			EXTENDED TO NOVEMBER 15, 2023 Exempt Organization Business Income Tax Return		
Form	990-T	E	ו ו	OMB No. 1545-0047	
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2022 or other tax year beginning, and ending		2022
Depa	rtment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for
Intern	al Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
	address changed.		GREATER CEDAR RAPIDS COMMUNITY		
	xempt under section	Print	FOUNDATION	_	2-6053860
X	501(c)(3)	Or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group (see in	exemption number nstructions)
	408(e)220(e)	Type	324 3RD ST SE		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A		CEDAR RAPIDS, IA 52401-1841	_F 🗌	Check box if
		C Bo	ok value of all assets at end of year 190,014,997.		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
Н	Check if filing only to	o	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
_	The books are in ca			319-	366-2862
Ра	rt I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4			(see instructions for limitation rules)	4	0.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	
6		•	ng loss. See instructions	6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro			7	1 000
8			rally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	1 000
10	Total deductions			10	1,000.
11		ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0
De	enter zero		ion	11	0.
Fa	rt II Tax Com	-			0.
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	U •
2		_	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu		•	5	
6			cility income. See instructions	6	0.
7 I HA			h 6 to line 1 or 2, whichever applies	7	U • Eorm 990-T (2022)
ιнΔ					

LHA For Paperwork Reduction Act Notice, see instructions.

Form 99 (2022)

Form 9	90-T (2022)		F	2 Page
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\$		_	
4	Enter available pre-2018 NOL carryovers here \$	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		_	
	Business Activity Code Available post-2017 NOL ca		_	
	523000 \$ 5	97,755.	_	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

		y, I declare that I have examined eclaration of preparer (other that					wledge	e and belief, it is true,
Here			1	CFO		May the IRS discuss this return with the preparer shown below (see		
3	Signature of officer		Date	Title			instru	uctions)? X Yes No
	Print/Type prepar	er's name	Preparer's signature		Date	Check	if	PTIN
Paid						self- employ	ed	
Preparer	SHAWNA H	JLS			11/02/23			P01315330
Use Only	Firm's name	RSM US LLP				Firm's EIN		42-0714325
		201 FIRST	ST SE, STE	800				
	Firm's address	CEDAR RAPI	DS, IA 5240	1-1425		Phone no.	31	9-298-5333

FORM 990-T	PRE-2018	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	6,929.	215.	6,714.	6,714.
12/31/15	35,652.	0.	35,652.	35,652.
12/31/16	43,889.	0.	43,889.	43,889.
12/31/17	231,463.	0.	231,463.	231,463.
NOL CARRYON	VER AVAILABLE THIS Y	EAR	317,718.	317,718.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

2022

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

1

Α	Name of the organization	GREATER	CEDAR	RAPIDS	COMMUNITY
	FOUNDATION	I			

B Employer identification number 42-6053860

1

of

D Sequence:

c Unrelated business activity code (see instructions) 523000

E Describe the unrelated trade or business INVESTMENT IN PARTNERSHIP INTERESTS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	34,000.		34,000.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 2	5	-64,041.		-64,041.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 3	12	16.		16.
13	Total. Combine lines 3 through 12	13	-30,025.		-30,025.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 4	14	42,086.
15	Total deductions. Add lines 1 through 14	15	42,086.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-72,111.
17	Deduction for net operating loss. See instructions		0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-72,111.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedul	e A (Form 990-T) 2022

Part III 1 Inve	Cost of Goods Sold Enter method						Page 3
		of inventory valuat	ion				
	entory at beginning of year				1		
2 Pur	rchases				2		
	st of labor				3		
4 Add	ditional section 263A costs (attach statement)				4		
	ner costs (attach statement)				5		
	tal. Add lines 1 through 5				6		
	entory at end of year				7		
	st of goods sold. Subtract line 7 from line 6. Enter here				8		
	the rules of section 263A (with respect to property pro-					Yes	No
Part IV	Rent Income (From Real Property and P						
1 Des	scription of property (property street address, city, state	, ZIP code). Check	if a dual-use. See instru	uctions.			
A							
в							
c							
D							
		Α	В	С		D	
2 Rer	nt received or accrued						
	om personal property (if the percentage of						
	It for personal property in the percentage of						
	t not more than 50%)						
	om real and personal property (if the						
	rcentage of rent for personal property exceeds						
	% or if the rent is based on profit or income)						
	tal rents received or accrued by property.						
Ado	d lines 2a and 2b, columns A through D						
• · ·							0.
	tal rents received or accrued. Add line 2c columns A thr	ough D. Enter here	and on Part I, line 6, co	Diumn (A)			0.
	ductions directly connected with the income						
4 in li	ines 2(a) and 2(b) (attach statement)						
							0
5 Tot Part V	tal deductions. Add line 4 columns A through D. Enter Unrelated Debt-Financed Income (see i	here and on Part I,	line 6, column (B)	<u></u>			0.
	· · · · · ·						
r	scription of debt-financed property (street address, city	state, ZIP code). C	heck if a dual-use. See	instructions			
A							
B							
c							
D							
		Α	В	C		D	
2 Gro	oss income from or allocable to debt-financed						
	operty						
3 Dec	ductions directly connected with or allocable						
to d	debt-financed property						
a Stra	aight line depreciation (attach statement)						
b Oth	ner deductions (attach statement)						
c Tot	tal deductions (add lines 3a and 3b,						
col	umns A through D)						
	nount of average acquisition debt on or allocable						
	debt-financed property (attach statement)						
	erage adjusted basis of or allocable to debt-						
	anced property (attach statement)						
	vide line 4 by line 5	%	%		%		9
	boss income reportable. Multiply line 2 by line 6	/0	/0		70		/
	tal gross income (add line 7, columns A through D). Er	ter here and on Pa	rt Lline 7 column (A)		I		0.
5 10							
9 Allo	ocable deductions. Multiply line 3c by line 6						
	tal allocable deductions. Multiply line sc by line o	h D. Enter hara and	h on Part L line 7, colum	nn (R)	I		0.
	tal dividends-received deductions included in line 10						0.

Sched Dart	ule A (Form 990-T) 2022 VI Interest, Annu	, iities Ro	valties and Re	onts fror	n Control	led Or	ganization	S (c	ee instruct	ions)		Page 3
ιαι			Sydnees, and Th				Exempt Contro	,				
	1. Name of controller organization	d	2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 in the iniza-	e connected with		
(1)										onio		
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		10. Part that is inconstruction of the controlling gross	luded	in the zation's		cor	ductions directly nnected with le in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals									0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	4. Set- (attach st		' I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
<u>(3)</u>												
<u>(4)</u>					Add amou column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Totals Part	VIII Exploited E	vomnt A	ctivity Income	Other T	l Γhan Adve	•••		(aaa in				0.
1	Description of exploite			, ouier i		านอกบุ	gincome	(see in	structions)			
2	Gross unrelated busin		e from trade or busi	ness Ente	r here and o	n Part I	line 10 colum	n (Δ)		2		
3	Expenses directly con											
Ū										3		
4	Net income (loss) from											
•	lines 5 through 7									4		
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022					Pa	1 age 4
Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if reporting	ig two or mo	re periodicals on a c	onsolidated basis			
	B						
	c						
Entor o	amounts for each periodical listed above in the c	oorroopondii					
inter a	amounts for each periodical listed above in the c		A	В	С	D	
2	Gross advertising income		A	В			
2	Add columns A through D. Enter here and on		1 column (A)		I		0.
а	Add Coldmins / Chrough D. Enter here and on	i uiti, into i	r, column (()				
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and on		1. column (B)		I.	1	0.
	·····	,	.,				
4	Advertising gain (loss). Subtract line 3 from lin	ne 🗌					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column in	n					
	line 4 showing a loss or zero, do not complete	e					
	lines 5 through 7, and enter zero on line 8						
5	Readership costs	L					
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is les						
	than line 6, enter zero						
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain o						
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gr						0
Part 2	Part II, line 13 X Compensation of Officers, Direction	octore a	nd Truetoos	· · · · · · · · · · · · · · · · · · ·			0.
Γαιι		ectors, a		e instructions)	0 Demonstran	1 Companyation	
	1 Nome				3. Percentage of time devoted	4. Compensation	
	1. Name		2. Title			attributable to unrelated business	
(1)					to business %		
(2)					%		
(3)					%		
(4)					%		
					,,,		
Total.	. Enter here and on Part II, line 1						0.
Part 2		e instruction	is)		·····		
	••)				

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
4ERCER PRIVATE INVESTMENT PARTNERS LP - ORDINARY BUSINESS	
INCOME (LOSS)	-125
MONTAUK TRIGUARD FUND V LP - ORDINARY BUSINESS INCOME	C (70)
(LOSS) FEG PRIVATE OPPORTUNITIES FUND II LP - ORDINARY BUSINESS	-6,672
INCOME (LOSS)	89,027
FEG PRIVATE OPPORTUNITIES FUND II LP - NET RENTAL REAL	09,027
ESTATE INCOME	210
FEG PRIVATE OPPORTUNITIES FUND II LP - INTEREST INCOME	129
FEG PRIVATE OPPORTUNITIES FUND II LP - DIVIDEND INCOME	114,926
FEG PRIVATE OPPORTUNITIES FUND II LP - ROYALTIES	399
FEG PRIVATE OPPORTUNITIES FUND II LP - OTHER PORTFOLIO	
INCOME (LOSS)	1
FEG PRIVATE OPPORTUNITIES FUND II LP - OTHER INCOME (LOSS)	-97,485
FEG PRIVATE OPPORTUNITIES FUND III LP - ORDINARY BUSINESS	
INCOME (LOSS) FEG PRIVATE OPPORTUNITIES FUND III LP - NET RENTAL REAL	55,061
SEG PRIVATE OPPORTONITIES FOND III LP - NEI RENTAL REAL	-1,178
FEG PRIVATE OPPORTUNITIES FUND III LP - INTEREST INCOME	1,160
FEG PRIVATE OPPORTUNITIES FUND III LP - DIVIDEND INCOME	21,597
FEG PRIVATE OPPORTUNITIES FUND III LP - OTHER PORTFOLIO	
INCOME (LOSS)	-2,918
FEG PRIVATE OPPORTUNITIES FUND III LP - OTHER INCOME	
(LOSS)	-239,117
PARK STREET CAPITAL PEF VII, LP - ORDINARY BUSINESS INCOME	
(LOSS)	1,005
PARK STREET CAPITAL PEF VII, LP - OTHER PORTFOLIO INCOME	7
(LOSS) PARK STREET CAPITAL PEF VII, LP - OTHER INCOME (LOSS)	-7 -3
VEWBURY EQUITY PARTNERS LP - ORDINARY BUSINESS INCOME	- 5
(LOSS)	-23
NEWBURY EQUITY PARTNERS LP - INTEREST INCOME	5
NEWBURY EQUITY PARTNERS LP - OTHER INCOME (LOSS)	-17
ILLUMEN CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)	-16
FOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-64,041

FORM 990-T (A)	OTHER	INCOME	STATEMENT	3
DESCRIPTION			AMOUNT	
CANCELLATION OF DEBT -	NEWBURY EQUITY	PARTNERS LP		16.
TOTAL TO SCHEDULE A, PA	RT I, LINE 12			16.

AMOUNT

42,086.

42,086.

TOTAL TO SCHEDULE A, PART II, LINE 14

990-T SCH	A POST-	2017 NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINEI	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/19 12/31/20 12/31/21	227,900 118,181 92,536 159,138	0.	227,900. 118,181. 92,536. 159,138.	227,900. 118,181. 92,536. 159,138.
NOL CARRYOVER AVAILABLE THIS YEAR			597,755.	597,755.

STATEMENT 4

OTHER DEDUCTIONS

FORM 990-T (A)

INVESTMENT MANAGEMENT FEES

DESCRIPTION