

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 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 \$ 33,544,715.
	F Name and address of principal officer: KARLA TWEDT-BALL 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.GCRCF.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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	218
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-30,025.
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 15,741,697.	Current Year 10,781,884.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,714,829.	2,269,015.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,928.	26,206.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,493,454.	13,077,105.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		2,056,833.	2,151,726.
16a Professional fundraising fees (Part IX, column (A), line 11e)		502.	521.
b Total fundraising expenses (Part IX, column (D), line 25)		887,695.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,368,765.	1,064,500.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,823,385.	12,841,062.	
19 Revenue less expenses. Subtract line 18 from line 12	11,670,069.	236,043.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 223,368,352.	End of Year 190,014,997.
	21 Total liabilities (Part X, line 26)	47,613,166.	36,843,469.
	22 Net assets or fund balances. Subtract line 21 from line 20	175,755,186.	153,171,528.

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		11/02/23		P01315330
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	RSM US LLP 201 FIRST ST SE, STE 800 CEDAR RAPIDS, IA 52401-1425	42-0714325		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: SEE SCHEDULE O

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

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

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

4a (Code:) (Expenses \$ 9,925,014. including grants of \$ 8,965,881.) (Revenue \$ 748.) THE COMMUNITY FOUNDATION INVESTS IN THE FUTURE OF LINN COUNTY, IOWA BY WORKING WITH DONORS AND PROVIDING GRANTS AND SUPPORT TO NONPROFITS. 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. THE COMMUNITY FOUNDATION'S GRANT PROGRAMS INVEST IN INNOVATION, SUSTAINABILITY AND CAPACITY-BUILDING IN NONPROFIT ORGANIZATIONS.

4b (Code:) (Expenses \$ 1,040,371. including grants of \$ 658,434.) (Revenue \$) 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 \$ 63,545. including grants of \$ 0.) (Revenue \$) 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 11,028,930.

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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	

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	37
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		24
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		1
	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 1a-1b, 2-9.

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

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 10a-16b.

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.
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

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, box 6 of 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			223,042.	0.	31,875.	
(2) MICHELLE BEISKER VP OF DEVELOPMENT	40.00				X		139,621.	0.	32,357.	
(3) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	40.00				X		134,107.	0.	31,692.	
(4) JEAN BRENNEMAN CFO	32.00			X			129,751.	0.	23,995.	
(5) CORINNE RAMLER VP OF COMMUNICATIONS	40.00				X		104,536.	0.	21,685.	
(6) OKPARA RICE CHAIR	2.00	X		X			0.	0.	0.	
(7) MIKE SHEELEY TREASURER	2.00	X		X			0.	0.	0.	
(8) JON LANDON SECRETARY	2.00	X		X			0.	0.	0.	
(9) DIANA LEDFORD VICE-CHAIR/CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(10) JASMINE ALMOAYYED DIRECTOR	2.00	X					0.	0.	0.	
(11) MOLLY ALTORFER DIRECTOR	2.00	X					0.	0.	0.	
(12) ANTHONY ARRINGTON DIRECTOR	2.00	X					0.	0.	0.	
(13) PATRICE CARROLL DIRECTOR	2.00	X					0.	0.	0.	
(14) CHRIS CASEY DIRECTOR	2.00	X					0.	0.	0.	
(15) KARI COOLING DIRECTOR (PART-YEAR)	2.00	X					0.	0.	0.	
(16) ROD DOOLEY DIRECTOR	2.00	X					0.	0.	0.	
(17) JIM HADDAD DIRECTOR	2.00	X					0.	0.	0.	

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) STACEY HALYARD DIRECTOR (PART-YEAR)	2.00	X						0.	0.	0.
(19) SALMA IGRAM DIRECTOR	2.00	X						0.	0.	0.
(20) MARY JUNGE DIRECTOR	2.00	X						0.	0.	0.
(21) JANICE KERKOVE DIRECTOR	2.00	X						0.	0.	0.
(22) CHRIS LINDELL DIRECTOR	2.00	X						0.	0.	0.
(23) DAVID LITTLE DIRECTOR	2.00	X						0.	0.	0.
(24) JOE LOCK DIRECTOR	2.00	X						0.	0.	0.
(25) MICHELLE NIERMANN DIRECTOR	2.00	X						0.	0.	0.
(26) CHARLIE SCHIMBERG PAST-CHAIR	2.00	X						0.	0.	0.
1b Subtotal								731,057.	0.	141,604.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								731,057.	0.	141,604.

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
FUND EVALUATION GROUP, 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	164,402.
RW BAIRD, 200 5TH AVENUE SE, SUITE 102, CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	151,293.

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

GREATER CEDAR RAPIDS COMMUNITY
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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	321,340.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,460,544.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,068,085.			
	h Total. Add lines 1a-1f			10,781,884.		
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)		2,057,832.		-30,025.	2087857.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real 25,458.			
	b Less: rental expenses ...	6b	(ii) Personal 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	7a	(i) Securities 20,678,793.			
	b Less: cost or other basis and sales expenses	7b	(ii) Other 20,467,610.			
	c Gain or (loss)	7c	211,183.			
	d Net gain or (loss)			211,183.		211,183.
	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				
	b _____	900099	748.	748.		
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d			748.		
12 Total revenue. See instructions			13,077,105.	748.	-30,025.	2324498.

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Form 990 (2022)

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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 ...	9,468,183.	9,468,183.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,490.	17,490.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	138,642.	138,642.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	432,795.	132,940.	177,897.	121,958.
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	1,362,900.	562,809.	333,419.	466,672.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,756.	30,397.	28,058.	32,301.
9 Other employee benefits	170,123.	56,979.	52,596.	60,548.
10 Payroll taxes	95,152.	31,869.	29,417.	33,866.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	50,449.	20,035.	13,017.	17,397.
d Lobbying	4,500.		4,500.	
e Professional fundraising services. See Part IV, line 17	521.			521.
f Investment management fees	399,515.	399,626.	-111.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,209.		34,209.	
12 Advertising and promotion	65,029.	30,239.	13,372.	21,418.
13 Office expenses	30,600.	7,960.	9,541.	13,099.
14 Information technology	135,209.	54,916.	34,132.	46,161.
15 Royalties				
16 Occupancy	103,447.	41,456.	26,352.	35,639.
17 Travel	17,167.	6,839.	4,390.	5,938.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	37,098.	17,632.	8,626.	10,840.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,559.		63,559.	
23 Insurance	12,913.	994.	10,863.	1,056.
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	60,886.		60,886.	
b DUES AND SUBSCRIPTIONS	36,577.	9,924.	6,372.	20,281.
c LIFE INSURANCE EXPENSES	22,042.		22,042.	
d VACATION ACCRUAL	-8,700.		-8,700.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,841,062.	11,028,930.	924,437.	887,695.
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)				

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	10,016,801.	2	9,731,412.	
	3 Pledges and grants receivable, net	423,715.	3	1,107,728.	
	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	20,422.	9	93,209.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,357,679.			
	b Less: accumulated depreciation	10b 966,604.	1,416,861.	10c	1,391,075.
	11 Investments - publicly traded securities	167,054,027.	11	136,329,882.	
	12 Investments - other securities. See Part IV, line 11	39,581,975.	12	38,018,286.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,854,551.	15	3,343,405.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	223,368,352.	16	190,014,997.		
Liabilities	17 Accounts payable and accrued expenses	178,066.	17	242,787.	
	18 Grants payable	648,713.	18	317,168.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	45,611,188.	21	35,954,414.	
	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	1,175,199.	25	329,100.	
	26 Total liabilities. Add lines 17 through 25	47,613,166.	26	36,843,469.	
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	168,946,179.	27	150,199,199.	
	28 Net assets with donor restrictions	6,809,007.	28	2,972,329.	
	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	175,755,186.	32	153,171,528.	
33 Total liabilities and net assets/fund balances	223,368,352.	33	190,014,997.		

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	13,077,105.
2 Total expenses (must equal Part IX, column (A), line 25)	2	12,841,062.
3 Revenue less expenses. Subtract line 2 from line 1	3	236,043.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	175,755,186.
5 Net unrealized gains (losses) on investments	5	-21,969,515.
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	-850,186.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	153,171,528.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2022

Open to Public Inspection

Name of the organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number 42-6053860

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 [X] 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).

Table with 6 columns: (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? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row at the bottom.

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9283701.	14491611.	8028060.	15741697.	10781884.	58326953.
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	9283701.	14491611.	8028060.	15741697.	10781884.	58326953.
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)						7756698.
6 Public support. Subtract line 5 from line 4.						50570255.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9283701.	14491611.	8028060.	15741697.	10781884.	58326953.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5172671.	3585353.	2515261.	4532118.	2083290.	17888693.
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.)	46,202.	13,525.	320,211.	11,470.	748.	392,156.
11 Total support. Add lines 7 through 10						76607802.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	66.01	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	65.51	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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?	11a	
b A family member of a person described on line 11a above?	11b	
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>	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>	1	
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>	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?	1	
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>	2	
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>	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.		Yes	No
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>	2a		
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>	2b		
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>	3a		
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>	3b		

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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).		

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

Name of the organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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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	<hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>497,915.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>536,371.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,580,843.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>370,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	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		\$ 302,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 297,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 321,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 392,549.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 850,803.	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 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
<u>4</u>	20,000 SH DHT, 15,000 SH SLM, 3,000 SH UNM	\$ 577,725.	<u>11/14/22</u>
<u>4</u>	30,000 SH ESTE, 6,000 SH IHRT, 20,000 SH MRO, 1,000 SH SLM	\$ 1,003,118.	<u>03/21/22</u>
<u>10</u>	3,850 SH FRONTIER DISTRIBUTION LLC	\$ 500,000.	<u>11/16/22</u>
<u>11</u>	892 SH IBM, 173 SH KD, 1,407 SH PG	\$ 392,549.	<u>06/14/22</u>
		\$ _____	_____
		\$ _____	_____

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(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)).

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
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		4,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			4,500.
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 expenditures 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	249	1
2 Aggregate value of contributions to (during year)	6,652,622.	0.
3 Aggregate value of grants from (during year)	5,083,760.	15,000.
4 Aggregate value at end of year	36,453,188.	354,972.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 \$ _____
- (ii) Assets included in Form 990, Part X \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 \$ _____
- b Assets included in Form 990, Part X \$ _____

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule D (Form 990) 2022

42-6053860 Page 2

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	154,518,149.	135,266,580.	128,993,313.	110,849,692.	117,947,297.
b Contributions	4,962,543.	8,704,076.	1,766,447.	7,666,186.	5,535,942.
c Net investment earnings, gains, and losses	-17,262,113.	17,220,841.	10,943,728.	18,115,349.	-6,509,610.
d Grants or scholarships	3,325,331.	3,157,762.	2,966,501.	2,905,035.	2,793,037.
e Other expenditures for facilities and programs	542,481.	1,596,505.	1,723,599.	1,449,300.	
f Administrative expenses	2,055,646.	1,919,081.	1,746,808.	3,283,580.	3,330,900.
g End of year balance	136,295,121.	154,518,149.	135,266,580.	128,993,312.	110,849,692.

- 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="checked" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | <input type="checkbox"/> | <input checked="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		1,795,939.	524,241.	1,271,698.
c Leasehold improvements				
d Equipment		233,337.	210,176.	23,161.
e Other		258,403.	232,187.	26,216.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,391,075.

Schedule D (Form 990) 2022

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) REAL ESTATE BASED		
(B) SECURITIES	2,079,524.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,940,646.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	29,793,100.	END-OF-YEAR MARKET VALUE
(E) GLOBAL FIXED INCOME BOND		
(F) FUNDS	205,016.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	38,018,286.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY &	
(3) UNITRUST AGREEMENTS	329,100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	329,100.

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 ...

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-10,934,243.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-21,969,515.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,500,000.
e	Add lines 2a through 2d	2e	-23,469,515.
3	Subtract line 2e from line 1	3	12,535,272.
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	399,627.
b	Other (Describe in Part XIII.)	4b	142,206.
c	Add lines 4a and 4b	4c	541,833.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,077,105.

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	11,502,029.
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	11,502,029.
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	399,627.
b	Other (Describe in Part XIII.)	4b	939,406.
c	Add lines 4a and 4b	4c	1,339,033.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,841,062.

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 AMOUNT OF SUPPORT, REVENUE AND EXPENSES NET OF THE AMOUNT RAISED AND EXPENDED ON BEHALF OF OTHERS.

PART V, LINE 4:

THE COMMUNITY FOUNDATION PROVIDES GRANTS AND SUPPORT TO NONPROFITS BY INVESTING IN INNOVATION, SUSTAINABILITY AND CAPACITY BUILDING ACROSS THE SPECTRUM OF NONPROFIT ORGANIZATIONS. THE COMMUNITY FOUNDATION ALSO

Part XIII Supplemental Information (continued)

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 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	-1,500,000.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES NETTED WITH REVENUE	142,206.
------------------------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES NETTED WITH REVENUE	142,206.
ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	797,200.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	939,406.

**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

2022

Open to Public
Inspection

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

Employer identification number
42-6053860

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		9,903,484.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS		98,642.
NORTH AMERICA	0	0	GRANTS		40,000.
3 a Subtotal	0	0			10,042,126.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,042,126.

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

Schedule F (Form 990) 2022

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH	98,642.	WIRE	0.	N/A	USD
		NORTH AMERICA	COMMUNITY IMPROVEMENT	15,000.	WIRE	0.	N/A	USD
		NORTH AMERICA	HOUSING & SHELTER	25,000.	WIRE	0.	N/A	USD

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**

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

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

FUNDS GRANTED OUTSIDE THE UNITED STATES ARE ONLY DISBURSED AFTER GRANTEE HAS BEEN PRE-VERIFIED AS DOING CHARITABLE WORK AND A GRANT AGREEMENT IS SIGNED. THE SPECIFIC GRANT AGREEMENT FOR INTERNATIONAL GRANTS DETAILS APPROPRIATE USE OF FUNDS AND INCLUDES THE REQUIREMENT THAT GRANTEE COMPLETES AN EXPENDITURE REPORT DETAILING THE USE OF GRANT FUNDS AT THE END OF THE GRANT PERIOD.

**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

2022

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
ACACIA FRATERNITY FOUNDATION 12721 MEETING HOUSE RD CARMEL, IN 46032	35-1778332	509(A)(1)	6,100.	0.			GENERAL SUPPORT, IOWA CHAPTER FUND, PROGRAM SUPPORT: PYTHAGORAS MANUAL
ADVOCATES FOR SOCIAL JUSTICE PO BOX 365 CEDAR RAPIDS, IA 52406-0365	85-3230425	509(A)(1)	10,000.	0.			GENERAL SUPPORT
AFFORDABLE HOUSING NETWORK INC. 5400 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	20-8640691	509(A)(2)	25,000.	0.			NONPROFIT RECOVERY GRANT
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	509(A)(1)	77,509.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, NOT JUST FEBRUARY - AAMI GENERAL SUPPORT SUPPORT,
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-2009	23-7085316	509(A)(1)	15,240.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3007	42-0698056	501(C)(3)	7,603.	0.			PARISH SUPPORT FOR 2022, ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **175.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION

Schedule I (Form 990)

42-6053860

Page 1

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
ALZHEIMER'S ASSOCIATION 317 7TH AVE SE, SUITE 402 CEDAR RAPIDS, IA 52401	13-3039601	509(A)(1)	10,371.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, WALK TO END ALZHEIMER'S SPONSORSHIP
AMERICAN BOTANICAL COUNCIL PO BOX 144345 AUSTIN, TX 78714-4345	74-2518542	509(A)(2)	10,500.	0.			PROGRAM SUPPORT: ABC AHP NCNPR BOT ADULTERANT PR AND SUST. HERBS PR
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 52233-2070	13-5613797	509(A)(1)	6,089.	0.			EVENT SUPPORT: HEART WALK DUBUQUE, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS GO RED FOR
AMERICAN NATIONAL RED CROSS - SERVING IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	509(A)(1)	10,333.	0.			OTHER: TOWARDS NEW ERV HOUSED IN CEDAR RAPIDS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
ARCHDIOCESE OF DUBUQUE 1229 MOUNT LORETTA AVE DUBUQUE, IA 52003-7826	42-0680409	509(A)(1)	9,000.	0.			GENERAL SUPPORT: ARCHDIOCESE ONE CAMPAIGN, EVENT SUPPORT: PLEASE APPLY TOWARDS PRIESTS
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	509(A)(1)	7,855.	0.			ANNUAL DESIGNATED DISTRIBUTION, BEDS FOR BABIES AT ASAC'S HEART OF IOWA LOCATION, SUBSTANCE
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)	140,380.	0.			PROGRAM SUPPORT: BOWL FOR KIDS' SAKE 2022, GENERAL SUPPORT, MATCH FOR BOWLING FUNDS RAISED,
BOYS AND GIRLS CLUB OF THE CORRIDOR - 420 6TH ST SE STE 240 - CEDAR RAPIDS, IA 52401	42-1434056	509(A)(1)	58,643.	0.			GENERAL SUPPORT: UNLOCKING THE FUTURE, GENERAL SUPPORT, EVENT SUPPORT: PEDAL FOR
BRIDGE UNDER THE BRIDGE 355 8TH AVE SW CEDAR RAPIDS, IA 52404	85-3556350	501(C)(3)	10,500.	0.			GENERAL SUPPORT

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BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 4250 GLASS RD NE STE 100 - CEDAR RAPIDS, IA 52402	42-1203675	509(A)(1)	9,436.	0.			PROGRAM SUPPORT: GRACE SPONSOR, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, GENERAL
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	509(A)(1)	125,933.	0.			NONPROFIT RECOVERY GRANT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE RD SE WASHINGTON, DC 20020	52-1307706	509(A)(1)	25,000.	0.			AC: CALVARY WOMEN'S SERVICES
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	509(A)(1)	81,550.	0.			GENERAL SUPPORT, EVENT SUPPORT: SPRINT TRIATHLON, ANNUAL DESIGNATED DISTRIBUTION,
CAMP WYOMING 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	509(A)(3)	5,439.	0.			ANNUAL DESIGNATED DISTRIBUTION
CATHERINE MCAULEY CENTER INC. 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	509(A)(1)	68,403.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT: BUILDING FUND,
CATHOLIC CHARITIES ARCHDIOCESE OF DUBUQUE - CEDAR RAPIDS OFFICE - 420 6TH ST SE STE 220 - CEDAR RAPIDS, IA 52401-1906	42-0680493	509(A)(1)	27,450.	0.			GENERAL SUPPORT, IMMIGRATION LEGAL SERVICES
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405-1015	42-6023551	170(C)(1)	5,063.	0.			SCHOLARSHIPS FOR THE 2020 MITCHELL B. ODELL SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405	42-1197912	509(A)(1)	14,716.	0.			GENERAL SUPPORT: PJ'S FOR PUBLIC SCHOOLS - LIVE FEED SPONSOR, ANNUAL DESIGNATED DISTRIBUTION

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CEDAR RAPIDS FREEDOM FESTIVAL 609 1ST AVE SW STE 102 CEDAR RAPIDS, IA 52405-3931	42-1329035	509(A)(1)	20,000.	0.			FREEDOM FESTIVAL GENERAL SUPPORT EXPENSES 2023 - 168576
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	509(A)(1)	240,973.	0.			SPRING 2022 EXHIBITIONS & EDUCATIONAL PROGRAMMING, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	509(A)(2)	99,635.	0.			AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE YOUNG ARTIST PROGRAM,
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	509(A)(1)	46,112.	0.			DOLLY PARTON'S IMAGINATION LIBRARY (DPIL), GENERAL SUPPORT, ANNUAL DESIGNATED
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	509(A)(3)	32,693.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	509(A)(1)	46,685.	0.			HOPE BUILD 2022, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, YOUNGS HILL KINGSTON HOME,
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	509(A)(2)	66,699.	0.			GENERAL SUPPORT IN HONOR OF SAWYER WILLSON, AREA OF MOST NEED: IN HONOR OF KIRSTEN SMITH WHO
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 28274 NETWORK PLACE - CHICAGO, IL 60673-1282	36-2167817	509(A)(1)	5,751.	0.			ANNUAL DESIGNATED DISTRIBUTION
CENTRAL COLLEGE PO BOX 5800, 812 UNIVERSITY STREET PELLA, IA 50219	42-0680344	509(A)(1)	5,950.	0.			OTHER: CENTRAL JOURNEY SCHOLARSHIP, 2022 COLLEGE OPPORTUNITY SCHOLARSHIP, 2022 KELLEY SCHOLARSHIP

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CENTRAL FURNITURE RESCUE PO BOX 2404 CEDAR RAPIDS, IA 52406-2404	84-2506457	509(A)(1)	10,487.	0.			SO: WORKING THEORY FARM, GENERAL SUPPORT, CENTRAL FURNITURE RESCUE SUPPLEMENTAL INVENTORY
CHELSEY'S DREAM FOUNDATION 112 WOOD RIDGE RD ANAMOSA, IA 52205	47-2575193	509(A)(1)	7,500.	0.			CHELSEY'S DREAM FOUNDATION- CDA REQUEST - 166811
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	509(A)(1)	29,306.	0.			ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 101 1ST ST SE CEDAR RAPIDS, IA 52401	42-6004336	170(C)(1)	246,270.	0.			ICE ARENA SCOREBOARD PROJECT - FINAL, CEDAR RAPIDS ANIMAL CARE & CONTROL - AUTOCLAVE
CITY OF HIAWATHA 101 EMMONS ST HIAWATHA, IA 52233-1610	42-6025060	170(C)(1)	10,450.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE HIAWATHA PUBLIC LIBRARY, TREE CANOPY
CITY OF MARION 1225 6TH AVE STE 170 MARION, IA 52302-3453	42-6004932	170(C)(1)	40,000.	0.			TREE CANOPY RESTORATION
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402-5092	42-0686467	509(A)(1)	300,770.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL FUND, 2021 KALOUS OPPORTUNITY SCHOLARSHIP,
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	509(A)(2)	167,485.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, FY23 DIRECT PATIENT CARE, AREA
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	509(A)(1)	50,000.	0.			GARDEN CULTIVATION AND ENVIRONMENTAL CONSERVATION

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COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	509(A)(2)	160,042.	0.			TCR BROADWAY SERIES 2021-2022, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
CONNECTCR P.O. BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	509(A)(1)	241,911.	0.			INTENT TO SUPPORT AWAKENING CONNECTIONS THE CAMPAIGN TO CONNECTCR, IPADDLE PORTABLE RENTAL
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	509(A)(1)	222,371.	0.			GENERAL SUPPORT FOR BARRY CENTER, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION
CRITTER CRUSADERS OF CEDAR RAPIDS INC. - PO BOX 10111 - CEDAR RAPIDS, IA 52410	26-2821920	509(A)(1)	9,700.	0.			EMERGENCY CARE FOR CAESAR, EMERGENCY CARE FOR GIDGET, AREA OF MOST NEED, GENERAL SUPPORT
CZECH VILLAGE/NEW BOHEMIA URBAN MAIN STREET DISTRICT DBA THE DISTRICT... - 208 12TH AVE SE, SUITE G - CEDAR RAPIDS, IA 52401	27-1416767	509(A)(1)	10,500.	0.			SPONSOR TO HELP CONTINUE ICONIC FUNDRAISER, GENERAL SUPPORT
DEAFINITELY DOGS INC. 2802 LIPPISH PLACE SW CEDAR RAPIDS, IA 52404	47-1590153	509(A)(1)	31,000.	0.			GENERAL SUPPORT, GENERAL SUPPORT: FUNDRAISER FOR JUNE 3RD, 2022 FEATURING ROB LITTLE, PATIO PUPS
DENVER COMMUNITY SCHOOL DISTRICT 520 LINCOLN ST DENVER, IA 50622	42-6001422	170(C)(1)	5,757.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH)
DION S CHICAGO DREAM INC NFP DBA DION'S CHICAGO DREAM - 180 N WINDMERE CIR - MATTESON, IL 60443	85-2527687	509(A)(1)	15,000.	0.			SO: DION'S CHICAGO DREAM INC. NFP
DISCOVERY LIVING INC. 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	509(A)(1)	26,102.	0.			ANNUAL DESIGNATED DISTRIBUTION, ELECTRONIC HEALTH RECORD = IMPROVED SERVICES

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DONORSCHOOSE.ORG MAIL CODE: 6656, PO BOX 7247 PHILADELPHIA, PA 19170-6656	13-4129457	509(A)(1)	25,000.	0.			2022 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	509(A)(1)	31,450.	0.			ANNUAL DESIGNATED DISTRIBUTION, HEALING HEARTS, ARTS VANGO!, AREA OF MOST NEED: CANCER
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	509(A)(2)	47,563.	0.			EIHC UNMET NEEDS PROGRAM, EASTERN IOWA DENTAL CENTER EXPANSION PROJECT, GENERAL SUPPORT:
EASTERN IOWA HONOR FLIGHT PO BOX 10704 CEDAR RAPIDS, IA 52410	27-1666013	509(A)(1)	5,200.	0.			GENERAL SUPPORT
EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	509(A)(1)	45,000.	0.			SO: EMERGENCY FOOD NETWORK
ESSENTIAL INSTRUCTION C/O MARION MIXERS - 327 2ND ST. STE 300 - CORALVILLE, IA 52241	46-5762244	509(A)(1)	8,500.	0.			GENERAL SUPPORT
FAMILIES HELPING FAMILIES OF IOWA 6000 7TH ST SW CEDAR RAPIDS, IA 52404	71-0985937	509(A)(1)	9,500.	0.			ANNUAL DESIGNATED DISTRIBUTION IN MEMORY OF HAZEL DAWN HOBBS, PROGRAM SUPPORT: SHOE VOUCHER
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406	45-4058376	509(A)(1)	214,618.	0.			PROGRAM SUPPORT: EQUITABLE LAND ACCESS PROGRAM, ALLEVIATING FOOD INSECURITY IN LINN
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	509(A)(1)	7,384.	0.			ANNUAL DESIGNATED DISTRIBUTION

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FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	509(A)(1)	20,047.	0.			GENERAL SUPPORT, GENERAL SERVICES, BUILDING RENOVATIONS, CAPITAL CAMPAIGN: WE'RE IN
FLORENCE TOWNSHIP 7966 31ST AVE NORWAY, IA 52318	42-1197061	170(C)(1)	50,000.	0.			OTHER: FIRETRUCK PURCHASE
FOUND IN TRANSLATION INC. 1532B DORCHESTER AVE DORCHESTER, MA 02122	45-3302596	509(A)(1)	20,000.	0.			AC: FOUND IN TRANSLATION
FOUNDATION 2 AKA FOUNDATION 2 CRISIS SERVICES - 1714 JOHNSON AVE NW - CEDAR RAPIDS, IA 52405-4865	42-1078444	509(A)(1)	214,098.	0.			ANNUAL DESIGNATED DISTRIBUTION, CLIENT SOFTWARE SUPPORT, HOPE WALK IN HONOR OF MARK
FOUR OAKS FAMILY AND CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	509(A)(1)	107,026.	0.			ANNUAL SUPPORT: PARTNERSHIP OUTLINE PROVIDED BY BEN, GENERAL SUPPORT, ANNUAL
FRIENDS OF MARION CARNEGIE LIBRARY DBA THE FRIENDS OF THE MARION PUBLIC LIBRARY - 1101 6TH AVENUE - MARION, IA 52302	42-1335663	509(A)(2)	15,000.	0.			DOLLY PARTON'S IMAGINATION LIBRARY-MARION, CAPITAL CAMPAIGN
FRIENDSHIP FORCE OF CEDAR RAPIDS IOWA CITY INC - 1250 TEG DR - IOWA, IA 52246	42-1301982	509(A)(2)	15,000.	0.			OTHER: SUPPORT AFGHAN REFUGEE FAMILY PROJECT
FUR FUN RESCUE 229 BADGER RD LISBON, IA 52253	47-1727173	509(A)(1)	8,800.	0.			HELPING FAITH RUN AGAIN, MEDICAL CARE OF RESCUE DOGS ADOPTED IN LINN COUNTY, VETERINARY CARE
GARLAND COUNTY LIBRARY 1427 MALVERN AVE HOT SPRINGS, AR 71901	71-0735562	170(C)(1)	5,751.	0.			ANNUAL DESIGNATED DISTRIBUTION IN MEMORY OF HAZEL DAWN HOBBS

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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)	6,000.	0.			PROGRAM SUPPORT: LEADERSHIP PROGRAM FOR AT-RISK GIRLS, LEADERSHIP PROGRAM FOR GIRLS IN LINN
GRACE CHURCH CATHEDRAL 115 WENTWORTH ST. CHARLESTON, SC 29401	57-0362059	501(C)(3)	5,550.	0.			OTHER: HALOS SUMMER PROGRAM (PLEASE SEND 3 KIDS), GENERAL SUPPORT
GREEN SQUARE MEALS INC. PO BOX 5303 CEDAR RAPIDS, IA 52406-5303	42-1307429	509(A)(1)	21,900.	0.			GREEN SQUARE MEALS GRANT 2022, GENERAL SUPPORT, AREA OF MOST NEED
HARMONY SCHOOL OF MUSIC 1200 FIRST AVE NE CEDAR RAPIDS, IA 52403	81-5157369	509(A)(1)	28,000.	0.			EXPANDING ACCESS FOR UNDER-SERVED CHILDREN, EXPANDING ACCESS TO OPPORTUNITIES FOR
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	509(A)(1)	34,039.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE,
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404-3910	42-0680304	509(A)(1)	6,261.	0.			GENERAL SUPPORT: TROOP 37, SOUTHERN PRAIRIE DISTRICT, PROGRAM SUPPORT: CAMPERSHIP
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	509(A)(1)	41,923.	0.			ANNUAL DESIGNATED DISTRIBUTION, HEALTHY HOMES
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC - 1245 2ND AVE SE - CEDAR RAPIDS, IA 52403	39-1878606	509(A)(1)	18,903.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HIS HANDS FREE CLINIC: GREATNEED:
HLV COMMUNITY SCHOOL 402 HARRISON ST. VICTOR, IA 52347	42-6037189	170(C)(1)	45,709.	0.			ANNUAL DESIGNATED DISTRIBUTION

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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)	64,822.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, ANNUAL DESIGNATED
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST SE, PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	509(A)(1)	99,114.	0.			GENERAL SUPPORT: HORIZONS FINANCIAL WELLNESS CENTER, HORIZONS MEALS ON WHEELS, ESSENTIAL
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	509(A)(1)	202,682.	0.			NONPROFIT RECOVERY GRANT, GENERAL SUPPORT, EVENT SUPPORT: FARM TO TABLE DINNER, ANNUAL DESIGNATED
INDIAN HILLS COMMUNITY COLLEGE 525 GRANDVIEW AVE OTTUMWA, IA 52501	42-0923689	170(C)(1)	20,000.	0.			OTTUMWA CAMPUS FACILITY RENOVATIONS/CONSTRUCTION (PAYABLE OVER 5 YEARS)
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVE RANCHO CUCAMONGA, CA 91730	33-0502676	509(A)(1)	11,705.	0.			GENERAL SUPPORT
IOWA BROADCASTERS ASSOCIATION FOUNDATION - PO BOX 65361 - WEST DES MOINES, IA 50265	45-4574664	509(A)(1)	127,195.	0.			ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	509(A)(2)	46,000.	0.			ICF ANNUAL REQUEST TO CRST INTERNATIONAL, DEI OPPORTUNITY SCHOLARSHIP CHALLENGE REQUEST, ICF
IOWA HUMANE ALLIANCE 6540 6TH ST SW CEDAR RAPIDS, IA 52404	26-1992986	509(A)(1)	22,780.	0.			FINAL DISTRIBUTION. GENERAL SUPPORT, SPAY AND NEUTER FOR RESCUE ANIMALS TARGETED TNR FOR CEDAR

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IOWA JAG INC. 1111 9TH STREET STE 268 DES MOINES, IA 50314	42-1492988	509(A)(1)	35,000.	0.			PROGRAM SUPPORT: SUPPORT CENTRAL SCHOOLS - CEDAR RAPIDS, IC, WTLO, IJAG: BRIDGING THE GAP BETWEEN
IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 52401-2003	42-1079227	509(A)(1)	23,886.	0.			LINN COUNTY DERECHO RECOVERY PROJECT, GENERAL SUPPORT
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	170(C)(1)	45,400.	0.			2022 DREW WALL SCHOLARSHIP, 2022 WASHINGTON ALUMNI SCHOLARSHIP, 2022 KALOUS
IOWA WOMEN'S FOUNDATION 2201 EAST GRANTVIEW DR., SUITE 200 CORALVILLE, IA 52241	42-1431092	509(A)(1)	7,500.	0.			OTHER: LEADER SPONSORSHIP PACKAGE, GENERAL SUPPORT
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	42-0680359	509(A)(1)	16,488.	0.			ANNUAL DESIGNATED DISTRIBUTION, JANE BOYD ACHIEVEMENT ACADEMY OUT-OF-SCHOOL CARE,
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF - 1026 A AVE NE STE 113 - CEDAR RAPIDS, IA 52406	23-1907729	509(A)(1)	15,550.	0.			ANNUAL SUPPORT: 4 SPECIFIC EVENTS, GENERAL SUPPORT IN HONOR OF MYLES GRITSCH, GENERAL SUPPORT:
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	509(A)(1)	68,556.	0.			CREATING EQUITABLE AND JUST LEARNING OPPORTUNITIES, BUILDING FUTURES - INSPIRING
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 52401-2007	42-6060212	509(A)(2)	21,683.	0.			BRIDGING THE G.A.P. (GUIDE. ADVOCATE. PROVIDE.), GENERAL SUPPORT FOR AMP PROGRAM
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	509(A)(1)	55,620.	0.			ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, GENERAL SUPPORT, AREA OF MOST NEED, RESTORATIVE

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(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
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	23-7076632	509(A)(1)	126,439.	0.			KCCK JAZZ RADIO, PROGRAM SUPPORT: SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION
LASALLE CATHOLIC 3700 1ST AVE NW CEDAR RAPIDS, IA 52405-4570	42-1424428	501(C)(3)	10,156.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE COST OF TUITION FOR STUDENTS FROM
LAVENDER LEGAL CENTER PO BOX 31 CEDAR RAPIDS, IA 52406	85-3467956	509(A)(1)	18,335.	0.			LGBTQ LEGAL ADVOCACY - 166968
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 52401-0544	27-5343988	509(A)(1)	7,041.	0.			GENERAL SUPPORT OF LEADERS BELIEVERS AND ACHIEVERS, LBA FOUNDATION CR-DREAMS PROGRAMMING AND
LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 52401-1601	20-0076420	509(A)(1)	7,069.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
LINN COUNTY COMMUNITY SERVICES 1240 26TH AVE. CT. SW CEDAR RAPIDS, IA 52404	42-6004338	170(C)(1)	15,000.	0.			MENTAL HEALTH ACCESS CENTER EMR CREATION & SUPPORT - 166822
LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIES - PO BOX 1322 - CEDAR RAPIDS, IA 52406-1322	20-0647905	509(A)(1)	19,950.	0.			FSM ADMINISTRATIVE CAPACITY BUILDING, ITEMS NEEDED FOR COMMUNITY RE-ENTRY, COLLABORATION:
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 800 2ND AVE SE - CEDAR RAPIDS, IA 52403	23-7311415	509(A)(2)	82,571.	0.			GENERAL SUPPORT, THE HISTORY CENTER'S OUTDOOR IMPROVEMENT CAMPAIGN, ANNUAL DESIGNATED
LINN COUNTY TRAILS ASSOCIATION PO BOX 2681 CEDAR RAPIDS, IA 52406-2681	42-1359081	509(A)(1)	5,018.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION

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LINN-MAR SCHOOL FOUNDATION 2999 N. 10TH STREET MARION, IA 52302	42-1267125	509(A)(1)	18,500.	0.			AGENCY DISTRIBUTION
LISBON-MOUNT VERNON AMBULANCE SERVICE - 730 FIRST STREET EAST - MT. VERNON, IA 52314	23-7400531	509(A)(1)	7,041.	0.			X-RAY EYES, A SAFER RIDE, EMERGENCY EXPENSES: EMT TRAINING
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101-1041	42-0680466	509(A)(1)	20,100.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP, GENERAL SUPPORT, 2019 KALOUS
LUTHERAN CHURCH OF THE RESURRECTION - 3500 29TH AVE - MARION, IA 52302	42-6063546	509(A)(1)	7,000.	0.			GENERAL SUPPORT
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	509(A)(2)	10,160.	0.			GENERAL SUPPORT
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	509(A)(1)	29,506.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 SOUTH 15TH STREET - MARION, IA 52302	42-1343360	509(A)(1)	14,348.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, RICOCHET: AN EXTREME LEADERSHIP
MARION PUBLIC LIBRARY FOUNDATION 1064 7TH AVE MARION, IA 52302	84-4033363	501(C)(3)	25,000.	0.			MARION PUBLIC LIBRARY MOBILE LIBRARY - 161065
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	509(A)(1)	177,409.	0.			HEALTHY NEIGHBORHOODS CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED

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MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	509(A)(1)	10,483.	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	241,413.	0.			GENERAL SUPPORT: 2022 ESPECIALLY FOR YOU RACE, GENERAL SUPPORT: IN HONOR OF JEAN FLECK, HALLMAR
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	509(A)(2)	28,193.	0.			ANNUAL DESIGNATED DISTRIBUTION
MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 389 - KALONA, IA 52247	42-1304224	509(A)(2)	9,642.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION
MIRRORBOX THEATRE 201 3RD AVE SW CEDAR RAPIDS, IA 52404	84-3956514	509(A)(2)	20,000.	0.			MIRRORBOX THEATRE 2022 GENERAL SUPPORT SUPPORT, GREAT AMERICA VISITING ARTIST PROGRAM, MIRRORBOX
MISSION ST. LOUIS 3108 N GRAND BLVD SAINT LOUIS, MO 63107	20-8983607	509(A)(1)	25,000.	0.			AC: MISSION: ST. LOUIS
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	509(A)(1)	113,709.	0.			FINAL GRANT DISTRIBUTION, TREE CANOPY RESTORATION, GENERAL SUPPORT
MOUNT MERCY UNIVERSITY 1330 ELMHURST DRIVE NE CEDAR RAPIDS, IA 52402-4797	42-0681046	509(A)(1)	76,100.	0.			OTHER: MT MERCY ATHLETICS APPEAL, ANNUAL DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY,
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION - 525 PALISADES RD SW - MOUNT VERNON, IA 52314-1761	42-1304892	509(A)(3) TYPE I	111,685.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, AGENCY

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MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC. - PO BOX 31 - MT. VERNON, IA 52314	81-1018832	509(A)(1)	10,312.	0.			DESIGNATED DISTRIBUTION FOR THE FIRST STREET COMMUNITY CENTER, ADDITIONAL DISTRIBUTION
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404	51-0189030	509(A)(1)	143,102.	0.			NONPROFIT RECOVERY GRANT, 2022 ARTS AND CULTURE PROGRAMMING, GENERAL SUPPORT, ANNUAL
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO - 415 12TH AVENUE SE - CEDAR RAPIDS, IA 52401	46-4387860	509(A)(1)	42,352.	0.			RESTRICTED TO: KIVA FUND, OTHER: KIVA PROGRAMCODERDOJO CEDAR RAPIDS
NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401-2306	27-0600567	509(A)(1)	86,000.	0.			SUSTAINABLE PLAYScape AT NEWBO CITY MARKET, PROGRAM SUPPORT: SPONSORING COST FOR ELA
NORTHWEST NEIGHBORS NEIGHBORHOOD ASSOCIATION - 1800 ELLIS BLVD NW - CEDAR RAPIDS, IA 52405	42-1436418	509(A)(1)	25,000.	0.			SHAKESPEARE GARDEN
OLIVET NEIGHBORHOOD MISSION 230 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	509(A)(1)	28,525.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, COMMUNITY GARDENS ASSISTANCE,
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	509(A)(2)	215,654.	0.			FOR EDUCATION PROGRAMS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED
PLANNED PARENTHOOD OF THE HEARTLAND - 818 5TH AVE STE 200 - DES MOINES, IA 50309	42-0727488	509(A)(1)	29,732.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS HEALTH CENTER, ANNUAL DESIGNATED
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	509(A)(1)	13,640.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION

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PROJECT WORTHMORE 1666 ELMIRA STREET AURORA, CO 80010	45-0933835	509(A)(1)	45,000.	0.			SO: PROJECT WORTHMORE
PROSPECT MEADOWS 1850 PROSPECT DRIVE MARION, IA 52302	45-1186453	509(A)(1)	24,400.	0.			GENERAL SUPPORT, WALKING TRAIL SIGN FOR THE LIFE OF THE FACILITY, NONPROFIT RECOVERY GRANT
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 90033	95-3213958	509(A)(1)	30,000.	0.			AC: PROYECTO PASTORAL
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	509(A)(1)	34,050.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, CHAMBER MUSIC IN LINN COUNTY PUBLIC
REFUGEE AND IMMIGRANT ASSOCIATION 3260 SOUTHGATE PLACE SW UNIT#18 CEDAR RAPIDS, IA 52404	81-0920164	509(A)(1)	10,000.	0.			SCHOOL TRANSPORTATION PROGRAM
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 WEST 41ST STREET, 7TH FLOOR - NEW YORK, NY 10036	13-1988190	509(A)(1)	12,500.	0.			NATIONAL NETWORK FOR SAFE COMMUNITIES CONTRACT EXTENSION
SALVATION ARMY - HEARTLAND DIVISION - LEGAL DEPT: ESTATES/TRUSTS - 401 NE ADAMS STREET - PEORIA, IL 61603	22-2406433	509(A)(1)	16,362.	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)	13,937.	0.			PROGRAM SUPPORT: 10 - 1 WEEK CAMP SESSIONS, ANNUAL DESIGNATED DISTRIBUTION, PROGRAM
SHAMBHALA INTERNATIONAL 1017 W. WASHINGTON BLVD. UNIT 2 CHICAGO, IL 60607	23-7424160	509(A)(1)	50,000.	0.			GENERAL SUPPORT

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SLEEP IN HEAVENLY PEACE PO BOX 116 KIMBERLY, ID 83341	46-4346568	509(A)(2)	18,409.	0.			GENERAL SUPPORT: LINN COUNTY CHAPTER. NO KID SLEEPS ON THE FLOOR IN OUR TOWN!
SOCIETY OF THE DIVINE WORD PO BOX 6038 TECHNY, IL 60082	36-2183817	509(A)(1)	6,000.	0.			GENERAL SUPPORT
SPT THEATRE COMPANY PO BOX 682 CEDAR RAPIDS, IA 52406	20-0644595	509(A)(2)	15,500.	0.			SPT THEATRE 2022-23 SEASON SUPPORT, GENERAL SUPPORT
ST. AMBROSE UNIVERSITY 518 W. LOCUST ST DAVENPORT, IA 52803	42-0703280	509(A)(1)	6,000.	0.			2022 IOWA PHYSICIAN ASSISTANT SOCIETY SCHOLARSHIP, AMBROSE FOR ALL SCHOLARSHIPS, THE
ST. JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	501(C)(3)	31,850.	0.			PROGRAM SUPPORT: MATCHING CHALLENGE TO REDUCE BUILDING DEPT., GENERAL SUPPORT, GENERAL SUPPORT:
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	509(A)(1)	15,464.	0.			PROGRAM SUPPORT: MENTAL HEALTH, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION
ST. MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 52302-9362	42-0810662	509(A)(1)	5,762.	0.			GENERAL SUPPORT
ST. MATTHEW'S CATHOLIC CHURCH 2310 1ST AVE NE CEDAR RAPIDS, IA 52402-4935	42-0730342	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ST. PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	42-0680303	501(C)(3)	5,062.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, ANNUAL

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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)	13,672.	0.			ANNUAL DESIGNATED DISTRIBUTION
ST. WENCESLAUS CHURCH 1224 5TH ST. SE CEDAR RAPIDS, IA 52401	42-0688080	501(C)(3)	20,304.	0.			PARISH SUPPORT FOR 2022, ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR,
STATE UNIVERSITY OF IA FOUNDATION AKA UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - P O BOX 4550 - IOWA CITY, IA 52244	42-0796760	509(A)(1)	264,113.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL
TANAGER PLACE DBA TANAGER 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	509(A)(2)	235,520.	0.			NONPROFIT RECOVERY GRANT, ONE WEEK OF SUMMER CAMP AT CAMP TANAGER 2022, ANNUAL DESIGNATED
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2026	42-0805377	509(A)(2)	62,729.	0.			EVENT SUPPORT: ARC MARCH - BOARD OF DIRECTORS TEAM, GENERAL SUPPORT, ANNUAL DESIGNATED
THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	509(A)(1)	16,900.	0.			GENERAL SUPPORT, EMERGENCY EXPENSES: LAPTOP FUNDING, VETERANS WEEKLY FREE LUNCH,
TREES FOREVER 80 W 8TH AVE MARION, IA 52302	42-1419181	509(A)(1)	250,732.	0.			OTHER: TREE PLANTING, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS RELEAF, GROWING
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS DBA METRO CATHOLIC OUTREACH - 420 6TH ST. SE - CEDAR RAPIDS, IA 52401	53-0196617	509(A)(1)	5,242.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	509(A)(1)	7,254.	0.			GENERAL SUPPORT

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UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	509(A)(1)	188,002.	0.			ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, GENERAL SUPPORT: SPARK 5 PROGAM, UNITED
UNITED WE MARCH FORWARD 214 13TH ST. SE CEDAR RAPIDS, IA 52403	83-0902832	509(A)(2)	18,914.	0.			GENERAL SUPPORT, PROGRAM SUPPORT: DRIVERS EDUCATION FOR IMMIGRANTS (DEFI)
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT, SUITE 700 CHICAGO, IL 60615	36-2177139	509(A)(1)	67,403.	0.			ANNUAL DESIGNATED DISTRIBUTION: 43.5% TO COLLEGE FUND, 43.5% GRADUATE BUSINESS SCHOOL,
UNIVERSITY OF IOWA - UI SERVICE CENTER - 2700 UNIVERSITY CAPITOL CENTRE - IOWA CITY, IA 52242	42-6004813	170(C)(1)	41,529.	0.			2021 NORMA WENZEL SCHOLARSHIP, 2022 KOMENSKY SCHOLARSHIP, 2022 COLLEGE OPPORTUNITY
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID, 105 GILCHRIST HALL - CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	13,300.	0.			2022 MERVEAUX ACADEMIC EXCELLENCE, 2022 WASHINGTON ALUMNI SCHOLARSHIP, 2022
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 205 COMMONS - CEDAR FALLS, IA 50614-0282	42-6058591	509(A)(1)	153,200.	0.			OTHER: STUDENT SCHOLARSHIPS, GENERAL SUPPORT
VARIETY - THE CHILDREN'S CHARITY OF IOWA - 505 5TH AVE STE 310 - DES MOINES, IA 50309-2322	42-6077108	509(A)(2)	13,387.	0.			GENERAL SUPPORT: BUILD A VAN CAMPAIGN, SPECIALTY BIKE PROGRAM, VARIETY - SPECIALIZED BIKE PROGRAM
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	509(A)(1)	94,042.	0.			GENERAL SUPPORT FOR MADGE PHILLIPS CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
WELLINGTON HEIGHTS COMMUNITY CHURCH - 1600 4TH AVE SE - CEDAR RAPIDS, IA 52403	84-4925970	501(C)(3)	25,000.	0.			GENERAL SUPPORT, BUILDING HOPE CAMPAIGN

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WILLIS DADY EMERGENCY SHELTER DBA WILLIS DADY HOMELESS SERVICES - 1247 4TH AVE SE - CEDAR RAPIDS, IA 52403-4020	42-1311668	509(A)(1)	178,070.	0.			PROGRAM SUPPORT: EMPLOYMENT & SUPPORTIVE SERVICES, HOMELESS SERVICE, WILLIS DADY:
WORKING THEORY FARM 5744 SE DAVIS RD HILLSBORO, OR 97123	83-3965559	501(C)(3)	15,000.	0.			SO: WORKING THEORY FARM
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	509(A)(1)	8,662.	0.			GENERAL SUPPORT: IMPACT FUND, GENERAL SUPPORT: BUSINESS AND PARISH APPEAL, ANNUAL DESIGNATED
YMCA OF THE CEDAR RAPIDS METRO AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	509(A)(1)	40,345.	0.			ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	509(A)(1)	74,296.	0.			BUILDING BRIGHT FUTURES - AFGHAN COMMUNITY, EASTERN IOWA DIAPER BANK, GENERAL SUPPORT, GENERAL SUPPORT:
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVE DES MOINES, IA 50309	51-0186073	509(A)(1)	20,000.	0.			AC: YOUNG WOMEN'S RESOURCE CENTER
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	509(A)(1)	34,192.	0.			GENERAL SUPPORT, KIDS ON COURSE SUMMER PROGRAMS, KIDS ON COURSE PROGRAMMATIC SUPPORT

Schedule I (Form 990)

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REIMBURSEMENT TO STUDENTS WHO RECEIVED A SCORE OF 3 OR HIGHER ON ADVANCED PLACEMENT TESTS	250	10,890.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	6	600.	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	4	6,000.	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 HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, NOT JUST FEBRUARY - AAMI GENERAL SUPPORT SUPPORT, BLACK

Part IV Supplemental Information

HISTORY IS IOWA'S HISTORY - AAMI PROGRAMMING, VOICES INSPIRING PROGRESS

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PARISH SUPPORT FOR 2022, ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO THE ST. WENCESLAUS CATHOLIC CHURCH BUILDING AND PROPERTIES, INCLUDING THE CZECH HERITAGE PARK, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, AREA OF MOST NEED

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT: HEART WALK DUBUQUE, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS GO RED FOR WOMEN

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN NATIONAL RED CROSS - SERVING IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: OTHER: TOWARDS NEW ERV HOUSED IN CEDAR RAPIDS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, GENERAL SUPPORT IN HONOR OF DAMON ANTHONY

NAME OF ORGANIZATION OR GOVERNMENT: ARCHDIOCESE OF DUBUQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: ARCHDIOCESE ONE CAMPAIGN, EVENT SUPPORT: PLEASE APPLY TOWARDS PRIESTS RETIREMENT FUND: ARCHDIOCESEONE

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, BEDS FOR BABIES AT ASAC'S HEART OF IOWA LOCATION, SUBSTANCE USE DISORDER

Part IV Supplemental Information

PARENT EDUCATION, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: BOWL FOR KIDS' SAKE

2022, GENERAL SUPPORT, MATCH FOR BOWLING FUNDS RAISED, GENERAL SUPPORT:

MAGIC, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED: VIDEO

CREATOR/FAMILY ENGAGEMENT, MENTORING ADDRESSES YOUTH MENTAL HEALTH

EMERGENCY, GENERAL SUPPORT IN HONOR OF ROB KILBERGER, NEW SPORTS BUDDIES

PROGRAM ATTRACTS MALE MENTORS, EVENT SUPPORT: BOWL FOR KIDS SAKE

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF THE CORRIDOR

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: UNLOCKING THE

FUTURE, GENERAL SUPPORT, EVENT SUPPORT: PEDAL FOR PROGRESS, CAPITAL

CAMPAIGN: CAPITAL CAMPAIGN FOR NEW FACILITY, TRIPLE PLAY, A GAME PLAN FOR

THE MIND BODY & SOUL, UNLOCKING THE FUTURE CAPITAL CAMPAIGN, EVENT

SUPPORT: BLUE DOOR BASH, GENERAL SUPPORT: GREAT FUTURES ANNUAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEHAVEN PREGNANCY SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: GRACE SPONSOR,

ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, GENERAL SUPPORT: HOPE

SPONSOR

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: NONPROFIT RECOVERY GRANT, ANNUAL

DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR PRESERVATION,

MAINTENANCE OR RESTORATION OF THE OPUS 754 SKINNER PIPE ORGAN OWNED BY

BRUCEMORE, BUILDING HOMEGROWN TALENT AT BRUCEMORE, BRUCEMORE HISTORY

Part IV Supplemental Information

TOURS - A 2022 EXPERIENCE, GENERAL SUPPORT, GROWING AN ORGANIZATION - ONE
TREE AT A TIME, PRESERVATION FUND, EXPANDING THE LANDSCAPE EXPERIENCE,
AREA OF MOST NEED, 2023 SUMMER SEASON AT BRUCEMORE

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, EVENT SUPPORT:
SPRINT TRIATHLON, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED,
CAMPERSHIP, THERAPY DOG, TUNNEL, GENE

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL
DESIGNATED DISTRIBUTION, GENERAL SUPPORT: BUILDING FUND, GENERAL
SUPPORT, INCREASING ESL SERVICES FOR REFUGEES & IMMIGRANTS, COMMUNITY
IMPACT THROUGH ADVOCACY AND ENGAGEMENT, LIFE AFTERSCHOOL PROGRAM FOR
REFUGEE YOUTH, IMPROVING HEALTH EXPERIENCES FOR REFUGEES

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR THE 2020 MITCHELL
B. ODELL SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT
JEFFERSON HIGH SCHOOL'S SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED
DISTRIBUTION, DESIGNATED DISTRIBUTION FOR 2022 FIELD TRIPS TO ORCHESTRA
IOWA CONCERT, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE PERFORMING
ARTS AT MCKINLEY MIDDLE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: PJ'S FOR PUBLIC

Part IV Supplemental Information

SCHOOLS - LIVE FEED SPONSOR, ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL STIPEND OF \$100 TO ALL CRCSD ELEMENTARY SCHOOLS FOR THE GENERAL SUPPORT USE OF THE CLASSROOM MUSIC TEACHER, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SPECIAL ED PROGRAMING AT JUNIOR AND SENIOR HIGH SCHOOL LEVELS WITH PREFERENCE TO PROGRAMS THAT SUPPORT STUDENTS WITH LEARNING DISABILITIES, MENTAL HEALTH PROBLEMS, BEHAVIORAL PROBLEMS, AND TRANSITIONAL CHALLENGES, SAFE PROGRAM, OTHER: SCHOLARSHIP, ONLINE SCIENCE RESOURCES, OTHER: NOREEN BUSH MEMORIAL

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2022 EXHIBITIONS & EDUCATIONAL PROGRAMMING, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, FALL 2022 PROGRAMMING, CEDAR RAPIDS MUSEUM OF ART GALA

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE YOUNG ARTIST PROGRAM, DEI TRAINING FOR CROPERA BOARD & STAFF, YOUNG ARTIST PROGRAM SPONSORSHIP, SEASON SPONSORSHIP - 25TH ANNIVERSARY

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DOLLY PARTON'S IMAGINATION LIBRARY (DPIL), GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, FULLTIME DEVELOPMENT ASSOCIATE, MOBILE TECHNOLOGY LAB - TECH TO GO PROGRAMS, AGENCY DISTRIBUTION, GENERAL SUPPORT: FROM THE TOM ANDERSON FAMILY FOR GENERAL USE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: HOPE BUILD 2022, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, YOUNGS HILL KINGSTON HOME, REPAIRS 2022, REPAIRS PROGRAM, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, AFFORDABLE REPAIRS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT IN HONOR OF SAWYER WILLSON, AREA OF MOST NEED: IN HONOR OF KIRSTEN SMITH WHO RECENTLY PASSED AWAY, GENERAL SUPPORT, CEDAR VALLEY HUMANE SOCIETY EXPANSION & RENOVATION, SPAY AND NEUTER FOR RESCUE ANIMALS, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS, GENERAL SUPPORT IN HONOR OF SABRYNA PAPAGNI, CAPITAL CAMPAIGN, AREA OF MOST NEED: IN MEMORY OF MITCHELL EVANS MCARTOR, GENERAL SUPPORT: FROM THE TOM ANDERSON FAMILY FOR GENERAL USE

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: OTHER: CENTRAL JOURNEY SCHOLARSHIP, 2022 COLLEGE OPPORTUNITY SCHOLARSHIP, 2022 KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, 2022 CHIEF JUSTICE WARD REYNOLDSON

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ICE ARENA SCOREBOARD PROJECT - FINAL, CEDAR RAPIDS ANIMAL CARE & CONTROL - AUTOCLAVE REPLACEMENT, ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY

Part IV Supplemental Information

MARTINEK KACENA MEMORIAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HIAWATHA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO
SUPPORT THE HIAWATHA PUBLIC LIBRARY, TREE CANOPY RESTORATION

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
GENERAL FUND, 2021 KALOUS OPPORTUNITY SCHOLARSHIP, 2019 KALOUS
OPPORTUNITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION, AGENCY DISTRIBUTION, FY23 DIRECT PATIENT CARE, AREA OF MOST
NEED

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TCR BROADWAY SERIES 2021-2022,
GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, SPONGEBOB SQUAREPANTS
MUSICAL AT TCR SPONSORSHIP, GENERAL SUPPORT: ANNUAL, ACCESSIBLE THEATRE
ARTS EDUCATION AT TCR, TCR OUT OF DOORS PROGRAMMING AT BRUCEMORE 2023,
GENERAL SUPPORT: FROM THE TOM ANDERSON FAMILY FOR GENERAL USE, TCR
2022-2023 SEASON BROADWAY SERIES SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTCR

(H) PURPOSE OF GRANT OR ASSISTANCE: INTENT TO SUPPORT AWAKENING
CONNECTIONS THE CAMPAIGN TO CONNECTCR, IPADDLE PORTABLE RENTAL STATION &

Part IV Supplemental Information

DOCK, GENERAL SUPPORT, CONNECTCR AWAKENING CONNECTIONS CAMPAIGN, ANNUAL
SUPPORT, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR BARRY CENTER,
ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION SUPPORTING
SCHOLARSHIP FOR FEMALE STUDENT INTERESTED IN PUBLIC SERVICE, GENERAL
SUPPORT, CAPITAL CAMPAIGN, GENERAL SUPPORT: FOR WRESTLING PROGRAM - IN
MEMORY OF RICHARD SMALL, CLASS OF '50 AND FAITHFUL CORNELLIAN

NAME OF ORGANIZATION OR GOVERNMENT: DEAFINITELY DOGS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GENERAL SUPPORT:
FUNDRAISER FOR JUNE 3RD, 2022 FEATURING ROB LITTLE, PATIO PUPS
SPONSORSHIP, MENTAL HEALTH INITIATIVE - COPE FACILITY DOGS

NAME OF ORGANIZATION OR GOVERNMENT: DENVER COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH) PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
HEALING HEARTS, ARTS VANGO!, AREA OF MOST NEED: CANCER PATIENT ART
PROGRAM, GENERAL SUPPORT, MUSIC & ARTS STUDIO 2023 PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EIHC UNMET NEEDS PROGRAM, EASTERN
IOWA DENTAL CENTER EXPANSION PROJECT, GENERAL SUPPORT: NATIONAL DAY OF
GIVING - #GIVINGTUESDAY, EIHC DIVERSITY, EQUITY & INCLUSIVITY APPROACH

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES HELPING FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION IN
MEMORY OF HAZEL DAWN HOBBS, PROGRAM SUPPORT: SHOE VOUCHER PROGRAM,
ACTIVITY SCHOLARSHIPS FOR YOUTH IN FOSTER CARE

NAME OF ORGANIZATION OR GOVERNMENT: FEED IOWA FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: EQUITABLE LAND
ACCESS PROGRAM, ALLEVIATING FOOD INSECURITY IN LINN COUNTY, INCREASING
FOOD SECURITY WITH URBAN FARM PARTNERS, GENERAL SUPPOR, TINCREASING
NUTRITIOUS FOOD ACCESS, VEGGIERX FOR DIABETICS - TAILORING FOR SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GENERAL SERVICES,
BUILDING RENOVATIONS, CAPITAL CAMPAIGN: WE'RE IN CAPITAL CAMPAIGN PART 2

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION 2 AKA FOUNDATION 2 CRISIS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
CLIENT SOFTWARE SUPPORT, HOPE WALK IN HONOR OF MARK HAWKADAY, GVI PEER-TO
PEER LEARNING, GENERAL SUPPORT - IN MEMORY OF GREG GOODALE, EMERGENCY
YOUTH SHELTER SUPPORT, AREA OF MOST NEED, GENERAL SUPPORT, EVENT SUPPORT:
STUFF THE TRUCK, GROUP VIOLENCE INTERVENTION FY23 JAN-JUN

NAME OF ORGANIZATION OR GOVERNMENT:

FOUR OAKS FAMILY AND CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT: PARTNERSHIP OUTLINE

Part IV Supplemental Information

PROVIDED BY BEN, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, PROGRAM
SUPPORT: SCHOOL SUPPLY DRIVE ENTREPRENEUR EDGE (E2): TOOLS FOR BUSINESS
SUCCESS, JANE BOYD COMMUNITY HOUSE ACHIEVEMENT ACADEMY, TOTAL CHILD
PROGRAM, MCINTYRE PROGRAM, TOTAL CHILD WORKFORCE: BUILDING SUCCESSFUL
CAREERS

NAME OF ORGANIZATION OR GOVERNMENT: FUR FUN RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: HELPING FAITH RUN AGAIN, MEDICAL
CARE OF RESCUE DOGS ADOPTED IN LINN COUNTY, VETERINARY CARE OF 4 INJURED
AND HEALTH COMPROMISED DOGS

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: LEADERSHIP PROGRAM
FOR AT-RISK GIRLS, LEADERSHIP PROGRAM FOR GIRLS IN LINN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HARMONY SCHOOL OF MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING ACCESS FOR UNDER-SERVED
CHILDREN, EXPANDING ACCESS TO OPPORTUNITIES FOR CHILDREN, MUSIC
OPPORTUNITIES FOR UNDER-SERVED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, ANNUAL DESIGNATED
DISTRIBUTION FOR OPERATION BACKPACK, GENERAL SUPPORT , HACAP FOOD
RESERVOIR BACKPACK PROGRAM, AREA OF MOST NEED

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: TROOP 37, SOUTHERN PRAIRIE DISTRICT, PROGRAM SUPPORT: CAMPSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI SCHOLARSHIP PROGRAM, ANNUAL SUPPORT: 2022 FRIENDS OF SCOUTING CONTRIBUTION, GENERAL SUPPORT, SCOUTING FOR FOOD

NAME OF ORGANIZATION OR GOVERNMENT:

HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HIS HANDS FREE CLINIC: GREATNEED: GREATCARE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, 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 FINANCIAL WELLNESS CENTER, HORIZONS MEALS ON WHEELS, ESSENTIAL TRANSPORTATION FOR AFGHAN REFUGEES, OTHER: MEALS ON WHEELS - IN MEMORY OF NEIL BOUDREAUX, GENERAL SUPPORT, FUELING FOR THE ROAD AHEAD, MORE THAN A MEAL, NEIGHBORHOOD TRANSPORTATION SERVICE FROM 2 TO 6 AM, WEBSITE ACCESSIBILITY

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: NONPROFIT RECOVERY GRANT, GENERAL SUPPORT, EVENT SUPPORT: FARM TO TABLE DINNER, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO MANAGE, RESTORE AND

Part IV Supplemental Information

UPGRADE LANDS AND FACILITIES, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT PROGRAMMING AND TRANSPORTATION FOR AT-RISK YOUTH, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EFFORTS AND PROGRAMS RELATED TO RESTORATION AND RECONSTRUCTION OF NATIVE ECOSYSTEMS IN IOWA, INCLUDING LANDOWNER EDUCATION AND TRAINING, CREEKSIDE FOREST SCHOOL TRANSPORTATION PREPARATION, EQUIPPING ETZEL SUGAR GROVE FARM, OTHER: DAVID NOVAK PRAIRIE, AREA OF MOST NEED, FUNDING FOR SOFTWARE OVERHAUL AT THE NATURE CENTER, GENERAL SUPPORT: FROM THE TOM ANDERSON FAMILY FOR GENERAL USE, PLANNING FOR EDUCATION EXPANSION AT ICNC

NAME OF ORGANIZATION OR GOVERNMENT: IOWA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ICF ANNUAL REQUEST TO CRST INTERNATIONAL, DEI OPPORTUNITY SCHOLARSHIP CHALLENGE REQUEST, ICF ANNUAL REQUEST TO GREATAMERICA, ICF ANNUAL REQUEST TO WORLD CLASS INDUSTRIES, ICF ANNUAL REQUEST TO DIAMOND V, DEI OPPORTUNITY SCHOLARSHIP REQUEST

NAME OF ORGANIZATION OR GOVERNMENT: IOWA HUMANE ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FINAL DISTRIBUTION. GENERAL SUPPORT, SPAY AND NEUTER FOR RESCUE ANIMALS TARGETED TNR FOR CEDAR RAPIDS

NAME OF ORGANIZATION OR GOVERNMENT: IOWA JAG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: SUPPORT CENTRAL SCHOOLS - CEDAR RAPIDS, IC, WTLO, IJAG: BRIDGING THE GAP BETWEEN SCHOOL AND CAREER, IJAG: CAREER PATHWAYS FOR UNDERSERVED YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: IOWA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 DREW WALL SCHOLARSHIP, 2022

Part IV Supplemental Information

WASHINGTON ALUMNI SCHOLARSHIP, 2022 KALOUS OPPORTUNITY SCHOLARSHIP, 2022
KLIMA ACADEMIC EXCELLENCE SCHOLARSHIP, 2022 MERVEAUX ACADEMIC EXCELLENCE
SCHOLARSHIP, 2022 GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, 2022 OUTSTANDING
STUDENT LEADER SCHOLARSHIP, 2020 KALOUS OPPORTUNITY SCHOLARSHIP, 2019
WILLIAM & PATRICIA BUSS STEM SCHOLARSHIP, 2021 KALOUS OPPORTUNITY
SCHOLARSHIP, 2020 KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, 2020 KALOUS
OPPORTUNITY SCHOLARSHIP, 2019 KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL,
2022 ROBERT K. DENNIS SCHOLARSHIP, 2021 KLEIMAN FAMILY SCHOLARSHIP, 2021
SHOT AT COLLEGE RSM SCHOLARSHIP FOR 2022

NAME OF ORGANIZATION OR GOVERNMENT: JANE BOYD COMMUNITY HOUSE

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

NAME OF ORGANIZATION OR GOVERNMENT:

JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT: 4 SPECIFIC EVENTS,
GENERAL SUPPORT IN HONOR OF MYLES GRITSCH, GENERAL SUPPORT: EMPLOYEE
MATCH FOR BECKY SCHULTE, JDRF ONE WALK WORLD CLASS INDUSTRIES PROPOSAL,
GENERAL SUPPORT: FUND A CURESUPPORT FOR TODD BARKER, JR'S WALKING TEAM
-BLOOD BROTHERS

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING EQUITABLE AND JUST LEARNING
OPPORTUNITIES, BUILDING FUTURES - INSPIRING DREAMS, ANNUAL DESIGNATED
DISTRIBUTION, TOMORROW NEEDS YOU TODAY: YOUTH EDUCATION PROGRAMS, GENERAL
SUPPORT, INSPIRING FUTURES - BUILDING DREAMS PROGRAM-POP-UP, CREATING A

Part IV Supplemental Information

WORLD OF POSSIBILITIES IN LINN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCACY FOR CHILDREN OF
HIGH-CONFLICT DIVORCE, GENERAL SUPPORT, AREA OF MOST NEED, RESTORATIVE
JUSTICE PREVENTS YOUTH VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: KCCK JAZZ RADIO, PROGRAM SUPPORT:
SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS FOR
STUDENTS IN CULINARY ARTS PROGRAM, ANNUAL DESIGNATED DISTRIBUTION TO "THE
AREA OF GREATEST NEED FOR GENERAL SUPPORT SCHOLARSHIP SUPPORT AND/OR
OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS, ANNUAL
DESIGNATED DISTRIBUTION FOR JOSLIN SCHOLARSHIP, ANNUAL DESIGNATED
DISTRIBUTION FOR THE GARY ROZEK ENDOWED GOLF SCHOLARSHIP, ANNUAL
DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS FOR STUDENTS ENROLLED IN
FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, ANNUAL DESIGNATED
DISTRIBUTION FOR THE PAT & SANDY COBB ENDOWED SCHOLARSHIP, ANNUAL
DESIGNATED DISTRIBUTION TO SUPPORT THE JERRY AND ANN PEARSON ENDOWED
SCHOLARSHIP, ANNUAL DESIGNATED DISTRIBUTION FOR THE ANNA PURNA GHOSH
ENDOWED SCHOLARSHIP, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION TO
SUPPORT ANNUAL SCHOLARSHIP FOR A STUDENT PURSUING A CAREER IN SOCIAL WORK
OR HEALTH SCIENCE, ANNUAL DESIGNATED DISTRIBUTION FOR THE WHITE FAMILY HO

NAME OF ORGANIZATION OR GOVERNMENT: LASALLE CATHOLIC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL DESIGNATED
DISTRIBUTION TO SUPPORT THE COST OF TUITION FOR STUDENTS FROM NEEDY
FAMILIES, GENERAL SUPPORT: HELP CHILDREN WITH TUITION ASSISTANCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LBA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT OF LEADERS BELIEVERS
AND ACHIEVERS, LBA FOUNDATION CR-DREAMS PROGRAMMING AND SERVICES, GENERAL
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FSM ADMINISTRATIVE CAPACITY
BUILDING, ITEMS NEEDED FOR COMMUNITY RE-ENTRY, COLLABORATION: EMERGING
OPPORTUNITY: PROJECT HOPE: A HUMANIZING CAMPAIGN, AREA OF MOST NEED: IN
LOVING MEMORY OF ROBERT BOTT, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THE HISTORY
CENTER'S OUTDOOR IMPROVEMENT CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION,
GROUP TOURS & FIELD TRIPS, OUTDOOR IMPROVEMENTS CAPITAL CAMPAIGN, GENERAL
SUPPORT GRANT - SUPPORT MISSION DELIVERY

NAME OF ORGANIZATION OR GOVERNMENT: LUTHER COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
SCHOLARSHIP, GENERAL SUPPORT, 2019 KALOUS OPPORTUNITY SCHOLARSHIP, 2021
KALOUS OPPORTUNITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION

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

Part IV Supplemental Information

SCHOLARSHIPS, RICOCHET: AN EXTREME LEADERSHIP ADVENTURE AT VERNON MIDDLE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY NEIGHBORHOODS CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, GENERAL SUPPORT: 2022 CAMPAIGN PAYMENT, HEALTHY NEIGHBORHOODS CAMPAIGN, GENERAL SUPPORT, TEAM COLLABORATION AND CAPACITY BUILDING, CULTIVATE HOPE, PROGRAM SUPPORT: GROUNDSWELL PAY IT FORWARD FUND

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 SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: 2022 ESPECIALLY FOR YOU RACE, GENERAL SUPPORT: IN HONOR OF JEAN FLECK, HALLMAR VILLAGE AND CHRIS & SUZY DEWOLF INNOVATION CENTER, GENERAL SUPPORT, AREA OF MOST NEED: DISTRIBUTE FUNDS TO THE HALL-PERRINE CANCER CENTER, HALLMAR VILLAGE & INNOVATION CENTER AGING/DEMENTIA, PROGRAM SUPPORT: MUSIC CLAVINOVA, OTHER: HOSPICE CARE ANNUAL DESIGNATED DISTRIBUTION FOR OLDORF HOSPICE HOUSE, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE DEWOLF FAMILY INNOVATION CENTER, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE HOSPICE HOUSE, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE HALL PERRINE CANCER CENTER, MERCY AUXILIARY SCHOLARSHIP FUND TO MOUNT MERCY UNIVERSITY STUDENTS IN THE HEALTH CAREER FIELD, GENERAL SUPPORT FOR FAMILY CARE

Part IV Supplemental Information

GIVERS PROGRAM, GENERAL SUPPORT FOR THE OLDORF HOSPICE HOUSE, GENERAL
SUPPORT: HONOR DR. QUINN & MR. T. CHARLES, N. VAN GENDEREN, PROGRAM
SUPPORT: HALLMAR VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT:

MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: MIRRORBOX THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: MIRRORBOX THEATRE 2022 GENERAL
SUPPORT SUPPORT, GREAT AMERICA VISITING ARTIST PROGRAM, MIRRORBOX THEATRE
TECHNOLOGY AND FINANCE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: OTHER: MT MERCY ATHLETICS APPEAL,
ANNUAL DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, ANNUAL
DESIGNATED DISTRIBUTION FOR MOUNT MERCY UNIVERSITY GRADUATE CENTER,
ANNUAL DESIGNATED DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS,
GENERAL SUPPORT: DAY OF CARING MAY 2022, SCHOLARSHIP FUND, 2022 GENERAL
SUPPORT, 2022 COLLEGE OPPORTUNITY SCHOLARSHIP, 2022 RALPH PLAGMAN
SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION

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

Part IV Supplemental Information

MOUNT VERNON COMMUNITY SCHOOL DISTRICT FINE ARTS ASSOCIATION, MOUNT
VERNON COMMUNITY SCHOOL DISTRICT BOOSTER CLUB

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED DISTRIBUTION FOR THE
FIRST STREET COMMUNITY CENTER, ADDITIONAL DISTRIBUTION FOR THE FIRST
STREET COMMUNITY CENTER, ANNUAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: NONPROFIT RECOVERY GRANT, 2022 ARTS
AND CULTURE PROGRAMMING, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
RECURRING CONTRIBUTION FOR GENERAL SUPPORT, INFLUENCE OF CZECH COMPOSERS
ON THE WORLD, HUBERT'S NIGHT OWLS: MEETING ACCESSIBILITY NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINABLE PLAYScape AT NEWBO CITY
MARKET, PROGRAM SUPPORT: SPONSORING COST FOR ELA FARMERS AT THE MARKET,
EXPANDING THE HATCHERY FOR ENTREPRENEURSHIP EQUITY, INCREASING MARKET
EVENT CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT: OLIVET NEIGHBORHOOD MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION,
GENERAL SUPPORT, COMMUNITY GARDENS ASSISTANCE, OLIVET YOUTH PROGRAMS,
OLIVET FOOD PANTRY HOLIDAY FOODS, HOME FIRST AID KITS FOR OLIVET CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EDUCATION PROGRAMS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, ANNUAL DESIGNATED DISTRIBUTION FOR THE MAESTRO'S BATON ENDOWMENT, ORCHESTRA IOWA'S 2021-22 SEASON, AGENCY DISTRIBUTION, ORCHESTRA IOWA'S CENTENNIAL LINK UP PROGRAM, ORCHESTRA IOWA'S CENTENNIAL EDUCATION PROGRAMS, ORCHESTRA IOWA: 100 YEARS INTO OUR FUTURE, GENERAL SUPPORT: FROM THE TOM ANDERSON FAMILY FOR GENERAL USE, CELEBRATING ORCHESTRA IOWA'S CENTENNIAL SEASON

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF THE HEARTLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS HEALTH CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT, GENERAL SUPPORT, ESSENTIAL HEALTH EDUCATION FOR CEDAR RAPIDS YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SPECIAL ED PROGRAMING AT JUNIOR AND SENIOR HIGH SCHOOL LEVELS WITH PREFERENCE TO PROGRAMS THAT SUPPORT STUDENTS WITH LEARNING DISABILITIES, MENTAL HEALTH PROBLEMS, BEHAVIORAL PROBLEMS, AND TRANSITIONAL CHALLENGES

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS, INTO NOOKS

Part IV Supplemental Information

AND CRANNIES: CHAMBER MUSIC FOR LINN CO

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY USA CENTRAL TERRITORY DBA SALVATION ARMY OF CEDAR RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: 10 - 1 WEEK CAMP

SESSIONS, ANNUAL DESIGNATED DISTRIBUTION, PROGRAM SUPPORT: TOYS SHOP

EXPENSES, INCLUDE POSTER PRINTING, SUPPLIES, EVENT SUPPORT: KETTLE HERO

SPONSORSHIP, GENERAL SUPPORT, GENERAL SUPPORT: CHRISTMAS, EVENT SUPPORT:

RED KETTLE CAMPAIGN MATCH

NAME OF ORGANIZATION OR GOVERNMENT: ST. AMBROSE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 IOWA PHYSICIAN ASSISTANT

SOCIETY SCHOLARSHIP, AMBROSE FOR ALL SCHOLARSHIPS, THE ACADEMY FOR STUDY

OF ST. AMBROSE OF MILAN SCHOLARSHIP FUND, SCHOLARSHIP FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: ST. JUDE CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: MATCHING CHALLENGE

TO REDUCE BUILDING DEPT., GENERAL SUPPORT, GENERAL SUPPORT: EASTER,

GENERAL SUPPORT: IN MEMORIUM FOR JIM BURKE, BABY BOTTLE DRIVE, FOR

CHURCH, FOR HAITI BENEFIT, GENERAL SUPPORT: GIVING TUESDAY - RECTORY

REPAIRS, RETIREMENT FUND FOR RELIGIOUS, CHRISTMAS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: MENTAL HEALTH,

ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR ST.

LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, ST. LUKE'S DENTAL HEALTH

CENTER, GENERAL SUPPORT, OTHER: RONALD MCDONALD ROOM GENERAL SUPPORT MADE

FROM VAN METER ON BEHALF OF ZACH MOYER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO
SUPPORT MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, ANNUAL DESIGNATED
DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT MUSIC MINISTRIES
OF ST. PAUL'S UMC

NAME OF ORGANIZATION OR GOVERNMENT: ST. WENCESLAUS CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PARISH SUPPORT FOR 2022, ANNUAL
DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO
THE ST. WENCESLAUS CATHOLIC CHURCH BUILDING AND PROPERTIES, INCLUDING THE
CZECH HERITAGE PARK.

NAME OF ORGANIZATION OR GOVERNMENT:

STATE UNIVERSITY OF IA FOUNDATION AKA UNIVERSITY OF IOWA CENTER FOR ADVANCEM

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR
THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL DESIGNATED DISTRIBUTION-50%
FOR BRADLEY LECTURE SERIES AND 50% FOR UPKEEP OF THE HENDRICKS SUITE AT
THE IOWA HOUSE, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT UI CHILDREN'S
HOSPITAL FUND, ANNUAL DESIGNATED DISTRIBUTION, STEAD FAMILY CHILDREN'S
HOSPITAL: GENERAL SUPPORT IN HONOR OF NICK COLE, OUR OWN WORDS: SMITH
CENTER TEEN WRITERS' WORKSHOP, PROGRAM SUPPORT: STEAD FAMILY CHILDREN'S
HOSPITAL, GENERAL SUPPORT FOR STEAD FAMILY CHILDREN'S HOSPITAL, PROGRAM
SUPPORT: HEART FRIENDS GOLF OUTING FOR IOWA STEAD FAMILY CHILDREN'S
HOSPITAL, GENERAL SUPPORT: INDOOR FOOTBALL FACILITY, UNIVERSITY OF IOWA
MUSEUM OF NATURAL HISTORY FOR RENOVATION OF THE LAYSAN EXHIBIT, OTHER:
KINNICK EDGE FUND, GENERAL SUPPORT - PLEASE USE THIS FOR THE COMPUTER
SCIENCE DEVELOPMENT FUND, GENERAL SUPPORT FOR STEAD FAMILY CHILDREN'S

Part IV Supplemental Information

HOSPITAL: PEDIATRIC INTENSIVE CARE UNIT IN HONOR OF KATE ROBB, UI DANCE
MARATHON

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE DBA TANAGER

(H) PURPOSE OF GRANT OR ASSISTANCE: NONPROFIT RECOVERY GRANT, ONE WEEK
OF SUMMER CAMP AT CAMP TANAGER 2022, ANNUAL DESIGNATED DISTRIBUTION, 2022
FREEDOM SCHOOLS PROGRAM, GENERAL SUPPORT: ANNUAL SUPPORT, CAMP TANAGER
CAPACITY EXPANSION, CAMP TANAGER CAPACITY EXPANSION, PHASE 2, ONE WEEK OF
SUMMER CAMP AT CAMP TANAGER 2023

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT: ARC MARCH - BOARD OF
DIRECTORS TEAM, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,
LEADERSHIP SUCCESSION FOR SUSTAINABILITY, FURNITURE AND EQUIPMENT FOR ARC
CLASSROOMS, ACCESSIBLE GROUP RESPITE ACTIVITIES, GENERAL SUPPORT: ANNUAL
CAMPAIGN, PROGRAM SUPPORT: COMMUNITY PARTNER - ADVOCATE, PLAYGROUND
PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: THE FREEDOM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, EMERGENCY EXPENSES:
LAPTOP FUNDING, VETERANS WEEKLY FREE LUNCH, VETERANS EMERGENCY ASSISTANCE
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER

(H) PURPOSE OF GRANT OR ASSISTANCE: OTHER: TREE PLANTING, ANNUAL
DESIGNATED DISTRIBUTION, CEDAR RAPIDS RELEAF, GROWING FUTURES TEEN TREE
PLANTING AND EMPLOYMENT, GENERAL SUPPORT

Part IV Supplemental Information

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

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

GENERAL SUPPORT, GENERAL SUPPORT: SPARK 5 PROGAM, UNITED WAY'S WOMEN

UNITED, ANNUAL DESIGNATED DISTRIBUTION WITH PREFERENCE THAT IT BE USED

FOR SPECIFIC AND SPECIAL PROGRAMS, AND NOT FOR ORDINARY GENERAL SUPPORT

EXPENSES, GENERAL SUPPORT: FROM THE TOM ANDERSON FAMILY FOR GENERAL USE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

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

43.5% TO COLLEGE FUND, 43.5% GRADUATE BUSINESS SCHOOL, 13% TO MAINTENANCE

OF THE GERALD RATNER ATHLETIC CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF IOWA - UI SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 NORMA WENZEL SCHOLARSHIP, 2022

KOMENSKY SCHOLARSHIP, 2022 COLLEGE OPPORTUNITY SCHOLARSHIP, 2022 MERVEAUX

ACADEMIC EXCELLENCE SCHOLARSHIP, 2022 CALVIN & CHRISTINA MOORE

SCHOLARSHIP, 2022 KLEIMAN FAMILY SCHOLARSHIP, 2022 WASHINGTON ALUMNI

SCHOLARSHIP, 2022 COLLEGE OPPORTUNITY SCHOLARSHIP, 2022 REEDER MEMORIAL

SCHOLARSHIP, 2022 OUTSTANDING STUDENT LEADER SCHOLARSHIP, 2022 KALOUS

OPPORTUNITY SCHOLARSHIP, 2019 KALOUS OPPORTUNITY SCHOLARSHIP, 2021 KALOUS

OPPORTUNITY SCHOLARSHIP, 2021 KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL,

2022 VIRGIL AND ELEANOR BOWSER SCHOLARSHIP, 2022 ZETA PHI ETA MEMORIAL

SCHOLARSHIP, 2020 KLEIMAN FAMILY SCHOLARSHIP, 2021 SHOT AT COLLEGE RSM

SCHOLARSHIP FOR 2022, 2020 KALOUS OPPORTUNITY SCHOLARSHIP, 2022 IOWA

PHYSICIAN ASSISTANT SOCIETY SCHOLARSHIP, 2022 MARY RICKEY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NORTHERN IOWA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 MERVEAUX ACADEMIC EXCELLENCE,
2022 WASHINGTON ALUMNI SCHOLARSHIP, 2022 OUTSTANDING STUDENT LEADER
SCHOLARSHIP, 2022 KENNETH AND CHARLOTTE BROWN SCHOLARSHIP, 2022 STEPHEN
BONFIG MEMORIAL SCHOLARSHIP, 2022 GLIDDEN COMMUNITY SERVICE SCHOLARSHIP,
2022 WILLIAM & PATRICIA BUSS SCHOLARSHIP, 2018 ALL-MCKINLEY ALUMNI
ASSOCIATION SCHOLARSHIP FOR 2022, 2022 LAVENZ MEMORIAL INCOURAGE
SCHOLARSHIP, 2021 O.J. & VIOLA ELSENBAST SCHOLARSHIP, 2021 WILLIAM &
PATRICIA BUSS SCHOLARSHIP, 2020 KALOUS OPPORTUNITY SCHOLARSHIP, 2022
KOMENSKY SCHOLARSHIP, 2019 KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, 2022
OUTSTANDING STUDENT LEADER SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR MADGE PHILLIPS
CENTER, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, KIDSPPOINT CHILD
CARE SCHOLARSHIPS, EDUCATIONAL TABLETS TO ENHANCE EARLY LEARNING, CAPITAL
CAMPAIGN - DESIGNATION FOR DOMESTIC VIOLENCE WAITING AREA, WAYPOINT
DOMESTIC VIOLENCE SAFETY NET PROJECT, AREA OF MOST NEED, WOMEN'S SHELTER,
SHELTER AND HOUSING PROGRAM, WAYPOINT GENERAL SUPPORT, WAYPOINT
SURVIVOR'S PROGRAM CLIENT ASSISTANCE, SURVIVOR'S PROGRAM: BRIDGE FUNDING
GAP

NAME OF ORGANIZATION OR GOVERNMENT:

WILLIS DADY EMERGENCY SHELTER DBA WILLIS DADY HOMELESS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: EMPLOYMENT &
SUPPORTIVE SERVICES, HOMELESS SERVICE, WILLIS DADY: MOVING FROM
HOMELESSNESS TO STABILITY, GENERAL SUPPORT, AREA OF MOST NEED, PROGRAM
SUPPORT: WD WORKS CAPITAL CONTRIBUTION AND EMPLOYEE PROGRAM, GENERAL

Part IV Supplemental Information

SUPPORT FOR OVERFLOW SHELTER, STOPPING EVICTION TO PREVENT HOMELESSNESS -
WDHS, EMPOWERING LONG-TERM STABILITY EVERYDAY - WDHS, SUPPORTIVE AND
STABLE HOUSING IN CEDAR RAPIDS WDHS

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER FOUNDATION

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

GENERAL SUPPORT: BUSINESS AND PARISH APPEAL, ANNUAL DESIGNATED

DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, GENERAL
SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT: XAVIER IMPACT
FUND- TEACHERS

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

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

ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED

DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS

MEMBERSHIPS FOR DISADVANTAGED YOUTH, CAMP WAPSIE GREATEST NEED, ANNUAL
DESIGNATED DISTRIBUTION WITH PREFERENCE THAT IT BE USED FOR SPECIFIC AND
SPECIAL PROGRAMS, AND NOT FOR ORDINARY GENERAL SUPPORT EXPENSES,

GENERAL SUPPORT, OTHER: YMCA CAMP WAPSIE

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK DBA YPN

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING BRIGHT FUTURES - AFGHAN

COMMUNITY, EASTERN IOWA DIAPER BANK, GENERAL SUPPORT, GENERAL SUPPORT:

ANNUAL GENERAL SUPPORT, 2022 BUILDING BRIGHT FUTURES PROGRAM SUPPORT

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

Part IV Supplemental Information

DISTRESSED ELIGIBLE EMPLOYEES AND/OR THEIR ELIGIBLE DEPENDENTS RESULTING
FROM A NATURAL DISASTER AS DEFINED IN IRC SECTION 139.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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) 2022

**GREATER CEDAR RAPIDS COMMUNITY
FOUNDATION**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	218,204.	0.	4,838.	15,136.	16,739.	254,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE BEISKER VP OF DEVELOPMENT	(i)	137,017.	0.	2,604.	10,186.	22,171.	171,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	(i)	133,046.	0.	1,061.	9,867.	21,825.	165,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEAN BRENNEMAN CFO	(i)	128,242.	0.	1,509.	9,019.	14,976.	153,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	36	2,568,085.	STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	500,000.	MARKET VALUE APPRAIS
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** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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

2022

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:

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION (THE 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, 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:

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

Schedule O (Form 990) 2022

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

Employer identification number
42-6053860

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. 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	797,200.
TRANSFER OF FUNDS TO AMOUNTS HELD ON BEHALF OF OTHERS	-147,386.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	-1,500,000.

Name of the organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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TOTAL TO FORM 990, PART XI, LINE 9 -850,186.

PART XII, LINE 2C

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