BRENNEMAN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SHAWNA HULS		11/07/22		P01315330
Preparer Use Only	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 201 FIRST ST SE, SUITE 800 CEDAR RAPIDS, IA 52401			Phone no. 319-298-5333	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PARTNERS WITH DONORS, FUNDERS, AND OTHER COMMUNITY COLLABORATORS TO ACHIEVE HIGH-IMPACT PHILANTHROPY, SUPPORTS NONPROFIT ORGANIZATIONS THAT ADDRESS OUR COMMUNITY'S NEEDS AND OPPORTUNITIES, AND CONVENES PEOPLE TO LEARN,

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 \$ 9,407,523. including grants of \$ 8,558,029.) (Revenue \$ 11,470.) THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION INVESTS IN THE FUTURE OF LINN COUNTY, IOWA BY WORKING WITH DONORS AND PROVIDING GRANTS AND SUPPORT TO NONPROFITS. ACHIEVING HIGH-IMPACT PHILANTHROPY: WHEN INDIVIDUALS, FAMILIES, BUSINESSES AND NONPROFITS INVEST IN CHARITABLE FUNDS AT THE COMMUNITY FOUNDATION, THOSE GIFTS CREATE LEGACIES AND BENEFIT THE COMMUNITY FOREVER. THE COMMUNITY FOUNDATION PROVIDES THE HIGHEST POSSIBLE LEVEL OF PHILANTHROPIC SERVICES INCLUDING EXPERT ADVICE, PROFESSIONAL FUND MANAGEMENT, MAXIMUM TAX SAVINGS, AND COMMUNITY KNOWLEDGE OF HUNDREDS OF LOCAL NONPROFIT ORGANIZATIONS. IN 2021, OVER \$20 MILLION WAS RECEIVED IN CONTRIBUTIONS.

4b (Code:) (Expenses \$ 1,987,413. including grants of \$ 1,441,808.) (Revenue \$) CREATING A VIBRANT AND INCLUSIVE FUTURE: FOR MORE THAN 70 YEARS, THE COMMUNITY FOUNDATION HAS BEEN WORKING CLOSELY WITH DONORS, LOCAL LEADERS, AND HUNDREDS OF NONPROFIT ORGANIZATIONS AS A FUNDER AND CONVENER TO DEVELOP AND IMPLEMENT BETTER SOLUTIONS FOR THE FUTURE. BY LEVERAGING ITS RESOURCES AND BUILDING RELATIONSHIPS WITH OTHERS, THE COMMUNITY FOUNDATION ACTS AS A CATALYST FOR CHANGE BY WORKING ON ISSUES OF BROAD COMMUNITY IMPORTANCE SO EVERYONE IN LINN COUNTY HAS OPPORTUNITIES TO ACHIEVE THEIR FULL POTENTIAL.

4c (Code:) (Expenses \$ 1,516,800. including grants of \$ 1,397,448.) (Revenue \$) STRENGTHENING NONPROFITS: THE COMMUNITY FOUNDATION'S GRANT PROGRAMS INVEST IN INNOVATION, SUSTAINABILITY AND CAPACITY-BUILDING IN NONPROFIT ORGANIZATIONS. IN 2021, \$12.6 MILLION WAS DISTRIBUTED IN GRANTS AND SCHOLARSHIPS. IN ADDITION TO GRANTMAKING, THE NONPROFIT NETWORK PROVIDES A POINT OF CONNECTION FOR LOCAL NONPROFIT ORGANIZATIONS AND PROFESSIONALS, CONCENTRATING ON THREE AREAS: PEER ENGAGEMENT, LEARNING OPPORTUNITIES AND INFORMATION.

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

4e Total program service expenses 12,911,736.

Part IV Checklist of Required Schedules

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

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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 the 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		22
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17	

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JEAN BRENNEMAN - 319-366-2862**
324 3RD ST SE, CEDAR RAPIDS, IA 52401-1841

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE H. GARNER JR PRESIDENT & CEO	40.00			X			222,286.	0.	35,767.	
(2) MICHELLE BEISKER VP OF DEVELOPMENT	40.00					X	134,557.	0.	24,923.	
(3) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	40.00					X	130,063.	0.	29,186.	
(4) JEAN BRENNEMAN CFO	40.00			X			130,953.	0.	21,541.	
(5) CORINNE RAMLER VP OF COMMUNICATIONS	40.00					X	101,824.	0.	19,413.	
(6) CHARLIE SCHIMBERG CHAIR	2.00	X		X			0.	0.	0.	
(7) OKPARA RICE VICE-CHAIR/CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(8) MIKE SHEELEY TREASURER	2.00	X		X			0.	0.	0.	
(9) SUE OLSON SECRETARY	2.00	X		X			0.	0.	0.	
(10) KATE MINETTE 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) KARI COOLING 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIM HADDAD DIRECTOR	2.00	X						0.	0.	0.
(19) STACEY HALYARD DIRECTOR	2.00	X						0.	0.	0.
(20) SALMA IGRAM DIRECTOR	2.00	X						0.	0.	0.
(21) JON LANDON DIRECTOR	2.00	X						0.	0.	0.
(22) DIANA LEDFORD DIRECTOR	2.00	X						0.	0.	0.
(23) CHRIS LINDELL DIRECTOR	2.00	X						0.	0.	0.
(24) DAVID LITTLE DIRECTOR	2.00	X						0.	0.	0.
(25) JOE LOCK DIRECTOR	2.00	X						0.	0.	0.
(26) MICHELLE NIERMANN DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								719,683.	0.	130,830.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								719,683.	0.	130,830.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RW BAIRD, 200 5TH AVENUE SE, SUITE 102, CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	176,933.
FUND EVALUATION GROUP, 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	165,825.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,741,697.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,054,227.		
	h	Total. Add lines 1a-1f		15,741,697.		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,506,660.	-127,369.	4,634,029.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real	25,458.		
			(ii) Personal			
			6a	25,458.		
	b	Less: rental expenses	6b	0.		
	c	Rental income or (loss)	6c	25,458.		
	d	Net rental income or (loss)		25,458.		25,458.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	8,200,212.		
			(ii) Other			
			7a	8,200,212.		
	b	Less: cost or other basis and sales expenses	7b	1,983,290.	8,753.	
c	Gain or (loss)	7c	6,216,922.	-8,753.		
d	Net gain or (loss)		6,208,169.		6,208,169.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	11,470.	11,470.
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d			11,470.	
12	Total revenue. See instructions			26,493,454.	11,470.	-127,369.
						10,867,656.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,375,555.	11,375,555.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,730.	21,730.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	894,738.	274,574.	292,055.	328,109.
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	874,195.	397,675.	143,660.	332,860.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,635.	26,588.	15,911.	24,136.
9 Other employee benefits	104,750.	41,213.	25,243.	38,294.
10 Payroll taxes	116,515.	44,787.	28,498.	43,230.
11 Fees for services (nonemployees):				
a Management				
b Legal	595.		119.	476.
c Accounting	51,220.	19,974.	13,124.	18,122.
d Lobbying	7,496.		7,496.	
e Professional fundraising services. See Part IV, line 17	502.			502.
f Investment management fees	370,447.	370,447.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	120,342.	120,342.		
12 Advertising and promotion	55,107.	17,129.	20,186.	17,792.
13 Office expenses	40,793.	15,460.	8,977.	16,356.
14 Information technology	155,350.	68,115.	33,423.	53,812.
15 Royalties				
16 Occupancy	118,426.	42,086.	37,279.	39,061.
17 Travel	5,374.	1,742.	2,051.	1,581.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,604.	17,053.	12,329.	5,222.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,919.	23,323.	17,321.	26,275.
23 Insurance	16,386.	1,379.	13,454.	1,553.
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 CGA, CRAT, CURT DISTRIB	208,292.		208,292.	
b GCRCF FEES FOR FUNDS WI	50,108.		50,108.	
c OTHER INVESTMENT EXP	23,712.	23,712.		
d VACATION ACCRUAL	21,842.		21,842.	
e All other expenses	21,752.	8,852.	-13,212.	26,112.
25 Total functional expenses. Add lines 1 through 24e	14,823,385.	12,911,736.	938,156.	973,493.
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 <input type="checkbox"/> 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	14,897,840.	2	10,016,801.
	3 Pledges and grants receivable, net	212,950.	3	423,715.
	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	25,396.	9	20,422.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,319,906.		
	b Less: accumulated depreciation	10b 903,045.	1,492,533.	10c 1,416,861.
	11 Investments - publicly traded securities	135,955,316.	11	167,054,027.
	12 Investments - other securities. See Part IV, line 11	37,830,504.	12	39,581,975.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,107,142.	15	4,854,551.
16 Total assets. Add lines 1 through 15 (must equal line 33)	194,521,681.	16	223,368,352.	
Liabilities	17 Accounts payable and accrued expenses	141,440.	17	178,066.
	18 Grants payable	59,024.	18	648,713.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	37,683,839.	21	45,611,188.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,228,280.	25	1,175,199.
	26 Total liabilities. Add lines 17 through 25	39,112,583.	26	47,613,166.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	149,476,592.	27	168,946,179.
	28 Net assets with donor restrictions	5,932,506.	28	6,809,007.
	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	155,409,098.	32	175,755,186.
33 Total liabilities and net assets/fund balances	194,521,681.	33	223,368,352.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,493,454.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,823,385.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,670,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,409,098.
5	Net unrealized gains (losses) on investments	5	8,620,919.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	55,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	175,755,186.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number	42-6053860
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,929,096.	9,283,701.	14,491,611.	8,028,060.	15,741,697.	59,474,165.
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	11,929,096.	9,283,701.	14,491,611.	8,028,060.	15,741,697.	59,474,165.
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)						7,424,113.
6 Public support. Subtract line 5 from line 4.						52,050,052.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11,929,096.	9,283,701.	14,491,611.	8,028,060.	15,741,697.	59,474,165.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,767,744.	5,172,671.	3,585,353.	2,515,261.	4,532,118.	19,573,147.
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.)	12,176.	46,202.	13,525.	320,211.	11,470.	403,584.
11 Total support. Add lines 7 through 10						79,450,896.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	65.51 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	68.09 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 (<i>explain in detail in Part VI</i>):		
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			Current Year
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 460,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 397,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 500,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 4,101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 496,683.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 57,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 916,387.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,260,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,387,708.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 319,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 496,683.	10/14/21
7	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 916,387.	12/20/21
9	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,387,708.	06/14/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,496.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			7,496.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE COMMUNITY FOUNDATION PAYS LOBBYISTS TO DISCUSS FOUNDATION ISSUES

WITH THE STATE AND FEDERAL LEGISLATURE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	135,266,580.	128,993,313.	110,849,692.	117,947,297.	105,320,077.
b Contributions	8,704,076.	1,766,447.	7,666,186.	5,535,942.	5,423,417.
c Net investment earnings, gains, and losses	17,220,841.	10,943,728.	18,115,349.	-6,509,610.	14,733,276.
d Grants or scholarships	3,157,762.	2,966,501.	2,905,035.	2,793,037.	2,659,751.
e Other expenditures for facilities and programs	1,596,505.	1,723,599.	1,449,300.		2,015,474.
f Administrative expenses	1,919,081.	1,746,808.	3,283,580.	3,330,900.	2,854,248.
g End of year balance	154,518,149.	135,266,580.	128,993,312.	110,849,692.	117,947,297.

- 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,000.		70,000.
b Buildings		1,790,167.	474,648.	1,315,519.
c Leasehold improvements				
d Equipment		225,776.	200,825.	24,951.
e Other		233,963.	227,572.	6,391.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,416,861.

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 SECURITIES	2,370,343.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	5,936,158.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	31,013,566.	END-OF-YEAR MARKET VALUE
(D) GLOBAL FIXED INCOME BOND FUNDS	261,908.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	39,581,975.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY & UNITRUST AGREEMENTS	1,175,199.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,175,199.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	34,738,027.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 8,620,919.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	8,620,919.
3	Subtract line 2e from line 1		3	26,117,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 394,159.		
b	Other (Describe in Part XIII.)	4b -17,813.		
c	Add lines 4a and 4b		4c	376,346.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,493,454.

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	14,391,939.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	14,391,939.
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 394,159.		
b	Other (Describe in Part XIII.)	4b 37,287.		
c	Add lines 4a and 4b		4c	431,446.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	14,823,385.

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 COMMUNITY 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 COMMUNITY 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 COMMUNITY FOUNDATION PROVIDES GRANTS AND SUPPORT TO NONPROFITS BY

Part XIII Supplemental Information (continued)

INVESTING IN INNOVATION, SUSTAINABILITY AND CAPACITY BUILDING ACROSS THE
 SPECTRUM OF NONPROFIT ORGANIZATIONS. THE COMMUNITY FOUNDATION ALSO
 PROVIDES LEADERSHIP ON COMMUNITY INITIATIVES THAT INVOLVE CHARITABLE
 GIVING.

PART X, LINE 2:

INCOME TAX STATUS: THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE
 COMMUNITY FOUNDATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS
 OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE COMMUNITY
 FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY
 IN INCOME TAXES. THE COMMUNITY 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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES NETTED WITH REVENUE	-17,813.
------------------------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES NETTED WITH REVENUE ON F/S	-17,813.
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ACTUARIAL ADJUSTMENT ON ANNUITIES	55,100.
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TOTAL TO SCHEDULE D, PART XII, LINE 4B	37,287.
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**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

2021

Open to Public Inspection

Name of the organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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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		11,577,566.
3 a Subtotal	0	0			11,577,566.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			11,577,566.

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)

- 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 ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

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

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS - PO BOX 2842 - CEDAR RAPIDS, IA 52406	45-4289211	509(A)(1)	16,869.	0.			GENERAL SUPPORT, ANNUAL AGENCY DISTRIBUTION, THE ACADEMY SPS PLANNING FOR THE FUTURE
ADVOCATES FOR SOCIAL JUSTICE 1100 18TH ST SW CEDAR RAPIDS, IA 52404	85-3230425	509(A)(1)	10,000.	0.			GENERAL OPERATING SUPPORT
AFFORDABLE HOUSING NETWORK INC. 5400 KIRKWOOD BLVD CEDAR RAPIDS, IA 52404	20-8640691	509(A)(2)	15,000.	0.			AHNI CAPACITY-BUILDING STAFF TRAINING PLAN
AFRICAN AMERICAN MUSEUM OF IOWA 55 12TH AVE SE CEDAR RAPIDS, IA 52401-2202	42-1415305	509(A)(1)	32,909.	0.			GENERAL SUPPORT, UNRESTRICTED/OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION,
AGAPE CHILD DEVELOPMENT CENTER 2304 EMERSON AVE N MINNEAPOLIS, MN 55411	41-1914493	509(A)(2)	25,000.	0.			AC: GENERAL SUPPORT FOR COVID-19 RELIEF FUND
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	509(A)(1)	10,096.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 172.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3007	42-0698056	501(C)(3)	6,603.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC
ALZHEIMER'S ASSOCIATION - IOWA CHAPTER - 225 N MICHIGAN AVE - CHICAGO, IL 60601	13-3039601	509(A)(1)	15,955.	0.			ANNUAL DESIGNATED DISTRIBUTION
AMERICAN BOTANICAL COUNCIL PO BOX 144345 AUSTIN, TX 78714-4345	74-2518542	509(A)(2)	15,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 52233-2070	13-5613797	509(A)(1)	14,587.	0.			ANNUAL DESIGNATED DISTRIBUTION, HEART WALK DUBUQUE, GO RED FOR WOMEN, COMMUNITY
AMERICAN INDIA FOUNDATION 216 E 45TH STREET 7TH FLOOR NEW YORK, NY 10017	13-4159765	509(A)(1)	25,000.	0.			COVID-19 RESPONSE
AMERICAN NATIONAL RED CROSS - SERVING IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	509(A)(1)	10,327.	0.			PROGRAM SUPPORT: HOME FIRE RELIEF CAMPAIGN, GENERAL SUPPORT FOR PEOPLE OF KENTUCKY THAT
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - 3636 WESTOWN PARKWAY, STE 204 - WEST DES MOINES, IA 50266	30-0051272	509(A)(1)	10,000.	0.			ALS ASSOCIATION IOWA EQUIPMENT LOAN PROGRAM - 138308
ARCHDIOCESE OF DUBUQUE DBA PRAIRIEWOODS FRANCISCAN SPIRITUALITY CENTER - 120 E BOYSON RD - HIAWATHA, IA 52233-1277	42-0680409	509(A)(1)	9,600.	0.			SUSTAINABILITY IMPROVEMENTS FOR LAND CARE
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	509(A)(1)	40,200.	0.			IN MEMORY OF MEGAN MOHNSSEN, SUBSTANCE ABUSE EDUCATION FOR PARENTS, SUPPORT FOR CHILDREN

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BIG BANG FOUNDATION 852 OAKLAND ROAD NE CEDAR RAPIDS, IA 52402	81-2131907	509(A)(2)	10,000.	0.			GENERAL SUPPORT
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)	154,144.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, BOWL FOR KIDS' SAKE SUPPORT - "BOWL ON
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)	25,065.	0.			AREA OF MOST NEED, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SMART GIRLS, FISH-O-RAMA,
BRIDGE UNDER THE BRIDGE 355 8TH AVE SW CEDAR RAPIDS, IA 52404	85-3556350	501(C)(3)	12,590.	0.			GENERAL SUPPORT, THANKSGIVING MEAL SUPPORT
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 4250 GLASS RD NE STE 100 - CEDAR RAPIDS, IA 52402	42-1203675	509(A)(1)	7,026.	0.			GENERAL SUPPORT
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	501(C)(3)	58,019.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SOCIAL MEDIA CAMPAIGN, DERECHO
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE RD SE WASHINGTON, DC 20020	52-1307706	509(A)(1)	20,000.	0.			STEP UP DC JOB PLACEMENT PROGRAM
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	509(A)(1)	66,446.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, CAMPSHIP FUND, PENALUNA TUNNEL PROJECT, THERAPY
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	509(A)(3)	5,322.	0.			ANNUAL DESIGNATED DISTRIBUTION

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CATHERINE MCAULEY CENTER INC. 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	509(A)(1)	173,678.	0.			GENERAL SUPPORT, IN MEMORY OF MEGAN MOHNSEN, DERECHO DAMAGE REPAIR, IMPROVING HEALTHCARE
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 600 36TH ST SE - CEDAR RAPIDS, IA 52403-4399	42-6023551	170(C)(1)	26,947.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL'S SCHOLARSHIP PROGRAM,
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION FOR IOWA BIG - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	509(A)(1)	38,371.	0.			IOWA BIG/HAWKEYE DOWNS-STUDENT BASED RACE PROGRAM, IOWA BIG - BUILD DAY SUPPORTING SLEEP IN
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	509(A)(1)	268,826.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SPRING 2022 EXHIBITION AND EDUCATION SUPPORT,
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	509(A)(2)	58,371.	0.			AGENCY DISTRIBUTION, GENERAL SUPPORT, YOUNG ARTIST PROGRAM SUPPORT, CEDAR RAPIDS OPERA
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	509(A)(1)	51,693.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, DOLLY PARTON'S IMAGINATION LIBRARY
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	509(A)(3)	25,945.	0.			GENERAL SUPPORT
CEDAR RAPIDS TOURISM OFFICE - VENUWORKS OF CEDAR RAPIDS - 370 FIRST AVENUE NE - CEDAR RAPIDS, IA 52401	48-1261751	GOV'T	25,000.	0.			"FREE ADMISSION FEBRUARY" INITIATIVE
CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY - PO BOX 784 - WAVERLY, IA 50677	42-1390144	509(A)(1)	15,000.	0.			VICTIM SERVICES

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CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	509(A)(1)	35,686.	0.			AREA OF MOST NEED, GENERAL SUPPORT, 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)	159,194.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS, CAPITAL CAMPAIGN, CEDAR
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 28274 NETWORK PLACE - CHICAGO, IL 60673-1282	36-2167817	509(A)(1)	5,628.	0.			ANNUAL DESIGNATED DISTRIBUTION
CENTRAL CITY DEVELOPMENT CORPORATION - PO BOX 8036 - DES MOINES, IA 50301	31-1598838	509(A)(1)	40,300.	0.			YOUTHTEENTH- MELANATED MEN, GROUP VIOLENCE INTERVENTION SUPPORT AND OUTREACH WORK
CENTRAL FURNITURE RESCUE PO BOX 2404 CEDAR RAPIDS, IA 52406-2404	84-2506457	509(A)(1)	16,000.	0.			TURNING A HOUSE INTO A HOME FOR FAMILIES IN NEED
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	509(A)(1)	28,643.	0.			ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 450 5TH AVE SE CEDAR RAPIDS, IA 52401	42-6004336	170(C)(1)	503,129.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED
CLOTHE-A-CHILD INC. PO BOX 592 MARION, IA 52302	43-2007940	509(A)(1)	6,436.	0.			ANNUAL DESIGNATED DISTRIBUTION TO PROVIDE NEW CLOTHING TO AREA NEEDY KIDS,
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402-5092	42-0686467	509(A)(1)	287,550.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL FUND, ANNUAL DESIGNATED DISTRIBUTION, GLIDDEN

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COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	509(A)(2)	153,688.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED, DIRECT PATIENT CARE
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	509(A)(2)	159,880.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, THEATRE CEDAR RAPIDS GENERAL OPERATING
CONNECTCR P.O. BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	509(A)(1)	263,309.	0.			GENERAL SUPPORT, IPADDLE PORTABLE RENTAL STATION & DOCK, CONNECTCR AWAKENING CONNECTIONS CAMPAIGN
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	509(A)(1)	214,540.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION SUPPORTING SCHOLARSHIPS FOR FEMALE STUDENT
CRITTER CRUSADERS OF CEDAR RAPIDS INC. - PO BOX 10111 - CEDAR RAPIDS, IA 52410	26-2821920	509(A)(1)	11,731.	0.			GENERAL SUPPORT, MEDICAL CARE, MEDICAL FINANCIAL SUPPORT FOR HOMELESS ANIMALS
CZECH VILLAGE/NEW BOHEMIA URBAN MAIN STREET DISTRICT DBA THE DISTRICT: CZECH VIL - 329 10TH AVE SE STE 123 - CEDAR RAPIDS, IA	27-1416767	509(A)(1)	6,000.	0.			EVENT SUPPORT: FREE FAMILY MOVIE NIGHT AUGUST 2021, SUPPORT FOR ICONIC FUNDRAISER
DEAFINITELY DOGS INC. 2802 LIPPISH PLACE SW CEDAR RAPIDS, IA 52404	47-1590153	509(A)(1)	14,350.	0.			GENERAL SUPPORT, ST. PADDY PAWS EVENT, CANINES OFFERING POSITIVE EMOTIONS (COPE) PROGRAM
DENVER INNER CITY PARISH 1212 MARIPOSA STREET DENVER, CO 80204	84-0525768	509(A)(1)	10,000.	0.			GENERAL SUPPORT
DISCOVERY LIVING 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	509(A)(1)	20,285.	0.			ANNUAL DESIGNATED DISTRIBUTION, ENDOWMENT SUPPORT, CYBERSECURITY FORTIFICATION

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DONORSCHOOSE.ORG MAIL CODE: 6656, PO BOX 7247 PHILADELPHIA, PA 19170-6656	13-4129457	509(A)(1)	25,000.	0.			2021 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	509(A)(1)	43,343.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HEALING HEARTS WORKSHOP SERIES, EIAA'S
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	509(A)(2)	31,750.	0.			GENERAL SUPPORT, AREA OF MOST NEED, PATIENT UNMET NEEDS
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE STE 3 - CEDAR RAPIDS, IA 52401-1325	42-1456338	509(A)(1)	5,296.	0.			GENERAL SUPPORT, ANNUAL SUPPORT FOR 2021, ANNUAL DESIGNATED DISTRIBUTION
EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	509(A)(1)	50,000.	0.			MOTHER EARTH FARM
ESSENTIAL INSTRUCTION C/O MARION MIXERS - 327 2ND ST. STE 300 - CORALVILLE, IA 52241	46-5762244	509(A)(1)	6,000.	0.			ESSENTIAL INSTRUCTION
FAMILIES HELPING FAMILIES OF IOWA 6000 7TH ST SW CEDAR RAPIDS, IA 52404	71-0985937	509(A)(1)	15,000.	0.			GENERAL SUPPORT
FAMILY PROMISE OF LINN COUNTY 610 31ST ST SE CEDAR RAPIDS, IA 52403	27-3296139	509(A)(1)	16,799.	0.			AREA OF MOST NEED, ANNUAL SUPPORT FOR 2021, FULFILLING THE PROMISE OF SHELTER
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406	45-4058376	509(A)(1)	130,572.	0.			GENERAL SUPPORT, DISTRIBUTION OF FRESH PRODUCE, GROW DON'T MOW, GROW SOME ROWS,

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FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS (FOCUS) - PO BOX 17408 - DENVER, CO 80217	84-1522811	509(A)(1)	7,500.	0.			GENERAL SUPPORT
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	509(A)(1)	5,757.	0.			ANNUAL DESIGNATED DISTRIBUTION
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	509(A)(1)	6,344.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF ELY 11100 SPANISH RD ELY, IA 52227	42-0924451	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN CONTRIBUTION
FOUNDATION 2 INC. DBA FOUNDATION 2 CRISIS SERVICES - 1714 JOHNSON AVE NW - CEDAR RAPIDS, IA 52405-4865	42-1078444	509(A)(1)	266,026.	0.			OTHER: IN MEMORY OF HANNAH COLTON, GENERAL SUPPORT, GENERAL SUPPORT FROM GIVING TUESDAY,
FOUR OAKS FAMILY & CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	509(A)(1)	78,541.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, OTHER: MENTAL HEALTH NEEDS FOR
FRIENDS OF CEDAR LAKE INC. 1821 GRANDE AVENUE SE CEDAR RAPIDS, IA 52403	47-2974571	509(A)(1)	11,291.	0.			FINAL AGENCY DISTRIBUTION
FRIENDS OF MARION CARNEGIE LIBRARY DBA THE FRIENDS OF THE MARION PUBLIC LIBRARY - 1064 7TH AVENUE - MARION, IA 52302	42-1335663	509(A)(2)	17,000.	0.			MARION LIBRARY CAPITAL CAMPAIGN, FRIENDS OF MARION CARNEGIE LIBRARY/DPIL
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC. - 2345 BLAIRS FERRY RD. NE, UNITS F/G - CEDAR RAPIDS, IA 52402	42-1008848	509(A)(1)	10,000.	0.			GIRL SCOUT LEADERSHIP PROGRAM IN LINN COUNTY, GIRL SCOUT LEADERSHIP DEVELOPMENT PROGRAM

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GOOD360 675 N WASHINGTON STREET STE 330 ALEXANDRIA, VA 22314	54-1282616	509(A)(1)	10,000.	0.			STORAGE & DISTRIBUTION OF DONATED GOODS
GRACE CHURCH CATHEDRAL 115 WENTWORTH ST. CHARLESTON, SC 29401	57-0362059	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HARMONY SCHOOL OF MUSIC 1200 FIRST AVE NE CEDAR RAPIDS, IA 52403	81-5157369	509(A)(1)	24,062.	0.			GENERAL SUPPORT, HARMONY SCHOOL: MUSIC FOR POSITIVE CHANGE, ADAPT AND THRIVE: HARMONY
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	509(A)(1)	43,979.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404-3910	42-0680304	509(A)(1)	9,279.	0.			AREA OF GREATEST NEED, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, STAFF ALUMNI SCHOLARSHIP
HAWKEYE COMMUNITY COLLEGE 1501 EAST ORANGE ROAD, PO BOX 8015 WATERLOO, IA 50704-8015	42-0925362	170(C)(1)	6,800.	0.			DELAWARE COUNTY FISH & GAME SCHOLARSHIP, WILLIAM & PATRICIA BUSS SCHOLARSHIP
HAWKEYE DOWNS 4400 6TH ST SW CEDAR RAPIDS, IA 52404-4431	42-0680946	509(A)(2)	10,000.	0.			GENERAL SUPPORT
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	509(A)(1)	30,743.	0.			ANNUAL DESIGNATED DISTRIBUTION, HEALTHY HOMES PROGRAM
HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE, IA 52001	42-0680411	509(A)(1)	19,165.	0.			EVENT SUPPORT: REFLECTIONS IN THE PARK, HILLCREST FAMILY SERVICES SUPPORTED LIVING PROGRAM

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HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC - 1245 2ND AVE SE - CEDAR RAPIDS, IA 52403	39-1878606	509(A)(1)	49,500.	0.			MEDICATIONS TO IMPROVE COMMUNITY HEALTH, COMMUNITY GIVING, CAPITAL CAMPAIGN, HIS HANDS FREE
HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	170(C)(1)	44,716.	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 FOR JAYWALKER'S YOUTH GROUP, GENERAL SUPPORT, PRAIRIE CATHOLIC SCHOOL
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	509(A)(1)	67,282.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, USING THE ARTS TO
HOPE ALLIANCE 1011 GATTIS SCHOOL RD 110 ROUND ROCK, TX 78664	74-2277114	509(A)(1)	27,500.	0.			DISASTER RELIEF, TRAUMA INFORMED COUNSELING
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST SE, PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	509(A)(1)	96,773.	0.			GENERAL SUPPORT, HORIZONS MEALS ON WHEELS, NTS EXPANSION AND GROWTH, FINANCIAL WELLNESS
HOUSING FUND FOR LINN COUNTY 700 16TH STREET NE SUITE 301 CEDAR RAPIDS, IA 52402	20-8890152	170(C)(1)	760,000.	0.			PATCH PROGRAM REVOLVING LOAN FUND
IMMACULATE CONCEPTION CATHOLIC CHURCH - 857 3RD AVE SE - CEDAR RAPIDS, IA 52403	42-0698294	501(C)(3)	10,841.	0.			GENERAL SUPPORT
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	509(A)(1)	92,680.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, RESTORATION AND RECONSTRUCTION OF NATIVE

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INLAND EMPIRE UNITED WAY 9644 HERMOSA AVE RANCHO CUCAMONGA, CA 91730	33-0502676	509(A)(1)	12,614.	0.			GENERAL SUPPORT
IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 65361 - WEST DES MOINES, IA 50265	45-4574664	509(A)(1)	123,489.	0.			ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	509(A)(2)	29,500.	0.			GENERAL SUPPORT, ICF ANNUAL FUNDING REQUEST TO DIAMOND V, ICF ANNUAL REQUEST TO WORLD CLASS
IOWA HUMANE ALLIANCE 6540 6TH ST SW CEDAR RAPIDS, IA 52404	26-1992986	509(A)(1)	19,374.	0.			GENERAL SUPPORT, SPAY AND NEUTER SUBSIDIES, CLINIC EXPANSION
IOWA JAG INC. 1111 9TH STREET STE 268 DES MOINES, IA 50314	42-1492988	509(A)(1)	43,000.	0.			CREATING CAREER PATHWAYS FOR UNDERSERVED YOUTH, IJAG: CREATING INCLUSIVE CAREER PATHWAYS FOR
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	170(C)(1)	23,900.	0.			DREW WALL SCHOLARSHIP, OUTSTANDING STUDENT LEADER SCHOLARSHIP, COLLEGE OPPORTUNITY
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	509(A)(1)	55,099.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ACHIEVEMENT ACADEMY, JANE BOYD PATHS PROGRAM, JANE
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF - 1026 A AVE NE STE 113 - CEDAR RAPIDS, IA 52406	23-1907729	509(A)(1)	16,725.	0.			GENERAL SUPPORT, ELMCREST COUNTRY CLUB TENNIS PRO-AM EVENT, ONE WALK, LEADERSHIP GIVING PROGRAM
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	509(A)(1)	62,951.	0.			ANNUAL DESIGNATED DISTRIBUTION, IA TITAN CHALLENGE FOR 2021 - GENERAL SUPPOT, 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 52401-2007	42-6060212	509(A)(2)	11,044.	0.			AGENCY DISTRIBUTION, BRIDGING THE G.A.P.
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	509(A)(1)	82,250.	0.			GENERAL SUPPORT, ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, CHILD ADVOCACY IN
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	23-7076632	509(A)(1)	106,157.	0.			COLLEGE OPPORTUNITY SCHOLARSHIP, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	509(A)(1)	32,000.	0.			GENERAL SUPPORT: EARN & LEARN PROGRAM, GENERAL SUPPORT OF LEADERS BELIEVERS AND ACHIEVERS,
LINN AREA EDUCATION ASSOCIATIONS COMMUNITY FOUNDATION DBA THE TEACHER STORE - LINN AREA CREDIT UNION, 3015 BLAIRS FERRY RD. NE -	26-2607522	509(A)(1)	10,327.	0.			CLASSROOM SUPPLIES FOR LOCAL EDUCATORS, SUPPLIES FOR TEACHERS
LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 52401-1601	20-0076420	509(A)(1)	6,501.	0.			GENERAL SUPPORT, AREA OF MOST NEED, ANNUAL DESIGNATED DISTRIBUTION
LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIES - PO BOX 1322 - CEDAR RAPIDS, IA 52406-1322	20-0647905	509(A)(1)	22,225.	0.			GENERAL SUPPORT, JDDS ART & EDUCATION MATERIALS, RISE PROGRAM EQUIPMENT & TECHNOLOGY, RISE/WENZEL
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 800 2ND AVE SE - CEDAR RAPIDS, IA 52403	23-7311415	509(A)(2)	59,951.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, GIVING CIRCLES, COMMUNICATION COACHING
LINN COUNTY PUBLIC HEALTH DEPARTMENT - 1240 26TH AVE. CT. SW - CEDAR RAPIDS, IA 52404	42-6004338	170(C)(1)	17,925.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EASEMENT, MENTAL HEALTH ACCESS CENTER - EMERGING

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINN COUNTY TRAILS ASSOCIATION PO BOX 2681 CEDAR RAPIDS, IA 52406-2681	42-1359081	509(A)(1)	5,873.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
LINN-MAR SCHOOL FOUNDATION 2999 N. 10TH STREET MARION, IA 52302	42-1267125	509(A)(1)	22,681.	0.			LITERACY BEGINNINGS: SUPPORTING EMERGING READERS, PROGRAM SUPPORT: CURRICULUM/CLASSROOM
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101-1041	42-0680466	509(A)(1)	16,091.	0.			GENERAL SUPPORT, LAVENZ MEMORIAL INCOURAGE SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP,
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	509(A)(2)	9,894.	0.			LUTHERAN SERVICES IN IOWA ACTION FUND
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	509(A)(1)	28,843.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 SOUTH 15TH STREET - MARION, IA 52302	42-1343360	509(A)(1)	14,225.	0.			AREA OF MOST NEED (IN MEMORY OF GREGORY HAPGOOD SR. LINN COUNTY IOWA IS A BETTER PLACE TO LIVE
MARION PUBLIC LIBRARY FOUNDATION 1064 7TH AVE MARION, IA 52302	84-4033363	501(C)(3)	12,500.	0.			MPL MOBILE LIBRARY
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	509(A)(1)	369,203.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, GENERAL SUPPORT, ANNUAL
MEANS DATABASE 4410 MASSACHUSETTS AVE NW #397 WASHINGTON, DC 20016	47-4262060	509(A)(1)	15,000.	0.			RESCUING UNSOLD ORGANIC FOOD FROM CO-OPS AND NATURAL FOOD RETAILERS

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	509(A)(1)	15,463.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR FAMILY CAREGIVERS CENTER, 2022 ESPECIALLY FOR YOU RACE
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	509(A)(3) TYPE I	1,183,233.	0.			FAMILY CAREGIVER CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	509(A)(2)	26,429.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 389 - KALONA, IA 52247	42-1304224	509(A)(2)	6,996.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SCHOLARSHIPS
MIRRORBOX THEATRE 201 3RD AVE SW CEDAR RAPIDS, IA 52404	84-3956514	509(A)(2)	20,200.	0.			GENERAL SUPPORT, A NEW HOME FOR NEW PLAYS
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	509(A)(1)	110,000.	0.			MONARCH RESEARCH PROJECT SUPPORT GRANT, GENERAL SUPPORT
MOUNT MERCY UNIVERSITY 1330 ELMHURST DRIVE NE CEDAR RAPIDS, IA 52402-4797	42-0681046	509(A)(1)	85,079.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, GENERAL SUPPORT,
MOUNT PLEASANT COMMUNITY CHILDCARE CENTER - 304 W WASHINGTON ST - MOUNT PLEASANT, IA 52641	85-3518508	509(A)(2)	10,000.	0.			CHILDCARE CENTER OPENING
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION - 525 PALISADES RD SW - MOUNT VERNON, IA 52314-1761	42-1304892	509(A)(3) TYPE I	211,589.	0.			CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, MOUNT VERNON

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC. - PO BOX 31 - MT. VERNON, IA 52314	81-1018832	509(A)(1)	8,000.	0.			DESIGNATED DISTRIBUTION FOR THE FIRST STREET COMMUNITY CENTER
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404	51-0189030	509(A)(1)	189,056.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, AREA OF MOST NEED, STEAM GROWN
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	509(A)(1)	49,249.	0.			PURCHASE OF EQUIPMENT OR SUPPLIES, TINY TECHIES TEACHER TRAINING, VIRTUAL TRANSITION OF CODERDOJO,
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	509(A)(1)	80,000.	0.			NEWBO CITY MARKET GENERAL OPERATING SUPPORT, THE HATCHERY PROGRAM, EXPANDING THE HATCHERY
OLIVET NEIGHBORHOOD MISSION 230 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	509(A)(1)	44,732.	0.			GENERAL SUPPORT, FOOD PANTRY, COMMUNITY GARDENS, HOLIDAY ADOPTION PROGRAM SUPPORT, OLIVET
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	509(A)(2)	134,950.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	509(A)(1)	11,632.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS
PROJECT WORTHMORE 1666 ELMIRA STREET AURORA, CO 80010	45-0933835	509(A)(1)	40,000.	0.			SO: YU MEH FOOD SHARE
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	509(A)(1)	37,891.	0.			AREA OF MOST NEED, GENERAL SUPPORT, ANNUAL SUPPORT, INTO NOOKS AND CRANNIES: CHAMBER MUSIC

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESONANCE CENTER FOR WOMEN 1608 S ELWOOD AVE TULSA, OK 74119	73-1023752	509(A)(1)	20,000.	0.			A PLACE TO CALL HOME
RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	509(A)(1)	200,000.	0.			PROGRAM SUPPORT: MIDWEST ORGANIC CENTER
RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS - 730 HAWKINS DRIVE - IOWA CITY, IA 52246-2509	42-1189783	509(A)(1)	7,135.	0.			GENERAL SUPPORT, RONALD MCDONALD FAMILY ROOM AT ST. LUKE'S HOSPITAL, GENERAL SUPPORT: IN HONOR
SALVATION ARMY - HEARTLAND DIVISION - LEGAL DEPT: ESTATES/TRUSTS - 401 NE ADAMS STREET - PEORIA, IL 61603	22-2406433	509(A)(1)	16,004.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SALVATION ARMY OF CEDAR RAPIDS
SALVATION ARMY USA CENTRAL TERRITORY DBA SALVATION ARMY OF CEDAR RAPIDS - 1000 C AVE NW - CEDAR RAPIDS, IA 52405-3819	36-2167910	509(A)(1)	12,137.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PROGRAM SUPPORT: "TAKE A STAND" KETTLE
SPT THEATRE COMPANY PO BOX 682 CEDAR RAPIDS, IA 52406	20-0644595	509(A)(2)	15,000.	0.			SPT THEATRE 2021-22 SEASON SUPPORT
ST. JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	501(C)(3)	103,100.	0.			GENERAL SUPPORT FOR RETIREMENT FUND FOR RELIGIOUS, GENERAL SUPPORT, GIVING TUESDAY,
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	509(A)(1)	60,485.	0.			ANNUAL DESIGNATED DISTRIBUTION, PROGRAM SUPPORT: ACUPUNCTURE FINANCIAL ASSISTANCE
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	509(A)(1)	5,612.	0.			GENERAL SUPPORT

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

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ST. PAUL'S UNITED METHODIST CHURCH OF CEDAR RAPIDS FOUNDATION - 1340 3RD AVE SE - CEDAR RAPIDS, IA 52403-4019	75-3093308	509(A)(1)	12,493.	0.			ANNUAL DESIGNATED DISTRIBUTION
ST. PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402-2402	42-0859572	501(C)(3)	8,000.	0.			GENERAL SUPPORT
ST. WENCESLAUS CHURCH 1224 5TH ST. SE CEDAR RAPIDS, IA 52401	42-0688080	501(C)(3)	10,645.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	509(A)(2)	111,436.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, CONSTITUENT-FOCUSED COMPREHENSIVE WEBSITE
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	509(A)(2)	52,906.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL SUPPORT - 2022 COMMUNITY PARTNER,
THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	509(A)(1)	19,550.	0.			GENERAL SUPPORT, VETERANS EMERGENCY ASSISTANCE PROGRAM, VETERANS WEEKLY FREE LUNCH PROGRAM, FOOD
THE LIVING ROOM CENTER INC. 1207 CLEVELAND AVE SANTA ROSE, CA 95401	58-2675876	509(A)(2)	25,000.	0.			ONLINE AND ON THE WAY TO OPPORTUNITIES
TREES FOREVER 80 W 8TH AVE MARION, IA 52302	42-1419181	509(A)(1)	49,974.	0.			GENERAL SUPPORT, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED,
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	509(A)(1)	12,031.	0.			GENERAL SUPPORT

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

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UNITED WAY OF CENTRAL IOWA 1111 9TH ST, SUITE 100 DES MOINES, IA 50314	42-0680425	509(A)(2)	7,500.	0.			CAPITAL CAMPAIGN CONTRIBUTION
UNITED WAY OF EAST CENTRAL IOWA 105 BROADWAY PLACE, STE 1, P. O. BO ANAMOSA, IA 52205	42-0861239	509(A)(1)	274,395.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED, CAPITAL CAMPAIGN, UWECI'S
UNITED WE MARCH FORWARD 214 13TH ST. SE CEDAR RAIDS, IA 52403	83-0902832	509(A)(2)	22,200.	0.			GENERAL SUPPORT, BRIDGING THE GAP
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT, SUITE 700 CHICAGO, IL 60615	36-2177139	509(A)(1)	65,880.	0.			ANNUAL DESIGNATED DISTRIBUTION
UNIVERSITY OF IOWA - UI SERVICE CENTER - 2700 UNIVERSITY CAPITOL CENTRE - IOWA CITY, IA 52242	42-6004813	170(C)(1)	33,198.	0.			ALL-MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP FOR 2021, BESONG FAMILY SCHOLARSHIP, MERVEAUX
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BO 4550 - IOWA CITY, IA 52244	42-0796760	509(A)(1)	251,801.	0.			COMPUTER SCIENCE DEVELOPMENT FUND, ANNUAL DESIGNATED DISTRIBUTION, OTHER: 2021 KHAK
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID, 105 GILCHRIST HALL - CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	10,400.	0.			DREW WALL SCHOLARSHIP, CHIEF JUSTICE WARD REYNOLDSON, KALOUS OPPORTUNITY SCHOLARSHIP,
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 205 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	509(A)(1)	118,500.	0.			PANTHER SCHOLARSHIP CLUB, DUANE SMITH COLLEGE OF BUSINESS ENDOWED SCHOLARSHIP, ANNUAL FUND,
UNIVERSITY OF PITTSBURGH 128 NORTH CRAIG STREET, 133 PARK PL PITTSBURGH, PA 15260	25-0965591	509(A)(1)	25,000.	0.			PANCREATIC CANCER PROGRAM, DESIGNATED TOWARD PANCREATIC CANCER RESEARCH IN THE HONOR OF

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY - THE CHILDREN'S CHARITY OF IOWA - 505 5TH AVE STE 310 - DES MOINES, IA 50309-2322	42-6077108	509(A)(2)	15,250.	0.			GENERAL SUPPORT, VARIETY - SPECIALIZED BIKE PROGRAM
VOLUNTEER IOWA 1963 BELL AVE STE 200 DES MOINES, IA 50315	85-1153411	170(C)(1)	25,000.	0.			NATIONAL SERVICE CHALLENGE MATCHING FUNDS REQUEST
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	509(A)(1)	122,231.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, FAMILY SUPPORT PROGRAM, GENERAL SUPPORT
WELLINGTON HEIGHTS COMMUNITY CHURCH - PO BOX 462 - CEDAR RAPIDS, IA 52403	84-4925970	501(C)(3)	24,600.	0.			GENERAL SUPPORT, BUILDING HOPE CAMPAIGN
WESTMINSTER PRESBYTERIAN CHURCH 1285 3RD AVE SE CEDAR RAPIDS, IA 52403-4009	49-3462549	509(A)(1)	26,498.	0.			ANNUAL DESIGNATED DISTRIBUTION, LOAVES & FISHES FOOD PANTRY MINISTRY, THE LONG VIEW
WILLIS DADY EMERGENCY SHELTER INC. 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	509(A)(1)	157,904.	0.			GENERAL SUPPORT, IN HONOR OF BRODY WHITE, LONG VIEW NEIGHBORHOOD MISSION-CHILDREN'S
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	509(A)(1)	12,122.	0.			DONATION FOR VINCE REID DANCING, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR
XAVIER HIGH SCHOOL 6300 42ND ST NE CEDAR RAPIDS, IA 52411-7755	42-0802294	509(A)(1)	6,942.	0.			HEIDI BROWN DWTS SCHOLARSHIP, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
YMCA OF THE CEDAR RAPIDS METRO AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	509(A)(1)	37,161.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, SUPPORT TO CAPITAL CAMPAIGN, PETE

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	509(A)(1)	89,996.	0.			GENERAL SUPPORT, BRANDON BOGGS - DAYBREAK ROTARY, SPOTLIGHT SUPPORT FOR 2022, BUILDING BRIGHT
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	509(A)(1)	56,700.	0.			GENERAL SUPPORT - IN MEMORY OF DENNIS COBB, SUPPORT FOR STUDENTS WITH ADHD, KIDS ON COURSE

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	175	2,530.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	8	700.	0.		
QUALIFIED DISASTER RELIEF PAYMENTS TO A LARGE AND/OR INDEFINITE CHARITABLE CLASS OF FINANCIALLY NEEDY OR DISTRESSED ELIGIBLE EMPLOYEES AND/OR THEIR ELIGIBLE DEPENDENTS RESULTING FROM A NATURAL	13	18,500.	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 COMMUNITY FOUNDATION REQUIRES A FINAL REPORT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN AMERICAN MUSEUM OF IOWA

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

UNRESTRICTED/OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION, YOUTHTEENTH-

BLACK HISTORY CHALLENGE - THE AFRICAN AMERICAN YOUTH THINK TANK, MAPPING

Part IV Supplemental Information

EXCLUSION: REDLINING IN IOWA & PROGRAMMING, MAPPING EXCLUSION EXHIBIT AND
PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
HEART WALK DUBUQUE, GO RED FOR WOMEN, COMMUNITY LIFESAVERS, GO RED FOR
WOMEN 2021, COMMUNITY LIFESAVERS

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN NATIONAL RED CROSS - SERVING IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: HOME FIRE RELIEF
CAMPAIGN, GENERAL SUPPORT FOR PEOPLE OF KENTUCKY THAT WERE HIT BY THE
RECENT TORNADOS, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED
DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF MEGAN MOHNSEN,
SUBSTANCE ABUSE EDUCATION FOR PARENTS, SUPPORT FOR CHILDREN STRUGGLING
WITH PROBLEMS RELATED TO ADDICTION, PREVENTION EDUCATION IN LINN COUNTY,
ASAC WORKFORCE DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
GENERAL SUPPORT, BOWL FOR KIDS' SAKE SUPPORT - "BOWL ON YOUR OWN"
FUNDRAISER, BIG MAGIC PROGRAM, IMPACT THROUGH MENTORING, NEW STRATEGIES
TO ATTRACT MENTORS, INCREASE RECRUITMENT TO ATTRACT MORE MENTORS, WINTER
RECRUITMENT CHALLENGE

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: AREA OF MOST NEED, ANNUAL DESIGNATED
DISTRIBUTION, GENERAL SUPPORT, SMART GIRLS, FISH-O-RAMA, CAPITAL
CAMPAIGN, RHYTHM OF THE STREETS

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
GENERAL SUPPORT, SOCIAL MEDIA CAMPAIGN, DERECHO RECOVERY, PROGRAM
SUPPORT: PRESERVATION FUND, ANNUAL DESIGNATED DISTRIBUTION FOR
PRESERVATION, MAINTENANCE OR RESTORATION OF THE OPUS 754 SKINNER PIPE
ORGAN OWNED BY BRUCEMORE, PRIDE AND PRESERVATION FUND, PRIDE &
PRESERVATION CAMPAIGN, BRUCEMORE 2021 HISTORY TOUR SUPPORT, 2022 SUMMER
SEASON AT BRUCEMORE

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION, CAMPSHIP FUND, PENALUNA TUNNEL PROJECT, THERAPY ANIMALS

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, IN MEMORY OF MEGAN
MOHNSEN, DERECHO DAMAGE REPAIR, IMPROVING HEALTHCARE EXPERIENCES FOR

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REFUGEES, IMPROVING REFUGEE & IMMIGRANT ACCESS TO CHILD CARE, GENERAL

SUPPORT IN HONOR OF STEVE OVEL (DECEASED) AND SUSAN OVEL, GENERAL

SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, LIFE PROGRAM FOR REFUGEE AND

IMMIGRANT YOUTH, IMPROVING FOOD SECURITY AND HEALTHY EATING HABITS,

EXPANDING ENGLISH LANGUAGE LEARNING OPPORTUNITIES, A PLACE OF WELCOME:

CAPITAL CAMPAIGN, AC: TRANSITIONAL HOUSING PROGRAM, GROWTH THROUGH

STRATEGIC PLANNING AND LEADERSHIP, A PLACE OF WELCOME: THE CAMPAIGN TO

EXPAND THE CATHERINE MCAULEY CENTER, INCREASING EFFECTIVENESS IN WOMEN'S

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

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

SUPPORT JEFFERSON HIGH SCHOOL'S SCHOLARSHIP PROGRAM, ELEMENTARY SCHOOL

ATHLETICS, YOUTHTEENTH- METAMORPHX, ANNUAL DESIGNATED DISTRIBUTION TO

SUPPORT THE PERFORMING ARTS AT MCKINLEY MIDDLE SCHOOL, KIDS ON COURSE

UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION FOR IOWA BIG

(H) PURPOSE OF GRANT OR ASSISTANCE: IOWA BIG/HAWKEYE DOWNS- STUDENT

BASED RACE PROGRAM, IOWA BIG - BUILD DAY SUPPORTING SLEEP IN HEAVENLY

PEACE, EVENT SUPPORT: IOWABIG - HYDROPONIC PROJECT, GENERAL SUPPORT,

ANNUAL DESIGNATED DISTRIBUTION FOR ALL CRCSD ELEMENTARY SCHOOLS FOR THE

UNRESTRICTED USE OF THE CLASSROOM MUSIC TEACHER, OTHER: SCHOLARSHIP FUND,

STEAM GROWN EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

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

DISTRIBUTION, SPRING 2022 EXHIBITION AND EDUCATION SUPPORT, THE CEDAR

RAPIDS MUSEUM OF ART GALA, SPRING 2021 PROGRAMMING, FALL 2021 EXHIBITIONS

AND EDUCATIONAL PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

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

SUPPORT, YOUNG ARTIST PROGRAM SUPPORT, CEDAR RAPIDS OPERA THEATRE

2020-2021 SEASON

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: AREA OF MOST NEED, GENERAL SUPPORT,

ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, 2020 REHAB HOME, 2021

WOMEN BUILD, REPAIRS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HUMANE SOCIETY

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

DISTRIBUTION FOR GENERAL OPERATIONS, CAPITAL CAMPAIGN, CEDAR VALLEY

HUMANE SOCIETY EXPANSION & RENOVATION

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS

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

AMPHITHEATRE MAINTENANCE, 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, IMPACTING YOUTH THROUGH ROLLING REC

MOBILE, ICE ARENA SCOREBOARD PROJECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLOTHE-A-CHILD INC.

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

PROVIDE NEW CLOTHING TO AREA NEEDY KIDS, CLOTHE-A-CHILD LIL DRUG STORE,

CLOTHEACHILD 2021 OPERATIONAL SUPPORT GRANT

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE

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

GENERAL FUND, ANNUAL DESIGNATED DISTRIBUTION, GLIDDEN COMMUNITY SERVICE

SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, GENERAL FUND

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS

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

GENERAL SUPPORT, THEATRE CEDAR RAPIDS GENERAL OPERATING SUPPORT, THEATRE

CEDAR RAPIDS REOPENING SUPPORT, ORGANIZATIONAL TRAINING FOR DIVERSITY &

INCLUSION, THE SOUND OF MUSIC' AT TCR SUPPORT, TCR OUT OF DOORS THEATRE

PROGRAMMING AT BRUCEMORE

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE

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

DISTRIBUTION SUPPORTING SCHOLARSHIPS FOR FEMALE STUDENT INTERESTED IN

PUBLIC SERVICE, GENERAL SUPPORT BARRY CENTER, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

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

GENERAL SUPPORT, HEALING HEARTS WORKSHOP SERIES, EIAA'S "RE-BUILDING THE

ARTS" PROJECT, EIAA'S 2022 "OPEN STUDIO & SPARK" PROGRAMMING

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NAME OF ORGANIZATION OR GOVERNMENT: FEED IOWA FIRST

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

FRESH PRODUCE, GROW DON'T MOW, GROW SOME ROWS, ALLEVIATING FOOD

INSECURITY IN LINN COUNTY, GROWING FOOD AND FARMERS IN LINN COUNTY,

GENERAL SUPPORT, SUPPORT/EXPAND ROBUST INFORMATION SYSTEMS AND VOLUNTEER

PROGRAMS, PROGRAM SUPPORT: EQUITABLE LAND ACCESS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION 2 INC. DBA FOUNDATION 2 CRISIS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: OTHER: IN MEMORY OF HANNAH COLTON,

GENERAL SUPPORT, GENERAL SUPPORT FROM GIVING TUESDAY, EMERGENCY YOUTH

SHELTER SUPPORT, SUPPORT AND OUTREACH COORDINATION, VIOLENCE INTERVENTION

FOR SAFE COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

FOUR OAKS FAMILY & CHILDREN'S SERVICES

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

GENERAL SUPPORT, OTHER: MENTAL HEALTH NEEDS FOR JUVENILES, TOTALCHILD

PROGRAM, MCINTYRE PROGRAM, FOUR OAKS SUPPORTIVE HOUSING SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: HARMONY SCHOOL OF MUSIC

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

MUSIC FOR POSITIVE CHANGE, ADAPT AND THRIVE: HARMONY SCHOOL EL SISTEMA

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM

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

GENERAL OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION FOR OPERATION

BACKPACK, PROGRAM SUPPORT: OPERATION BACKPACK, PROGRAM SUPPORT FOR FOOD

Part IV Supplemental Information

RESERVOIR, PROGRAM SUPPORT: HYGIENE KITS, ANNUAL DESIGNATED DISTRIBUTION

FOR HACAP INN CIRCLE, DIVERSITY FOOD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: AREA OF GREATEST NEED, GENERAL

SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, STAFF ALUMNI SCHOLARSHIP

PROGRAM, SCOUTREACH AT-RISK YOUTH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICATIONS TO IMPROVE COMMUNITY

HEALTH, COMMUNITY GIVING, CAPITAL CAMPAIGN, HIS HANDS FREE CLINIC GREAT

NEED GREAT CARE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION

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

THE HOOVER LIBRARY & MUSEUM, USING THE ARTS TO CELEBRATE IOWAN LOU HENRY

HOOVER, EMPOWERING IOWA WOMEN: THE LOU HENRY HOOVER STORY, ANNUAL

DESIGNATED DISTRIBUTION TO SUPPORT THE TEMPORARY EXHIBIT FUND IN THE

QUARTON GALLERY OF THE HOOVER LIBRARY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, HORIZONS MEALS ON

WHEELS, NTS EXPANSION AND GROWTH, FINANCIAL WELLNESS COUNSELOR

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER

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

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DISTRIBUTION, RESTORATION AND RECONSTRUCTION OF NATIVE ECOSYSTEMS IN

IOWA, MAPLE SYRUP FESTIVAL, ORGANIC ETZEL SUGAR GROVE FARM ENHANCED

SUPPORT, ACCESSIBILITY IN NATURE, INCREASE ICNC INTERCULTURAL AWARENESS

NAME OF ORGANIZATION OR GOVERNMENT: IOWA COLLEGE FOUNDATION

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

REQUEST TO DIAMOND V, ICF ANNUAL REQUEST TO WORLD CLASS INDUSTRIES, ICF

ANNUAL FUNDING REQUEST TO CRST, ICF ANNUAL FUNDING REQUEST TO

GREATAMERICA

NAME OF ORGANIZATION OR GOVERNMENT: IOWA JAG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING CAREER PATHWAYS FOR

UNDERSERVED YOUTH, IJAG: CREATING INCLUSIVE CAREER PATHWAYS FOR

UNDERSERVED YOUTH, IJAG: PREPARING THE NEXT GENERATION WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT: IOWA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DREW WALL SCHOLARSHIP, OUTSTANDING

STUDENT LEADER SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP, KELLEY

SCHOLARSHIP AT LISBON HIGH SCHOOL, GLIDDEN COMMUNITY SERVICE SCHOLARSHIP,

KALOUS OPPORTUNITY SCHOLARSHIP, WASHINGTON ALUMNI SCHOLARSHIP, KLEIMAN

FAMILY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: JANE BOYD COMMUNITY HOUSE

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

DISTRIBUTION, ACHIEVEMENT ACADEMY, JANE BOYD PATHS PROGRAM, JANE BOYD

ACHIEVEMENT ACADEMY OUT-OF-SCHOOL CARE

NAME OF ORGANIZATION OR GOVERNMENT:

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JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

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

CLUB TENNIS PRO-AM EVENT, ONE WALK, LEADERSHIP GIVING PROGRAM

(ENCAPSULATION DEVICE RESEARCH)

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

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

TITAN CHALLENGE FOR 2021 - GENERAL SUPPOT, 2021 INVESTMENT, GENERAL

SUPPORT - JA STOCK MARKET CHALLENGE, GENERAL SUPPORT FOR JA CLASSROOMS,

INSPIRING BRIGHTER TOMORROWS - JA PROGRAMS, JUNIOR ACHIEVEMENT

PARTNERSHIP PROPOSAL, TOMORROW NEEDS YOU TODAY: CAREER READINESS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER

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

CHILDREN OF HIGH-CONFLICT DIVORCE, CHILD ADVOCACY IN HIGH-CONFLICT

CUSTODY CASES, RESTORATIVE JUSTICE PREVENTS YOUTH VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

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

GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, DEBOOM MEMORIAL

SCHOLARSHIP, FRANCIS MCMANN SCHOLARSHIP, GLIDDEN COMMUNITY SERVICE

SCHOLARSHIP, KOMENSKY SOCIETY SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP,

KALOUS OPPORTUNITY SCHOLARSHIP, STEVE AND SUE OVEL ENDOWED IMPACT FUND,

WASHINGTON ALUMNI SCHOLARSHIP, ATHERTON SCHOLARSHIP AWARD, JOSLIN

SCHOLARSHIP, PAT & SANDY COBB ENDOWED SCHOLARSHIP, STATLER FAMILY

SCHOLARSHIP, DISTRIBUTION FOR SCHOLARSHIPS FOR STUDENTS IN CULINARY ARTS

PROGRAM, STUDENT EMERGENCY FUND, THE CORRIDOR JAZZ PROJECT XIII,

GREATAMERICA FINANCIAL SERVICES

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NAME OF ORGANIZATION OR GOVERNMENT: LBA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: EARN & LEARN

PROGRAM, GENERAL SUPPORT OF LEADERS BELIEVERS AND ACHIEVERS, LBA YOUTH

ENGAGEMENT PROGRAMS, LBA FOUNDATION CR-DREAMS 2021-2022 PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, JDDS ART &

EDUCATION MATERIALS, RISE PROGRAM EQUIPMENT & TECHNOLOGY, RISE/WENZEL NEW

PROGRAM LOCATION ART THERAPY, BACK TO WORK-HELP WITH EMPLOYMENT CLOTHING,

FSM & 6TH JUDICIAL RISE/WENZEL PARTNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

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

GENERAL SUPPORT, GIVING CIRCLES, COMMUNICATION COACHING FOR THC STAFF,

RINGING IN ROARING

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY PUBLIC HEALTH DEPARTMENT

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

SUPPORT EASEMENT, MENTAL HEALTH ACCESS CENTER - EMERGING OPPORTUNITY:

ON-CALL INTERPRETATION SERVICES, VACCINE INCENTIVES

NAME OF ORGANIZATION OR GOVERNMENT: LINN-MAR SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LITERACY BEGINNINGS: SUPPORTING

EMERGING READERS, PROGRAM SUPPORT: CURRICULUM/CLASSROOM SUPPORT

STEM/LITERACY/OTHER

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NAME OF ORGANIZATION OR GOVERNMENT: LUTHER COLLEGE

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

INCOURAGE SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, ANNUAL DESIGNATED

DISTRIBUTION FOR SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AREA OF MOST NEED (IN MEMORY OF

GREGORY HAPGOOD SR. LINN COUNTY IOWA IS A BETTER PLACE TO LIVE THANKS TO

GREG HAPGOOD SR. AND HIS FAMILY), ARCHERY AT VERNON MIDDLE SCHOOL, ANNUAL

DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

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

THE CULTIVATE HOPE PROGRAM, GENERAL SUPPORT, ANNUAL DESIGNATED

DISTRIBUTION, PATCH PROGRAM, HEALTHY TIME CHECK, HEALTHY NEIGHBORHOODS

CAMPAIGN, CULTIVATE HOPE CORNER STORE, MATTHEW 25 STRATEGIC PLAN,

GROUNDSWELL CAF, CAPITAL CAMPAIGN, PATCH PROGRAM HOUSING REPAIR

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER

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

FAMILY CAREGIVERS CENTER, 2022 ESPECIALLY FOR YOU RACE SUPPORT, GENERAL

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CAREGIVER CENTER, GENERAL

SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER,

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DENNIS AND DONNA OLDORF HOSPICE HOUSE, PROGRAM SUPPORT FOR FAMILY

CAREGIVERS, GENERAL SUPPORT FOR HOSPICE OF MERCY, 2021 ESPECIALLY FOR YOU

RACE, PROGRAM SUPPORT FOR HALLMAR VILLAGE (TO BE USED TOWARD THE PURCHASE

OF CLARINOVA), FAMILY CAREGIVERS CENTER OF MERCY, CAPITAL CAMPAIGN

CONTRIBUTION, HALLMAR VILLAGE, HALLMAR VILLAGE & INNOVATION CENTER

AGING/DEMENTIA, FOR THE CREATION AND FORMATION OF THE CHRIS AND SUZY

DEWOLF FAMILY INNOVATION CENTER FOR AGING & DEMENTIA

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY

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

DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, GENERAL SUPPORT, OUTSTANDING

STUDENT LEADER SCHOLARSHIP, MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP,

REEDER MEMORIAL SCHOLARSHIP, ANNUAL DESIGNATED DISTRIBUTION FOR BUSINESS

OR FINE ARTS SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR MOUNT MERCY

UNIVERSITY GRADUATE CENTER, OLDORF BUSINESS SCHOLARSHIP, AREA OF MOST

NEED, OPERATIONS SUPPORT, SOCCER FIELD PROJECT, SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION

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

DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, MOUNT VERNON HIGH SCHOOL

FINE ARTS ASSOCIATION, MOUNT VERNON HIGH SCHOOL BOOSTER CLUB, GENERAL

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

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

GENERAL SUPPORT, AREA OF MOST NEED, STEAM GROWN EDUCATION: THE GREENHOUSE

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INITIATIVE, NCSML TECHNOLOGY INTEGRATION ASSESSMENT, 2021 HISTORY &

HERITAGE PROGRAMS, 2021 ARTS & CULTURE PROGRAMMING, FOOD, FREEDOM, AND

FOLIAGE

NAME OF ORGANIZATION OR GOVERNMENT:

NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF EQUIPMENT OR SUPPLIES,

TINY TECHIES TEACHER TRAINING, VIRTUAL TRANSITION OF CODERDOJO, FUTURE

CITY IOWA

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: NEWBO CITY MARKET GENERAL OPERATING

SUPPORT, THE HATCHERY PROGRAM, EXPANDING THE HATCHERY FOR

ENTREPRENEURSHIP EQUITY

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET NEIGHBORHOOD MISSION

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

COMMUNITY GARDENS, HOLIDAY ADOPTION PROGRAM SUPPORT, OLIVET YOUTH

PROGRAMS, OLIVET MISSION'S MOVE TO A WEEKLY FOOD PANTRY, ANNUAL

DESIGNATED DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA

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

DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS,

ANNUAL DESIGNATED DISTRIBUTION FOR THE PURPOSE OF MUSIC INSTRUMENT

MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, GENERAL SUPPORT,

ANNUAL DESIGNATED DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR

INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND

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WOULD OTHERWISE BE UNABLE TO PARTICIPATE, ORCHESTRA IOWA'S 2021-22

EDUCATION PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET,

ANNUAL DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, REIMAGINING

ORCHESTRA IOWA'S 2020-21 SEASON, BRUCEMORCHESTRA: CELEBRATING MUSIC AND

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: AREA OF MOST NEED, GENERAL SUPPORT,

ANNUAL SUPPORT, INTO NOOKS AND CRANNIES: CHAMBER MUSIC FOR LINN CO,

CHAMBER MUSIC FOR LINN COUNTY PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS

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

FAMILY ROOM AT ST. LUKE'S HOSPITAL, GENERAL SUPPORT: IN HONOR OF CALE,

JAMIE, AND TATUM HENDERSON

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY USA CENTRAL TERRITORY DBA SALVATION ARMY OF CEDAR RAPIDS

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

GENERAL SUPPORT, PROGRAM SUPPORT: "TAKE A STAND" KETTLE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. JUDE CATHOLIC CHURCH

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

FOR RELIGIOUS, GENERAL SUPPORT, GIVING TUESDAY, GENERAL FUND EXPENSES,

MATCHING CHALLENGE TO REDUCE THE BUILDING DEBT AND HELP PAY FOR A NEW

ROOF OVER THE OLD COMMUNITY CENTER, THADDEUS HALL, HAITI RELIEF BENEFIT,

SECURING OUR FUTURE CAPITAL CAMPAIGN

Part IV Supplemental Information

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

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

PROGRAM SUPPORT: ACUPUNCTURE FINANCIAL ASSISTANCE FUND, ANNUAL DESIGNATED

DISTRIBUTION FOR ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, AREA OF

MOST NEED, ST. LUKE'S DENTAL HEALTH CENTER, MENTAL HEALTH FIRST AID FOR

HEALTHCARE WORKERS

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE

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

DISTRIBUTION, CONSTITUENT-FOCUSED COMPREHENSIVE WEBSITE REBUILD, SUPPORT

FOR MENTAL HEALTH THERAPY FOR STUDENTS IN THE CEDAR RAPIDS COMMUNITY

SCHOOL DISTRICT, LODGE AND CABIN CONSTRUCTION EXPANSION PROJECT,

YOUTHTEENTH - S.O.S PERFORMANCE, BRANDON FLEMING IN CR - FEBRUARY 2022,

CAMP TANAGER CAPACITY EXPANSION, TANAGER CAMP EXPANSION PROJECT,

CONSTITUENT-FOCUSED COMPREHENSIVE WEBSITE REBUILD, IMPROVING MENTAL

HEALTH EDUCATION AND AWARENESS

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

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

DISTRIBUTION, ANNUAL SUPPORT - 2022 COMMUNITY PARTNER, SPECIAL NEEDS

CHILDCARE AFFORDABILITY, DISABILITY SERVICE AWARENESS AND ACCESS

NAME OF ORGANIZATION OR GOVERNMENT: THE FREEDOM FOUNDATION

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

ASSISTANCE PROGRAM, VETERANS WEEKLY FREE LUNCH PROGRAM, FOOD PANTRY

SUPPLY SERVING VETERANS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER

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

DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED, REPLANT

TREES IN CEDAR RAPIDS, GROWING FUTURES WORKFORCE DEVELOPMENT PROGRAM,

TREES RESTORATION

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

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

DISTRIBUTION, AREA OF MOST NEED, CAPITAL CAMPAIGN, UWECI'S ANNUAL

CAMPAIGN, UWECI WEBSITE REDESIGN GRANT REQUEST

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF DUBUQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTSTANDING STUDENT LEADER

SCHOLARSHIP, GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, IOWA PHYSICIAN

ASSISTANT SOCIETY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA - UI SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ALL-MCKINLEY ALUMNI ASSOCIATION

SCHOLARSHIP FOR 2021, BESONG FAMILY SCHOLARSHIP, MERVEAUX ACADEMIC

EXCELLENCE SCHOLARSHIP, DELAWARE COUNTY FISH & GAME SCHOLARSHIP, GLIDDEN

COMMUNITY SERVICE SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, 2021

WASHINGTON ALUMNI SCHOLARSHIP, KLIMA ACADEMIC EXCELLENCE SCHOLARSHIP,

KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, CALVIN & CHRISTINA MOORE

SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP, IOWA PHYSICIAN ASSISTANT

SOCIETY SCHOLARSHIP, KLEIMAN FAMILY SCHOLARSHIP, ANNUAL DESIGNATED

DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY

STUDENTS AND TEACHERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPUTER SCIENCE DEVELOPMENT FUND,

ANNUAL DESIGNATED DISTRIBUTION, OTHER: 2021 KHAK RADIOTHON - IOWA STEAD

FAMILY CHILDREN'S, BRADLEY LECTURE SERIES, UPKEEP OF THE HENDRICKS SUITE

AT THE IOWA HOUSE, BELIN BLANK CENTER FOR GIFTED AND TALENTED EDUCATION,

UI DANCE MARATHON, ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF

IOWA COLLEGE OF LAW, BLADDER CANCER RESEARCH FUND FOR RESEARCH OF DOCTOR

MICHAEL O'DONNELL OF UIHC, GENERAL SUPPORT FOR HANCHER AUDITORIUM,

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NORTHERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: DREW WALL SCHOLARSHIP, CHIEF JUSTICE

WARD REYNOLDSON, KALOUS OPPORTUNITY SCHOLARSHIP, MERVEAUX ACADEMIC

EXCELLENCE SCHOLARSHIP, OUTSTANDING STUDENT LEADER SCHOLARSHIP, COLLEGE

OPPORTUNITY SCHOLARSHIP, BOB V. BENGTON GOOD CITIZENSHIP AWARD &

SCHOLARSHIP FOR 2021, DELAWARE COUNTY FISH & GAME SCHOLARSHIP, O.J. &

VIOLA ELSENBAST SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL,

STEPHEN BONFIG MEMORIAL SCHOLARSHIP, WILLIAM & PATRICIA BUSS SCHOLARSHIP,

NORMA WENZEL SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTHERN IOWA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PANTHER SCHOLARSHIP CLUB, DUANE

SMITH COLLEGE OF BUSINESS ENDOWED SCHOLARSHIP, ANNUAL FUND, PROGRAM

SUPPORT: STUDENT TEACHING SCHOLARSHIPS, ALUMNI ASSOCIATION ENGAGEMENT

FUND, UNI FOOTBALL TEAM MEETING ROOM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: PANCREATIC CANCER PROGRAM,

DESIGNATED TOWARD PANCREATIC CANCER RESEARCH IN THE HONOR OF BRIAN

SHANAHAN

NAME OF ORGANIZATION OR GOVERNMENT:

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES

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

GENERAL SUPPORT, FAMILY SUPPORT PROGRAM, GENERAL SUPPORT FOR MADGE

PHILLIPS CENTER, AREA OF MOST NEED, MATTRESSES FOR THE MADGE PHILLIPS

CENTER SHELTER, KIDSPPOINT SCHOOL AGE PROGRAM EDUCATIONAL ITEMS, GENERAL

SUPPORT: POINTING THE WAY CAMPAIGN, CAPITAL CAMPAIGN - DESIGNATION FOR

DOMESTIC VIOLENCE WAITING AREA, WAYPOINT DOMESTIC VIOLENCE SAFETY NET

PROJECT, GROWING ORGANIZATIONAL CAPACITY WITH SALESFORCE, LONG TERM

RECOVERY NAVIGATOR, COORDINATED ENTRY OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER PRESBYTERIAN CHURCH

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

LOAVES & FISHES FOOD PANTRY MINISTRY, THE LONG VIEW NEIGHBORHOOD MISSION

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

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

WHITE, LONG VIEW NEIGHBORHOOD MISSION-CHILDREN'S SUPPLIES, HOMELESS

SERVICES EXPANSION AND RENOVATION PROJECT, WILLIS DADY SUPPORT HOUSING

RENOVATIONS, ANNUAL AGENCY DISTRIBUTION, AREA OF MOST NEED, SUPPORTIVE

HOUSING PROGRAM SUPPORT, WILLIS DADY EMPLOYMENT PROGRAM, CAPITAL CAMPAIGN

CONTRIBUTION - WILLIS DADY WORKS, WILLIS DADY VOLUNTEER PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION FOR VINCE REID DANCING,
GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP IN HONOR
OF ELIJAH JAMES WAGNER, EVENT SUPPORT: DWTS, ENDOWMENT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: HEIDI BROWN DWTS SCHOLARSHIP,
GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, PROGRAM SUPPORT:
PERFORMING ARTS - SHOW CHOIR, MUSICALS, ETC., GENERAL SUPPORT: XAVIER
IMPACT FUND

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION FOR CAMP WAPSIE, SUPPORT TO CAPITAL CAMPAIGN, PETE LAYDEN
MEMORIAL, CABINS AT CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION FOR
PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR
DISADVANTAGED YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK DBA YPN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, BRANDON BOGGS -
DAYBREAK ROTARY, SPOTLIGHT SUPPORT FOR 2022, BUILDING BRIGHT FUTURES,
AREA OF MOST NEED, BUILDING BRIGHT FUTURES PROGRAM EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: ZACH JOHNSON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT - IN MEMORY OF
DENNIS COBB, SUPPORT FOR STUDENTS WITH ADHD, KIDS ON COURSE UNIVERSITY

Part IV Supplemental Information

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: QUALIFIED DISASTER RELIEF PAYMENTS TO A
LARGE AND/OR INDEFINITE CHARITABLE CLASS OF FINANCIALLY NEEDY OR
DISTRESSED ELIGIBLE EMPLOYEES AND/OR THEIR ELIGIBLE DEPENDENTS RESULTING
FROM A NATURAL DISASTER AS DEFINED IN IRC SECTION 139.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	217,212.	0.	5,074.	15,421.	20,346.	258,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE BEISKER VP OF DEVELOPMENT	(i)	131,154.	0.	3,403.	9,959.	14,964.	159,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	(i)	128,693.	0.	1,370.	9,587.	19,599.	159,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEAN BRENNEMAN CFO	(i)	129,637.	0.	1,316.	9,230.	12,311.	152,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 1B:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	55	4,054,227.	STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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):

NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHARE IDEAS, AND DEVELOP SOLUTIONS FOR THE FUTURE.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN

DETAIL BY THE COMMUNITY FOUNDATION. A COPY OF THE COMMUNITY FOUNDATION'S

FINAL FORM 990 IS PROVIDED, IN ELECTRONIC FORM, TO EACH VOTING MEMBER OF

THE GOVERNING BODY OF THE COMMUNITY FOUNDATION 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

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 COMMUNITY

FOUNDATION'S PRESIDENT & CEO INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE

INDIVIDUAL'S AND COMMUNITY FOUNDATION'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.

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

Schedule O (Form 990) 2021

Name of the organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number 42-6053860

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 AND KEY EMPLOYEES INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND COMMUNITY FOUNDATION'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/KEY EMPLOYEE BEING EVALUATED. THE FORM IS FILED IN THE OFFICER/KEY EMPLOYEE'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 COMMUNITY FOUNDATION'S WEBSITE).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS 55,100.

PART XII, LINE 2C

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

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 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
Form 990-T (corporation)	07		

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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 or
▶ tax year beginning _____, and ending _____.

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

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

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