TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Greater Cedar Rapids Community
Foundation
324 3rd St SE
Cedar Rapids, IA 52401-1841

Prepared By:

RSM US LLP
201 First St SE, Ste 800
Cedar Rapids, IA 52401-1425

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
324 3RD ST SE

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

F Name and address of principal officer: KARLA TWEDT-BALL
SAME AS C ABOVE

D Employer identification number
42-6053860

E Telephone number
319-366-2862

G Gross receipts $ 25,623,954.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ☐ 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 2024 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	193
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,937,906.	8,998,413.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,335,696.	11,125,862.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,276.	54,626.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,302,878.	20,178,901.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,619,397.	10,222,829.
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)	2,174,976.	2,212,689.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 974,696.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,284,653.	1,324,278.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,079,026.	13,759,796.
19	Revenue less expenses. Subtract line 18 from line 12	2,223,852.	6,419,105.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	212,302,246.	229,293,739.
21	Total liabilities (Part X, line 26)	39,907,252.	43,480,603.
22	Net assets or fund balances. Subtract line 21 from line 20	172,394,994.	185,813,136.

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

PAULA LANGE, CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
SHAWNA HULS	SHAWNA HULS	11/07/25	☐	P01315330

Firm's name RSM US LLP — Firm's EIN 42-0714325

Firm's address 201 FIRST ST SE, STE 800
CEDAR RAPIDS, IA 52401-1425 — Phone no. 319-298-5333

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 11,099,802. including grants of $ 10,155,829.) (Revenue $ 27,901.)
COMMUNITY FOUNDATION INVESTS IN THE FUTURE OF LINN COUNTY, IOWA BY HELPING DONORS WITH THEIR PHILANTHROPY AND MAKING GRANTS TO SUPPORT NONPROFITS AND THE COMMUNITY. THE COMMUNITY FOUNDATION PROVIDES HIGH-LEVEL 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 SUPPORT NONPROFIT ORGANIZATIONS THAT ADDRESS THE COMMUNITY'S GREATEST NEEDS AND OPPORTUNITIES.

4b (Code:) (Expenses $ 440,727. including grants of $ 67,000.) (Revenue $ 0.)
FOR OVER 75 YEARS, THE COMMUNITY FOUNDATION HAS PARTNERED 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 $ 81,904. including grants of $ 0.) (Revenue $)
IN ADDITION TO GRANTMAKING, THE NONPROFIT NETWORK PROVIDES A POINT OF CONNECTION FOR LOCAL NONPROFIT PROFESSIONALS TO HELP BUILD THE CAPACITY OF NONPROFIT ORGANIZATIONS. NONPROFIT NETWORK OFFERS PEER GROUPS, LEARNING OPPORTUNITIES, AND ACCESS TO RESOURCES AND INFORMATION.

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

4e Total program service expenses 11,622,433.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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	36		
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	

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**	23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	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)?		**4a**		
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?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
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?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
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?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
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?		**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		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?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**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**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

PAULA LANGE - 319-366-2862

324 3RD ST SE, CEDAR RAPIDS, IA 52401-1841

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) KARLA TWEDT-BALL	40.00									
PRESIDENT & CEO				X				194,446.	0.	36,985.
(2) JEAN BRENNEMAN	32.00									
CFO				X				117,291.	0.	24,603.
(3) CORINNE RAHE	40.00									
VP OF COMMUNICATIONS						X		113,756.	0.	23,244.
(4) JOE HEITZ	40.00									
VP OF COMMUNITY IMPACT						X		116,974.	0.	18,839.
(5) JON LANDON	2.00									
CHAIR		X		X				0.	0.	0.
(6) JIM HADDAD	2.00									
CHAIR-ELECT (UNTIL 8/1/24)		X		X				0.	0.	0.
(7) MICHELLE NIERMANN	2.00									
CHAIR ELECT		X		X				0.	0.	0.
(8) DAVID LITTLE	2.00									
TREASURER		X		X				0.	0.	0.
(9) ANTHONY ARRINGTON	2.00									
SECRETARY		X		X				0.	0.	0.
(10) JILL ACKERMAN	1.00									
DIRECTOR		X						0.	0.	0.
(11) RAY BROWN	1.00									
DIRECTOR (UNTIL 10/7/24)		X						0.	0.	0.
(12) PATRICE CARROLL	1.00									
DIRECTOR		X						0.	0.	0.
(13) CHRIS CASEY	3.00									
DIRECTOR		X						0.	0.	0.
(14) NANCY HILL	1.00									
DIRECTOR		X						0.	0.	0.
(15) MARY JUNGE	1.00									
DIRECTOR		X						0.	0.	0.
(16) JANICE KERKOVE	1.00									
DIRECTOR		X						0.	0.	0.
(17) DIANA LEDFORD	2.00									
PAST CHAIR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOE LOCK DIRECTOR	1.00	X						0.	0.	0.
(19) BRANDI MUELLER DIRECTOR	1.00	X						0.	0.	0.
(20) TRACEY MYERS DIRECTOR	1.00	X						0.	0.	0.
(21) DAVE PARMLEY DIRECTOR	1.00	X						0.	0.	0.
(22) OKPARA RICE DIRECTOR	1.00	X						0.	0.	0.
(23) CRAIG SMITH DIRECTOR	1.00	X						0.	0.	0.
(24) HAYWOOD STOWE DIRECTOR	1.00	X						0.	0.	0.
(25) MATTHEW VAN MAANEN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								542,467.	0.	103,671.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								542,467.	0.	103,671.

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 4

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RW BAIRD, 200 5TH AVENUE SE, SUITE 102, CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	149,160.
FUND EVALUATION GROUP, 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	134,487.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,998,413.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,634,170.				
	h **Total.** Add lines 1a-1f			8,998,413.			
Program Service Revenue			**Business Code**				
	2a						
	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)			6,219,135.			6219135.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	26,725.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	26,725.				
	d Net rental income or (loss)			26,725.			26,725.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	10,351,780.				
	b Less: cost or other basis and sales expenses	7b	5,445,053.				
	c Gain or (loss)	7c	4,906,727.				
	d Net gain or (loss)			4,906,727.			4906727.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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			**Business Code**				
	11a OTHER INCOME		900099	27,901.	27,901.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			27,901.			
	12 **Total revenue.** See instructions			20,178,901.	27,901.	0.	11152587.

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	10,068,719.	10,068,719.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,110.	4,110.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	150,000.	150,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	373,324.	49,131.	214,132.	110,061.
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	1,380,168.	516,224.	362,834.	501,110.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,445.	38,578.	39,568.	42,299.
9 Other employee benefits	210,875.	67,543.	69,276.	74,056.
10 Payroll taxes	127,877.	40,959.	42,010.	44,908.
11 Fees for services (nonemployees):				
a Management				
b Legal	25,007.		25,007.	
c Accounting	71,921.	26,318.	20,085.	25,518.
d Lobbying	6,041.		6,041.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	476,132.	476,132.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	88,217.		87,655.	562.
12 Advertising and promotion	52,335.	18,839.	12,961.	20,535.
13 Office expenses	27,774.	8,572.	9,176.	10,026.
14 Information technology	191,410.	70,042.	53,455.	67,913.
15 Royalties				
16 Occupancy	104,245.	37,536.	30,314.	36,395.
17 Travel	17,963.	6,561.	5,008.	6,394.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	71,303.	30,517.	23,607.	17,179.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,908.		73,908.	
23 Insurance	30,314.	1,361.	27,461.	1,492.
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, CRUT DISTRIB	43,052.		43,052.	
b DUES AND SUBSCRIPTIONS	30,856.	11,291.	8,617.	10,948.
c MISCELLANEOUS	12,674.		8,500.	4,174.
d DONOR OUTREACH	1,126.			1,126.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	13,759,796.	11,622,433.	1,162,667.	974,696.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		11,642,738.	2	7,778,299.
	3	Pledges and grants receivable, net		1,192,133.	3	104,364.
	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		138,921.	9	71,162.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,450,056.			
	b	Less: accumulated depreciation	10b 1,097,731.	1,383,982.	10c	1,352,325.
	11	Investments - publicly traded securities		157,999,287.	11	140,000,866.
	12	Investments - other securities. See Part IV, line 11		35,832,507.	12	75,390,554.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,112,678.	15	4,596,169.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		212,302,246.	16	229,293,739.
Liabilities	17	Accounts payable and accrued expenses		137,829.	17	123,994.
	18	Grants payable		99,230.	18	69,171.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		39,425,793.	21	43,058,938.
	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		244,400.	25	228,500.
	26	**Total liabilities.** Add lines 17 through 25		39,907,252.	26	43,480,603.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		168,715,358.	27	181,713,162.
	28	Net assets with donor restrictions		3,679,636.	28	4,099,974.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		172,394,994.	32	185,813,136.
	33	Total liabilities and net assets/fund balances		212,302,246.	33	229,293,739.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,178,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,759,796.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,419,105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	172,394,994.
5	Net unrealized gains (losses) on investments	5	6,543,437.
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	455,600.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	185,813,136.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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: ☐ Separate basis ☐ Consolidated basis ☐ 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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

2024

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 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8028060.	15741697.	10781884.	12937906.	8998413.	56487960.
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	8028060.	15741697.	10781884.	12937906.	8998413.	56487960.
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)						10799267.
6 **Public support.** Subtract line 5 from line 4.						45688693.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8028060.	15741697.	10781884.	12937906.	8998413.	56487960.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2515261.	4532118.	2083290.	1971273.	6245860.	17347802.
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.)	320,211.	11,470.	748.	6,368.	27,901.	366,698.
11 **Total support.** Add lines 7 through 10						74202460.

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 2024 (line 6, column (f), divided by line 11, column (f))	14	61.57 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	72.99 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

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 ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**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? *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.*	**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? *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.*	**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)? *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).*	**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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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? *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.*	**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? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (describe in **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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

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		$ 1,549,455.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		$ 830,270.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 502,451.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 465,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 434,270.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 424,667.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 353,991.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 301,140.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
10		$ 276,345.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 200,593.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES	$ 1,549,455.	11/12/24
9	PUBLICLY TRADED SECURITIES	$ 301,140.	06/28/24
11	PUBLICLY TRADED SECURITIES	$ 200,593.	12/03/24
		$	
		$	
		$	

Name of organization: GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number: 42-6053860

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2024

Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	42-6053860

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 EINs 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.		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,041.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,041.
2a Did the activities in line 1 cause the organization to not be 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)
(Rev. December 2024)
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

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	257	2
2	Aggregate value of contributions to (during year)	6,838,001.	3,495.
3	Aggregate value of grants from (during year)	5,472,768.	16,000.
4	Aggregate value at end of year	46,634,525.	467,649.

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c 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 2d 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 $ _____

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 in 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	154,755,811.	136,294,967.	154,518,149.	135,266,580.	128,993,313.
b Contributions	4,104,044.	8,640,735.	4,962,543.	8,704,076.	1,766,447.
c Net investment earnings, gains, and losses	16,146,486.	16,866,177.	-17,262,113.	17,220,841.	10,943,728.
d Grants or scholarships	3,813,733.	3,597,968.	3,325,331.	3,157,762.	2,966,501.
e Other expenditures for facilities and programs	1,732,052.	1,744,758.	542,635.	1,596,505.	1,723,599.
f Administrative expenses	2,266,324.	1,703,342.	2,055,646.	1,919,081.	1,746,808.
g End of year balance	167,194,232.	154,755,811.	136,294,967.	154,518,149.	135,266,580.

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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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		1,853,807.	626,642.	1,227,165.
c Leasehold improvements				
d Equipment		259,221.	227,007.	32,214.
e Other		267,028.	244,082.	22,946.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,352,325.

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	6,185,849.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	6,361,917.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	24,497,774.	END-OF-YEAR MARKET VALUE
(E) DODGE & COX - PUBLICLY		
(F) TRADED SECURITY	13,909,496.	END-OF-YEAR MARKET VALUE
(G) VANGUARD 500 INDEX -		
(H) PUBLICLY TRADED SECURITY	24,435,518.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	75,390,554.	

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, line 13, col. (B))		

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, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS DUE UNDER ANNUITY & UNITRUST AGREEMENTS	228,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	228,500.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	26,685,906.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,543,437.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	439,700.		
e	Add lines 2a through 2d			2e	6,983,137.
3	Subtract line 2e from line 1			3	19,702,769.
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	476,132.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	476,132.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	20,178,901.

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	13,267,764.
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	13,267,764.
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	476,132.		
b	Other (Describe in Part XIII.)	4b	15,900.		
c	Add lines 4a and 4b			4c	492,032.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	13,759,796.

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 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 XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	439,700.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	15,900.

SCHEDULE F (Form 990)
(Rev. December 2024)
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

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? ..... [X] **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		8,934,825.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		167,393.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		105,168.
NORTH AMERICA	0	0	INVESTMENTS		70,112.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS		150,000.
3 a Subtotal	0	0			9,427,498.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			9,427,498.

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	150,000.	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 1

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[X] 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 the Instructions for Form 8621)*	[ ] Yes	[X] 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 the Instructions for Form 8865)*	[ ] Yes	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] 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)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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 46032-7293	35-1778332	509(A)(1)	15,000.	0.			IOWA CHAPTER SUPPORT, THE BREAKFAST CLUB EVENT, GENERAL SUPPORT
ACHIEVEABILITY 5901 MARKET ST STE 410 PHILADELPHIA, PA 19139-3117	23-2215980	509(A)(1)	37,500.	0.			AC: FAMILY SELF-SUFFICIENCY PROGRAM SUPPORT
AFRICAN AMERICAN HERITAGE FOUNDATION AKA AFRICAN AMERICAN MUSEUM OF IOWA - 55 12TH AVE SE - CEDAR RAPIDS, IA 52401-2202	42-1415305	509(A)(1)	75,490.	0.			PROGRAM SUPPORT: JUNETEENTH FESTIVAL, TEACHING IOWA'S CULTURAL HERITAGE, VOICES
AGING SERVICES, INC. 1725 O AVE NW CEDAR RAPIDS, IA 52405	23-7085316	509(A)(1)	10,170.	0.			WITWER CENTER, GENERAL SUPPORT
AIMING FOR A CURE FOUNDATION 4790 APPLE VALLEY DR NE IOWA CITY, IA 52240-7783	32-0118340	509(A)(2)	10,000.	0.			EVENT SUPPORT: 2024 BANQUET
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 52403-3061	42-0698056	RELIGIOUS ORG	7,174.	0.			PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 210.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

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 - IOWA CHAPTER - 1120 DEPOT LN SE STE 100 - CEDAR RAPIDS, IA 52401-2547	13-3039601	509(A)(1)	14,330.	0.			WALK TO END ALZHEIMER'S, EVENT SUPPORT: MUSCATINE, DUBUQUE, 12TH ANNUAL ALZHEIMER'S 5K & HALF
AMERICAN BOTANICAL COUNCIL PO BOX 144345 AUSTIN, TX 78714-4345	74-2518542	509(A)(2)	6,000.	0.			PROGRAM SUPPORT: BOTANICAL ADULTERANTS PREVENTION
AMERICAN CANCER SOCIETY - CEDAR RAPIDS - PO BOX 715 - DES MOINES, IA 50303	13-1788491	509(A)(1)	7,638.	0.			2024 SWINE BALL, RELAY FOR LIFE 2024, PROGRAM SUPPORT, GENERAL SUPPORT
AMERICAN CANCER SOCIETY - DES MOINES - PO BOX 715 - DES MOINES, IA 50303-0715	13-1788491	509(A)(1)	12,725.	0.			2024 COACHES VS CANCER GOLF CLASSIC SUPPORT, PROGRAM SUPPORT: HOPE LODGE HEROES
AMERICAN CANCER SOCIETY - HOPE LODGE - 750 HAWKINS DR - IOWA CITY, IA 52246-2505	13-1788491	509(A)(1)	16,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 52233-2070	13-5613797	509(A)(1)	10,088.	0.			WOMEN OF IMPACT SUPPORT, GENERAL SUPPORT, DUBUQUE AREA HEART WALK 2024 EVENT SUPPORT
AMERICAN NATIONAL RED CROSS - SERVING IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	509(A)(1)	15,286.	0.			EVENT SUPPORT: SOUND THE ALARM - CEDAR RAPIDS, ANNUAL DESIGNATED DISTRIBUTION FOR THE
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	509(A)(1)	12,347.	0.			ASAC PATIENT GROUP ROOM SPACE, GENERAL SUPPORT
BASIC NEEDS INC. OF SOUTH WASHINGTON COUNTY - 445 BROADWAY AVE - ST PAUL PARK, MN 55071-1554	41-1878604	509(A)(1)	11,000.	0.			EVENT SUPPORT: FASHION FOR THE CAUSE GALA, JULY FOOD DRIVE

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BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA - 3150 E AVE NW STE 103 - CEDAR RAPIDS, IA 52405-2900	42-1170475	509(A)(1)	207,161.	0.			EVENT SUPPORT: BOWL FOR KIDS SAKE, GENERAL SUPPORT, MAXIMIZING YOUTH MENTORING IMPACT,
BOYS AND GIRLS CLUB OF THE CORRIDOR - 420 6TH ST SE STE 240 - CEDAR RAPIDS, IA 52401-1906	42-1434056	509(A)(1)	41,228.	0.			BLUE DOOR BASH FUNDRAISER, GENERAL SUPPORT, CAPITAL CAMPAIGN, UNLOCKING THE
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 4250 GLASS RD NE STE 100 - CEDAR RAPIDS, IA 52402	42-1203675	509(A)(1)	32,282.	0.			GENERAL SUPPORT, BABY BOTTLE PROJECT AT ST. LUDMILA'S, BRIDGEHAVEN CLIENT ADVOCACY -
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	509(A)(1)	61,193.	0.			GENERAL SUPPORT, PRESERVATION, MAINTENANCE, AND RESTORATION OF THE OPUS,
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE RD WASHINGTON, DC 20020-6907	52-1307706	509(A)(1)	37,500.	0.			AC: NEW FOUNDATIONS - HOLISTIC SUPPORT SERVICES PROGRAM SUPPORT
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	509(A)(1)	117,130.	0.			GENERAL SUPPORT, CAMP THERAPY ANIMALS, CAMPERSHIP FUND, CAMP NATURE TRAIL, EVENTS
CAMP WYOMING DBA CAMP BEAR CREEK 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	509(A)(3)	5,373.	0.			GENERAL SUPPORT
CATHERINE MCAULEY CENTER 1220 5TH AVE SE CEDAR RAPIDS, IA 52403-4049	42-1342872	509(A)(1)	125,886.	0.			ESSENTIAL SERVICES FOR WOMEN IN CRISIS AND/OR RECOVERING FROM TRAUMA, TRANSPORTATION FOR NEWLY
CATHOLIC CHARITIES ARCHDIOCESE OF DUBUQUE - CEDAR RAPIDS OFFICE - 420 6TH ST SE STE 220 - CEDAR RAPIDS, IA 52401-1906	42-0680493	509(A)(1)	28,350.	0.			IMMIGRATION LEGAL SERVICES, GENERAL SUPPORT

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CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405-1015	42-1197912	509(A)(1)	18,460.	0.			ANNUAL STIPEND TO ALL CRCSD ELEMENTARY SCHOOLS FOR MUSIC TEACHERS, INSTRUMENTAL MUSIC IN THE
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	509(A)(1)	272,691.	0.			GENERAL SUPPORT, SPRING AND FALL 2024 EXHIBITIONS AND EDUCATIONAL PROGRAMMING, CRMA GALA
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	509(A)(2)	76,243.	0.			AGENCY DISTRIBUTION, YOUNG ARTIST PROGRAM SUPPORT, GENERAL SUPPORT
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	509(A)(1)	134,376.	0.			DOLLY PARTON'S IMAGINATION LIBRARY, PURCHASE OF BOOKS, WILLIAM MARTIN KACENA AND
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	509(A)(3)	33,124.	0.			GENERAL SUPPORT
CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY - PO BOX 784 - WAVERLY, IA 50677-0784	42-1390144	509(A)(1)	30,000.	0.			SHELTER SERVICES FOR SURVIVORS, FRIENDS OF THE FAMILY SAFETY & SHELTERING SERVICES
CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401-2025	42-1320296	509(A)(1)	47,561.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, WALKER BUILD, AFFORDABLE REPAIRS
CEDAR VALLEY HUMANE SOCIETY 7411 MOUNT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	509(A)(2)	52,378.	0.			EXPANDING OUR PAWPRINT CAMPAIGN, CAPITAL CAMPAIGN, GENERAL SUPPORT
CENTER FOR ACTIVE SENIORS DBA CASI 1035 W KIMBERLY RD DAVENPORT, IA 52806-5709	42-1011267	509(A)(1)	9,300.	0.			GENERAL SUPPORT: INSURANCE DEDUCTIBLE - WATER DAMAGE, BAND AND GOLF OUTING EVENT SUPPORT

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CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 28274 NETWORK PLACE - CHICAGO, IL 60673-1282	36-2167817	509(A)(1)	5,681.	0.			GENERAL SUPPORT
CENTRAL CITY PTO PO BOX 472 CENTRAL CITY, IA 52214-0472	27-4605385	509(A)(2)	7,400.	0.			CENTRAL CITY PLAYGROUND INCLUSIVITY IMPROVEMENT / ALL INCLUSIVE PLAYGROUND PROJECT
CENTRAL COLLEGE PO BOX 5800 PELLA, IA 50219	42-0680344	509(A)(1)	7,000.	0.			CENTRAL JOURNEY SCHOLARSHIP, KENNETH AND CHARLOTTE BROWN SCHOLARSHIP, MCNAMARA
CENTRAL FURNITURE RESCUE PO BOX 2404 CEDAR RAPIDS, IA 52406-2404	84-2506457	509(A)(1)	58,000.	0.			SHIPPING CONTAINERS STORAGE, 5 YEAR ANNIVERSARY EVENT, TURNING A PLACE TO LIVE
CHELSEY'S DREAM FOUNDATION 112 WOOD RIDGE RD ANAMOSA, IA 52205-8200	47-2575193	509(A)(1)	25,000.	0.			FAMILY GRANTS
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	509(A)(1)	29,017.	0.			GENERAL SUPPORT
CHILDRENS THERAPY CENTER OF THE QUAD CITIES NFP - 4450 48TH AVENUE CT - ROCK ISLAND, IL 61201-9213	36-2207922	509(A)(1)	6,250.	0.			EVENT SUPPORT: CHUCK LING CHARITY, BASS TOURNAMENT, GENERAL SUPPORT
CHILDSERVE FOUNDATION INC. PO BOX 707 JOHNSTON, IA 50131-0707	42-1157665	509(A)(1)	18,000.	0.			CEDAR RAPIDS AUTISM DAY CLASSROOM, EXPANSION OF SERVICES
CITY OF CEDAR RAPIDS 101 1ST ST SE CEDAR RAPIDS, IA 52401-1205	42-6004336	170(C)(1)	14,819.	0.			AMPHITHEATRE MAINTENANCE, OLD MCDONALD'S FARM, USHERS FERRY HISTORIC VILLAGE'S, TRANSPORTATION

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CLOTHE-A-CHILD INC. PO BOX 592 MARION, IA 52302-0592	43-2007940	509(A)(1)	10,939.	0.			ANNUAL DESIGNATED DISTRIBUTION TO PROVIDE NEW CLOTHING TO AREA NEEDY KIDS, GENERAL
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402-5092	42-0686467	509(A)(1)	314,017.	0.			GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, SHOT AT COLLEGE RSM SCHOLARSHIP, KALOUS OPPORTUNITY
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	509(A)(2)	199,735.	0.			BEING SEEN AND HEARD, GENERAL SUPPORT, THE EYE CLINIC PROGRAM, CHFC VISION CARE SERVICES,
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS - 102 3RD ST SE - CEDAR RAPIDS, IA 52401-1246	42-0890913	509(A)(2)	281,620.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN: CAPITAL CAMP, EDUCATION SUPPORT, 2025 SPRING MUSICAL SUPPORT,
CONNECTCR PO BOX 11186 CEDAR RAPIDS, IA 52410-1186	82-3025860	509(A)(1)	33,948.	0.			AWAKENING CONNECTIONS CAMPAIGN SUPPORT
COOPERATIVE DEVELOPMENT FOUNDATION 1401 NEW YORK AVE NW STE 1100 WASHINGTON, DC 20005-2146	23-7044533	509(A)(1)	10,000.	0.			DISASTER RECOVERY FUND - NRECA AND NCG
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	509(A)(1)	227,545.	0.			SCHOLARSHIPS FOR FEMALE STUDENTS INTERESTED IN PUBLIC SERVICE, RUSSELL D. COLE LIBRARY, BERRY
CROHN'S & COLITIS FOUNDATION OF AMERICA - 733 3RD AVE STE 510 - NEW YORK, NY 10017-3218	13-6193105	509(A)(1)	5,100.	0.			TAKE STEPS WALK SUPPORT
DEAFINITELY DOGS INC. 2802 LIPPISH PLACE SW CEDAR RAPIDS, IA 52404	47-1590153	509(A)(1)	7,500.	0.			GENERAL SUPPORT, PAWS FOR A DECADE - ANNUAL TITLE SUPPORT , CONTINUING THE GROWTH - PTSD SERVICE DOG

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DENVER COMMUNITY SCHOOL DISTRICT 520 LINCOLN ST DENVER, IA 50622-9710	42-6001422	170(C)(1)	7,644.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH)
DION S CHICAGO DREAM INC NFP DBA DION'S CHICAGO DREAM - 6235 S HOMAN AVE - CHICAGO, IL 60629-3337	85-2527687	509(A)(1)	40,000.	0.			SO: DREAM DELIVERIES EXPANSION
DISCOVERY LIVING 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	509(A)(1)	29,406.	0.			CAPITAL CAMPAIGN: BUILDING FUND, SAFETY: GENERATORS FOR VULNERABLE INDIVIDUALS
DONORSCHOOSE.ORG MAIL CODE: 6656 PHILADELPHIA, PA 19170-6656	13-4129457	509(A)(1)	30,000.	0.			SUPPORT FOR LINN COUNTY PUBLIC SCHOOLS
EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS - 700 16TH ST NE STE 301 - CEDAR RAPIDS, IA 52402-4665	42-1023296	170(C)(1)	19,795.	0.			MICRO PROGRAM, ENVISION EAST CENTRAL IOWA ACTIVATION COORDINATOR
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	509(A)(1)	190,914.	0.			GENERAL SUPPORT, ARTHUR RENOVATIONS, REPURPOSING ARTHUR: AN INCLUSIVE ARTS HUB / ART SPACES FOR ALL
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406-2205	20-2405575	509(A)(2)	59,334.	0.			GENERAL SUPPORT, UNMET NEEDS PROGRAM-SERVING THE COMMUNITY, UNMET NEEDS PROGRAM-PROVIDING HOPE IN
EASTERN IOWA HONOR FLIGHT PO BOX 10704 CEDAR RAPIDS, IA 52410-0704	27-1666013	509(A)(1)	6,000.	0.			GENERAL SUPPORT
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE STE 1 - CEDAR RAPIDS, IA 52401-1325	42-1456338	509(A)(1)	7,360.	0.			HELPING HANDS MINISTRY, EMERGENCY EXPENSE: CRITICAL REPAIRS, GENERAL SUPPORT

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EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499-9328	94-3131776	509(A)(1)	15,000.	0.			SO: EMERGENCY FOOD NETWORK'S MOTHER EARTH FARM
EMPOWERING PARENTS KANSAS CITY 200 NW EXECUTIVE WAY LEES SUMMIT, MO 64063-1841	83-2021840	509(A)(1)	7,500.	0.			ANNUAL FUNDRAISER EVENT
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406-1190	45-4058376	509(A)(1)	81,300.	0.			MATERNITY LEAVE STAFFING SUPPORT, GENERAL SUPPORT, CULTIVATING COMMUNITIES: GROWING NUTRITIOUS FOOD,
FELLOWSHIP CLUB CEDAR RAPIDS 3224 1ST AVE NE CEDAR RAPIDS, IA 52402-6002	42-1080014	509(A)(1)	15,500.	0.			"EMPOWERING RECOVERY: ONE MEETING AT A TIME," GENERAL SUPPORT
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	509(A)(1)	45,148.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	509(A)(1)	15,471.	0.			GENERAL SUPPORT
FOUNDATION 2 AKA FOUNDATION 2 CRISIS SERVICES - 305 2ND AVE SE - CEDAR RAPIDS, IA 52401	42-1078444	509(A)(1)	371,323.	0.			PUTTS FOR PREVENTION, STT, MENTAL HEALTH MATTERS, SHELTER, EMERGENCY YOUTH SHELTER
FOUR OAKS FAMILY AND CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404-5216	42-0998726	509(A)(1)	105,959.	0.			GENERAL SUPPORT, HOLE SUPPORT GOLF CLASSIC, ACHIEVEMENT ACADEMY ACADEMIC ENRICHMENT, JANE
FRIENDS FROM IOWA FOUNDATION, INC 29335 ASHWORTH RD ADEL, IA 50003-8330	38-3909376	501(C)(3) PRIVAT	6,000.	0.			SUPPORT FOR WORK IN EL SALVADOR

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FRIENDS IN NEED FOOD SHELF PO BOX 6 COTTAGE GROVE, MN 55016-0006	41-1794212	509(A)(1)	5,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT: HOLIDAY TRAIN
FRIENDS OF MARION CARNEGIE LIBRARY DBA THE FRIENDS OF THE MARION PUBLIC LIBRARY - 1101 6TH AVE - MARION, IA 52302-3429	42-1335663	509(A)(2)	6,810.	0.			DOLLY PARTON'S IMAGINATION LIBRARY, GENERAL SUPPORT
FUERZAS CULTURALES BALLET FOLKLORICO DE CEDAR RAPIDS INC - 1122 I AVE NW - CEDAR RAPIDS, IA 52405-2637	92-4003020	509(A)(1)	7,000.	0.			NEW COSTUMES & MORE PRACTICE TO INCREASE CAPACITY
GARLAND COUNTY LIBRARY 1427 MALVERN AVE HOT SPRINGS, AR 71901	71-0735562	170(C)(1)	5,681.	0.			GENERAL SUPPORT
GENEVA CAMPUS MINISTRY AT THE UNIVERSITY OF IOWA - 500 N CLINTON ST - IOWA CITY, IA 52245-6219	42-1508782	509(A)(1)	6,000.	0.			GENERAL SUPPORT, BROOKS EVENT
GRACE CHURCH CATHEDRAL 5 COMING ST CHARLESTON, SC 29401-1403	57-0362059	RELIGIOUS ORG	6,400.	0.			GENERAL SUPPORT
GREEN SQUARE MEALS INC. PO BOX 5303 CEDAR RAPIDS, IA 52406-5303	42-1307429	509(A)(1)	7,300.	0.			ANNUAL APPEAL, GENERAL SUPPORT
GROUNDTRUTH PROJECT 9450 SW GEMINI DR PMB 46837 BEAVERTON, OR 97008-7105	46-0908502	509(A)(1)	20,000.	0.			SUPPORT FOR THE GAZETTE IN CEDAR RAPIDS' AG AND WATER DESK REPORTING NETWORK THROUGH REPORT
GROWING REAL OPPORTUNITIES FOR WORK AT KAZIMOUR FARM & ORCHARD - 2630 OTIS RD SE - CEDAR RAPIDS, IA 52403-4707	92-1492163	509(A)(2)	15,134.	0.			SPRING 2025 PROGRAM, GENERAL SUPPORT

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HASTINGS FAMILY SERVICE AKA HFS 301 2ND ST E HASTINGS, MN 55033-1207	23-7083534	509(A)(1)	5,500.	0.			JULY FOOD DRIVE, GOBBLEGAIT
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	509(A)(1)	65,138.	0.			GENERAL SUPPORT, INN CIRCLE, OPERATION BACKPACK, FOOD RESERVOIR, 2024 CEDAR RAPIDS HUNGER
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404-3910	42-0680304	509(A)(1)	8,243.	0.			SCHOLARSHIP PROGRAM, STAFF ALUMNI SCHOLARSHIP PROGRAM, GENERAL SUPPORT, SCOUTING FOR FOOD
HAWKEYE COMMUNITY COLLEGE 1501 EAST ORANGE ROAD WATERLOO, IA 50704-8015	42-0925362	170(C)(1)	7,000.	0.			REEDER MEMORIAL SCHOLARSHIP, WILLIAM AND PATRICIA BUSS SCHOLARSHIP
HAWKEYE DOWNS 4400 6TH ST SW CEDAR RAPIDS, IA 52404-4431	42-0680946	509(A)(2)	11,000.	0.			PROGRAM SUPPORT FOR TOYS FOR TOTS 2025 EVENT, 2025 HAWKEYE DOWNS NASCAR SANCTIONING PROGRAMING
HEARTLAND HEROES OF IOWA 241 ORCHARD ST SW SWISHER, IA 52338-9624	84-2589108	509(A)(2)	6,000.	0.			EXTRA LIFE CHARITY CHALLENGE
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	509(A)(1)	50,939.	0.			HERITAGE AREA AGENCY ON AGING, CASE MANAGEMENT AND ELDER ABUSE SUPPORT, GENERAL SUPPORT
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC - 1245 2ND AVE SE - CEDAR RAPIDS, IA 52403	39-1878606	509(A)(1)	45,175.	0.			PROGRAM SUPPORT: MEDICATIONS FOR HOPE AND HEALING, LAUGHTER IS THE BEST MEDICINE SUPPORT,
HLV COMMUNITY SCHOOL 402 5TH ST VICTOR, IA 52347-7736	42-6037189	170(C)(1)	45,196.	0.			GENERAL SUPPORT

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HOLLY'S HEART PO BOX 731 CEDAR PARK, TX 78630-0731	87-1045160	509(A)(1)	5,600.	0.			GENERAL SUPPORT
HOLY FAMILY CATHOLIC SCHOOLS - DUBUQUE - 2005 KANE ST - DUBUQUE, IA 52001-0538	42-0792429	509(A)(1)	25,000.	0.			GENERAL SUPPORT: FOR ST. COLUMBKILLE
HOOAH INC AKA 1ST HOOAH MINNESOTA 5753 HIGHWAY 85 N PMB 1198 CRESTVIEW, FL 32536-9365	80-0723506	509(A)(1)	5,200.	0.			EVENT SUPPORT: BANDS FOR THE BRAVE EVENT / PREMIER SUPPORT, SCOTTY RUN FOR VETS
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	509(A)(1)	65,535.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, SUPPORT FOR THE TEMPORARY
HOPE COMMUNITY DEVELOPMENT ASSOCIATION - 842 14TH ST SE - CEDAR RAPIDS, IA 52403-1211	27-2950701	509(A)(1)	15,500.	0.			GENERAL SUPPORT, HOPE CDA'S 12-MONTH RESIDENTIAL PROGRAM, 2024 GALA
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST SE - CEDAR RAPIDS, IA 52401-2128	42-1135083	509(A)(1)	124,600.	0.			PROGRAM SUPPORT: JOHNSON COUNTY COOKIES SUPPORT, MEALS ON HEELS FUNDRAISER, MEALS ON
IMMACULATE CONCEPTION CATHOLIC CHURCH - 1224 5TH ST SE - CEDAR RAPIDS, IA 52401-2625	42-0680409	509(A)(1)	9,700.	0.			GENERAL SUPPORT, PARISH BANQUET
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	509(A)(1)	279,676.	0.			CREEKSIDE FOREST SCHOOL TRANSPORTATION PREPARATION, GENERAL SUPPORT, 50 DONORS
INDIAN HILLS COMMUNITY COLLEGE 525 GRANDVIEW AVE OTTUMWA, IA 52501	42-0923689	170(C)(1)	20,000.	0.			OTTUMWA CAMPUS FACILITY RENOVATIONS/CONSTRUCTION

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

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INLAND EMPIRE UNITED WAY PO BOX 1613 RIVERSIDE, CA 92502-1613	33-0502676	509(A)(1)	10,899.	0.			GENERAL SUPPORT
IOWA BROADCASTERS ASSOCIATION FOUNDATION - 102 N 2ND AVE E - NEWTON, IA 50208-3237	45-4574664	509(A)(1)	127,454.	0.			GENERAL SUPPORT
IOWA CHILDREN'S MUSEUM 1451 CORAL RIDGE AVE STE 715 CORALVILLE, IA 52241-2805	42-1461422	509(A)(1)	5,577.	0.			STORYTIME STEM INTRO TO CODING FOR CR ELEMENTARIES, GENERAL SUPPORT
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233-2342	27-0915418	509(A)(1)	20,000.	0.			ELIMINATING BARRIERS TO EDUCATION/TRAINING ACCESS
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 50309-2396	42-0745995	509(A)(2)	40,000.	0.			ICF ANNUAL REQUEST TO GREATAMERICA '23-'24, ICF OPPORTUNITY SCHOLARSHIP REQUEST TO CRST '23, ICF
IOWA JAG INC AKA IJAG 1111 9TH STREET, UNIT 268 DES MOINES, IA 50314	42-1492988	509(A)(1)	26,000.	0.			GENERAL SUPPORT, CAREER DEVELOPMENT FOR UNDERSERVED YOUTH
IOWA LEGAL AID 317 7TH AVE SE STE 404 CEDAR RAPIDS, IA 52401-2007	42-1079227	509(A)(1)	25,250.	0.			CEDAR RAPIDS COMMUNITY SCHOOLS PROJECT, GENERAL SUPPORT
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVE STE 444 DES MOINES, IA 50309-2321	42-1127544	509(A)(1)	5,408.	0.			EASTERN IOWA PROJECTS, SONG BIRD HABITAT, GENERAL SUPPORT
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID AMES, IA 50011-2028	42-6004224	170(C)(1)	56,800.	0.			MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP, OUTSTANDING

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IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT - 920 48TH AVE - AMANA, IA 52203-8032	42-1481272	509(A)(1)	16,500.	0.			GROWING EXECUTIVE & FINANCIAL LEADERSHIP CAPACITY
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF - 1026 A AVE NE STE 113 - CEDAR RAPIDS, IA 52402-5036	23-1907729	509(A)(1)	28,100.	0.			GENERAL SUPPORT, CEDAR RAPIDS WALK, ELMCREST/HEATHER FLEMING, BOURBON & BOWTIES, GALA,
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 52401-1841	42-0919209	509(A)(1)	93,453.	0.			GENERAL SUPPORT, 3DE, ANNUAL DESIGNATED DISTRIBUTION, INSPIRING CHOICE FILLED LIVES:
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 202 D CEDAR RAPIDS, IA 52401-2007	42-6060212	509(A)(2)	15,000.	0.			FOSTERING STRENGTH, GENERAL OPERATING SUPPORT, SUPPORTING A HEALTHY LIFE FOR FOSTER
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401-1906	20-2199649	509(A)(1)	110,102.	0.			PROGRAM SUPPORT: BUILDER SUPPORT, GENERAL SUPPORT, RESTORING STABILITY FOR HIGH-CONFLICT FAMILIES,
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	23-7076632	509(A)(1)	144,151.	0.			HOSPITALITY ARTS STUDY ABROAD SCHOLARSHIP, SCHOLARSHIPS FOR STUDENTS IN CULINARY ARTS PROGRAM,
LAVENDER LEGAL CENTER PO BOX 31 CEDAR RAPIDS, IA 52406-0031	85-3467956	509(A)(1)	25,000.	0.			LGBTQ LEGAL ADVOCACY OF LINN COUNTY
LEGION ARTS DBA CSPS 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	509(A)(1)	6,726.	0.			GENERAL SUPPORT
LINN AREA EDUCATION ASSOCIATIONS COMMUNITY FOUNDATION DBA THE TEACHER STORE - LINN AREA CREDIT UNION - CEDAR RAPIDS, IA	26-2607522	509(A)(1)	6,000.	0.			FREE SCHOOL SUPPLIES FOR LOCAL K-12 EDUCATORS

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LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 52401-1601	20-0076420	509(A)(1)	6,940.	0.			GENERAL SUPPORT
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER - 800 2ND AVE SE - CEDAR RAPIDS, IA 52403-2402	23-7311415	509(A)(2)	159,657.	0.			GENERAL SUPPORT, PRESERVING & TELLING LINN COUNTY'S STORIES, TWO ADMISSION-FREE MONTHS,
LINN COUNTY PUBLIC HEALTH DEPARTMENT - 1020 6TH STREET SE - CEDAR RAPIDS, IA 52401	42-6004338	170(C)(1)	25,000.	0.			LINN COUNTY HEALTH EQUITY WORKGROUP
LINN COUNTY TRAILS ASSOCIATION PO BOX 2681 CEDAR RAPIDS, IA 52406-2681	42-1359081	509(A)(1)	27,921.	0.			GENERAL SUPPORT, LCTA 2024 CAPITAL REQUEST, NEW SUSTAINABLE FUNCTIONAL WEBSITE FOR TRAIL USERS,
LINN-MAR SCHOOL FOUNDATION 3556 WINSLOW RD MARION, IA 52302-8978	42-1267125	509(A)(1)	18,956.	0.			PROGRAM SUPPORT: FUNDS ARE USED FOR ENHANCE EDUCATIONAL EXCELLENCE, GENERAL SUPPORT
LORAS COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT - DUBUQUE, IA 52001-4327	42-0680412	509(A)(1)	6,500.	0.			GENERAL SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, GENERAL SUPPORT/ENDOWMENT FUND
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101-1041	42-0680466	509(A)(1)	15,700.	0.			SCHOLARSHIPS, GENERAL SUPPORT
LUTHERAN CHURCH OF THE RESURRECTION - 3500 29TH AVE - MARION, IA 52302-6404	42-6063546	509(A)(1)	10,000.	0.			GENERAL SUPPORT
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 50311-3809	42-0698267	509(A)(2)	10,352.	0.			GENERAL SUPPORT

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LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	509(A)(1)	29,017.	0.			GENERAL SUPPORT
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 S 15TH ST - MARION, IA 52302-4966	42-1343360	509(A)(1)	17,024.	0.			SCHOLARSHIPS
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404-5716	26-0467321	509(A)(1)	203,601.	0.			SO: ORGANIC FOOD ACCESS THROUGH PAY-IT-FORWARD CAFE, GENERAL SUPPORT, CULTIVATE HOPE PROGRAM,
MEALS FROM THE HEARTLAND 357 LINCOLN ST WEST DES MOINES, IA 50265-4711	26-3443290	509(A)(1)	20,000.	0.			GENERAL SUPPORT FOR CEDAR RAPIDS, DES MOINES, AND KANSAS CITY LOCATIONS
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	509(A)(1)	15,000.	0.			EVENT SUPPORT: ESPECIALLY FOR YOU RACE SUPPORT
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	51-0233180	509(A)(3) TYPE I	143,731.	0.			DENNIS AND DONNA OLDORF HOSPICE HOUSE FUND, HALL-MAR VILLAGE, CHRIS & SUZY DEWOLF INNOVATION
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	509(A)(2)	28,591.	0.			GENERAL SUPPORT
METRO CATHOLIC OUTREACH 420 6TH ST SE CEDAR RAPIDS, IA 52401-1903	46-1959452	509(A)(1)	15,971.	0.			GENERAL SUPPORT, GREAT OUTREACH PROGRAM, FILL THE SHELVES THIS SUMMER! PROGRAM, FOOD BANK
MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 389 - KALONA, IA 52247-0389	42-1304224	509(A)(2)	11,404.	0.			SCHOLARSHIPS SUPPORT

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MINNESOTA ASSISTANCE COUNCIL FOR VETERANS AKA MACV - 1000 UNIVERSITY AVE W STE 10 - SAINT PAUL, MN 55104-4747	41-1694717	509(A)(1)	7,000.	0.			GENERAL SUPPORT
MIRACLES IN MOTION THERAPEUTIC EQUESTRIAN CENTER - 2049 120TH ST. NW - SWISHER, IA 52338	42-1324801	509(A)(1)	43,629.	0.			MAKING MIRACLES THROUGH EQUINE-ASSISTED THERAPY, GENERAL SUPPORT, ADAPTIVE RIDING
MOUNT MERCY UNIVERSITY 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402-4797	42-0681046	509(A)(1)	68,099.	0.			HAVE MERCY, GIVE MERCY PROGRAM SUPPORT, MOUNT MERCY LIBRARY, MOUNT MERCY UNIVERSITY GRADUATE
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION - 525 PALISADES RD SW - MOUNT VERNON, IA 52314-1761	42-1304892	509(A)(3) TYPE I	16,048.	0.			THE ADRIENNE SMITH SCHOLARSHIP, AREA OF MOST NEED: HEALTHY FOOD SNACKS AS DETERMINED BY SCHOOL
MOUNT VERNON-LISBON COMMUNITY THEATRE - PO BOX 294 - MOUNT VERNON, IA 52314-0294	45-5538332	509(A)(2)	7,686.	0.			INSTALL PROFESSIONAL, FIRE-RETARDANT CURTAINS, GENERAL SUPPORT
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404-5918	51-0189030	509(A)(1)	149,958.	0.			GENERAL SUPPORT, 50TH ANNIVERSARY CELEBRATION, CONCERT PERFORMANCE OF DVORAK'S OPERA, BREWNOST,
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5361	53-0204616	509(A)(1)	8,645.	0.			GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 W 20TH ST FL 11 - NEW YORK, NY 10011-4231	13-2654926	509(A)(1)	8,145.	0.			GENERAL SUPPORT
NEIGHBORHOOD HOUSE THE WELLSTONE CENTER SAINT PAUL, MN 55107-2360	41-0693916	509(A)(1)	11,500.	0.			REVEL, FOOD SUPPORT, STT, GENERAL SUPPORT: FRESH PRODUCE DISTRIBUTION

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NEWBO CITY MARKET 1100 3RD ST SE CEDAR RAPIDS, IA 52401-2306	27-0600567	509(A)(1)	52,028.	0.			STORAGE UNIT PROJECT, NEWBO CITY MARKET 2025 OPERATIONAL SUPPORT, COMPREHENSIVE
NHDA FOUNDATION PO BOX 11784 BLACKSBURG, VA 24062-1784	92-2006942	509(A)(1)	10,000.	0.			GENERAL SUPPORT
NO FOOT TOO SMALL 1150 5TH ST STE 152 CORALVILLE, IA 52241-2932	82-4301632	509(A)(1)	16,250.	0.			EVENT SUPPORT: BAKER WALK, ANGELS IN THE OUTFIELD, GENERAL SUPPORT
NORTH LIBERTY COMMUNITY PANTRY 89 N. JONES BLVD. NORTH LIBERTY, IA 52317	93-4107271	509(A)(1)	25,000.	0.			PLANTING NEW ROOTS
NORTHWEST NEIGHBORS NEIGHBORHOOD ASSOCIATION - 1800 ELLIS BLVD NW - CEDAR RAPIDS, IA 52405-1248	42-1436418	509(A)(1)	17,600.	0.			SHAKESPEARE'S GARDEN AT ELLIS PARK, FRIENDS OF SHAKESPEARE GARDEN EDUCATION ELEMENTS,
OLIVET PRESBYTERIAN CHURCH 237 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	509(A)(1)	5,281.	0.			GENERAL SUPPORT
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	509(A)(2)	211,629.	0.			GENERAL SUPPORT, THEE SYMPHONY CENTER, SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR
OTTUMWA REGIONAL LEGACY FOUNDATION AKA OTTUMWA LEGACY FOUNDATION - 111 E MAIN ST - OTTUMWA, IA 52501-2915	42-0681060	509(A)(2)	50,000.	0.			LEGACY FIELDS SOCCER PROJECT
PATRONS OF THE PERFORMING ARTS AT WASHINGTON HIGH SCHOOL - 2205 FOREST DR SE - CEDAR RAPIDS, IA 52403-1653	42-1211511	509(A)(2)	11,835.	0.			PROGRAM SUPPORT: BIFAS, SEASON/MOSHOW SUPPORT, IMPROVED EXPERIENCE FOR YOUTH IN THE ARTS, IN THE

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PEOPLES CHURCH UNITARIAN UNIVERSALIST - 4980 GORDON AVE NW - CEDAR RAPIDS, IA 52405-3347	42-0698297	RELIGIOUS ORG	12,054.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR RELIGIOUS LEADER'S COMPENSATION, GENERAL
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 850838 - MINNEAPOLIS, MN 55485	42-0727488	509(A)(1)	52,452.	0.			THE LINN COUNTY UNITE EVENT, CEDAR RAPIDS HEALTH CENTER, GENERAL SUPPORT, ESSENTIAL HEALTH
POWER OF WOMEN AND CHILDREN 7107 COUNTRY BROOK DR NW PALO, IA 52324-7000	47-1474760	509(A)(1)	10,000.	0.			VEHICLE PURCHASE TO SUPPORT UNDERPRIVILEDGED WOMEN
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	509(A)(1)	17,656.	0.			HIGH SCHOOL POST PROM EVENT SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, SUPPORT
PROJECT WORTHMORE 1666 ELMIRA ST AURORA, CO 80010-2122	45-0933835	509(A)(1)	50,000.	0.			SO: FRESH ORGANIC PRODUCE FOR REFUGEES
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	509(A)(1)	34,923.	0.			GENERAL SUPPORT, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS, BUILDING COMMUNITY THROUGH CHAMBER
REGENTS OF THE UNIVERSITY OF COLORADO - OFFICE OF GRANTS AND CONTRACTS, 13001 E 17TH PL, RM W1124 - AURORA, CO 80045-2571	84-6000555	509(A)(1)	75,000.	0.			THE ROLES OF CFHR-ENDOTHELIAL INTERACTIONS IN C3G
RESONANCE CENTER FOR WOMEN 1608 S ELWOOD AVE TULSA, OK 74119-4208	73-1023752	509(A)(1)	25,000.	0.			AC: REBUILDING LIVES AND FAMILIES
REVIVAL THEATRE COMPANY 329 10TH AVE SE STE 005 CEDAR RAPIDS, IA 52401-2358	46-5106582	509(A)(2)	5,300.	0.			THE CAMERON SULLENBERGER OVERTURE SERIES, PRODUCTION OF NEXT TO NORMAL, CAMERON

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RONALD MCDONALD HOUSE CHARITIES IN OMAHA INC - 620 S 38TH AVE - OMAHA, NE 68105-1104	47-0755104	509(A)(1)	8,000.	0.			EVENT SUPPORT: FLURRY SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL IOWA - 1441 PLEASANT ST - DES MOINES, IA 50314-1727	42-1117423	509(A)(1)	13,200.	0.			EVENT SUPPORT: 16TH ANNUAL RMH SPORTING CLAY
RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS - 730 HAWKINS DR - IOWA CITY, IA 52246-2509	42-1189783	509(A)(1)	5,500.	0.			FAMILY ROOM ST LUKES HOSPITAL IN CEDAR RAPIDS, IOWA, GENERAL SUPPORT
S.A.I.N.T. RESCUE (SAVING ANIMALS IN NEED TODAY) - 1200 16TH AVE SW - CEDAR RAPIDS, IA 52404-2506	27-1190277	509(A)(1)	5,484.	0.			GENERAL SUPPORT
SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 52401-1921	42-1348441	509(A)(1)	10,000.	0.			BUS PASSES FOR NEW RESIDENTS, EVENTS SUPPORT: SOLIDARITY RIDE, GALA EVENT
SALUTE TO THE FALLEN 5060 4TH ST SW CEDAR RAPIDS, IA 52404-4401	84-3800225	509(A)(1)	9,680.	0.			DOG VEST, GALA, GOLF, CAR
SALVATION ARMY - HEARTLAND DIVISION - 401 NE ADAMS STREET - PEORIA, IL 61603	22-2406433	509(A)(1)	16,179.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR SALVATION ARMY OF CEDAR RAPIDS
SALVATION ARMY NATIONAL CORPORATION - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	509(A)(1)	8,145.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT
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)	10,367.	0.			CAPITAL CAMPAIGN: 2023 KETTLE CAMPAIGN, PROGRAM SUPPORT: DAY CAMP SCHOLARSHIPS, GENERAL

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SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002	509(A)(1)	15,000.	0.			SUPPORT FOR FAMILIES IMPACTED BY HURRICANE HELENE
SCHOLARSHIPS / KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404-5260	23-7076632	509(A)(1)	11,000.	0.			KOMENSKY SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP,
SHARING EXCESS 5109 WARREN ST PHILADELPHIA, PA 19131-4423	86-2161466	509(A)(1)	30,000.	0.			SO: SHARING EXCESS WHOLESALE FOOD RESCUE
SLEEP IN HEAVENLY PEACE PO BOX 390780 OMAHA, NE 68139-0780	46-4346568	509(A)(2)	25,500.	0.			COMMUNITY BED BUILD 2024 LINN COUNTY
SOUTHEAST IOWA SPORTS COMMISSION 217 E MAIN ST OTTUMWA, IA 52501-2917	86-1481927	509(A)(2)	100,000.	0.			SOUTHEAST IOWA SPORTS CENTER PROJECT
ST. AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	509(A)(1)	6,500.	0.			EVENT SUPPORT: BEE CURIOUS: EXPLORE STEAM!, ACADEMY FOR THE STUDY OF ST.AMBROSE OF
ST. JOHN OF THE CROSS CATHOLIC WORKER HOUSE - PO BOX 2321 - CEDAR RAPIDS, IA 52406-2321	42-1307304	509(A)(1)	6,638.	0.			GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION
ST. JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	RELIGIOUS ORG	10,000.	0.			HAITI FUND, HAITI COMMITTEE, GENERAL SUPPORT
ST. LUKE'S HEALTH CARE FOUNDATION 810 1ST AVE NE STE 2 CEDAR RAPIDS, IA 52402-5061	42-1106819	509(A)(1)	29,144.	0.			HOPE BLOOMS 8 - BOUQUET OF HOPE 8 - CAT SNUGGLES, ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND,

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
ST. MARK'S LUTHERAN CHURCH DBA FAITHLIFE LUTHERAN CHURCH - 8300 C AVE - MARION, IA 52302-9362	42-0810662	509(A)(1)	5,647.	0.			GENERAL SUPPORT
ST. PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	42-0680303	RELIGIOUS ORG	13,559.	0.			SUPPORT MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, SUPPORT MUSIC MINISTRIES OF ST. PAUL'S UMC, RAY'S
ST. PAUL'S UNITED METHODIST CHURCH OF CEDAR RAPIDS FOUNDATION - 1340 3RD AVE SE - CEDAR RAPIDS, IA 52403-4019	75-3093308	509(A)(1)	14,349.	0.			GENERAL SUPPORT
ST. PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402-2402	42-0859572	RELIGIOUS ORG	14,300.	0.			GENERAL SUPPORT, EASTER AND CHRISTMAS SUPPORT
ST. WENCESLAUS CHURCH 1224 5TH ST SE CEDAR RAPIDS, IA 52401-2625	42-0688080	RELIGIOUS ORG	27,640.	0.			2024 PARISH SUPPORT CONTRIBUTION, MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO
STATE UNIVERSITY OF IA FOUNDATION AKA UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244	42-0796760	509(A)(1)	80,683.	0.			UI STEAD CHILDREN'S HOSPITAL FUND, SUPPORT FOR CHILDHOOD CANCER LEMONBALL SCRAMBLE, THE
TANAGER PLACE DBA TANAGER 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	509(A)(2)	152,740.	0.			CAMPER SCHOLARSHIPS, CAMP TANAGER PROGRAM, A WEEK OF CAMP AT CAMP TANAGER, TANAGER'S MENTAL HEALTH
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401-2006	42-0805377	509(A)(2)	107,464.	0.			GENERAL SUPPORT, OPERATING SUPPORT FOR SUSTAINABILITY, ENHANCEMENTS TO INCLUSIVE
THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	509(A)(1)	31,500.	0.			VETERANS WEEKLY LUNCH, VETERANS PANTRY, VETERANS EMERGENCY ASSISTANCE FUND (VEAF), GENERAL SUPPORT,

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
THE NEW BOHEMIAN INNOVATION COLLABORATIVE DBA NEWBOCO - 415 12TH AVE SE - CEDAR RAPIDS, IA 52401	46-4387860	509(A)(1)	38,100.	0.			CODERDOJO CEDAR RAPIDS, NEWBOCO COMPUTER SCIENCE PROFESSIONAL DEVELOPMENT, GENERAL SUPPORT, KIVA
TICKED OFF LYME FOUNDATION INC. PO BOX 172 FAIRFAX, IA 52228-0172	93-4825521	501(C)(3) PRIVAT	5,500.	0.			GENERAL SUPPORT, SUPPORT FOR MEDICAL TREATMENT FOR PATIENTS WITH LYME DISEASE
TOGETHER WE ACHIEVE 1150 27TH AVE SW CEDAR RAPIDS, IA 52404-3421	85-3107151	509(A)(1)	30,100.	0.			GENERAL SUPPORT, COMMITTED TO AN EMPOWERED LINN COUNTY, ENSURING FOOD ACCESS & ESSENTIAL
TREES FOREVER 80 W 8TH AVE MARION, IA 52302-2718	42-1419181	509(A)(1)	82,289.	0.			GROWING FUTURES TEEN WORKFORCE DEVELOPMENT PROGRAM, GENERAL SUPPORT
UNITED WAY OF ALLEN COUNTY 347 W BERRY ST STE 300 FORT WAYNE, IN 46802-2241	35-0867932	509(A)(1)	7,093.	0.			GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	509(A)(1)	330,730.	0.			GENERAL SUPPORT, WOMEN UNITED, DAY OF CARING, 2024 COMPANY COORDINATOR BREAKFAST SUPPORT,
UNITED WE MARCH FORWARD 214 13TH ST SE CEDAR RAPIDS, IA 52403-4006	83-0902832	509(A)(2)	25,500.	0.			WELCOME IS KARIBU, GENERAL SUPPORT
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT CHICAGO, IL 60615	36-2177139	509(A)(1)	66,740.	0.			COLLEGE FUND, GRADUATE BUSINESS SCHOOL, MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER
UNIVERSITY OF IOWA - UI SERVICE CENTER - 2700 UNIVERSITY CAPITOL CTR - IOWA CITY, IA 52242	42-6004813	170(C)(1)	78,445.	0.			KALOUS OPPORTUNITY SCHOLARSHIP, KOMENSKY SCHOLARSHIP, JOE CORBIN MEMORIAL SCHOLARSHIP,

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
UNIVERSITY OF IOWA SUMMER JOURNALISM WORKSHOPS - 140 W WASHINGTON ST - IOWA CITY, IA 52240	42-6004813	170(C)(1)	5,274.	0.			JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	29,400.	0.			KALOUS OPPORTUNITY SCHOLARSHIP, STEPHEN BONFIG MEMORIAL SCHOLARSHIP, WILLIAM &
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 121 COMMONS - CEDAR FALLS, IA 50614-0239	42-6058591	509(A)(1)	120,350.	0.			GENERAL SUPPORT, CLANCY SCHOLARSHIP FOR SCHOOL OF EDUCATION, CAMPUS INITIATIVES
VISION ATLANTIC INC PO BOX 344 ATLANTIC, IA 50022-0344	92-0683551	509(A)(1)	10,000.	0.			CHILDCARE CENTER IN ATLANTIC, IA
WARRIOR RISING 11614 S ANNA EMILY DR SOUTH JORDAN, UT 84095-1261	47-2534246	509(A)(1)	10,000.	0.			EVENT SUPPORT
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	509(A)(1)	70,087.	0.			MADGE PHILLIPS CENTER, THRIVE COHORT PROFESSIONAL DEVELOPMENT, DOMESTIC VIOLENCE SAFETY
WHEELCHAIR RAMP ACCESSIBILITY PROGRAM COALITION - 1695 DOWS ST STE B - ELY, IA 52227-9569	27-0841627	509(A)(1)	23,665.	0.			GENERAL SUPPORT, GROWTH AND DEVELOPMENT
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 78703-4677	20-2376273	501(C)(3) PRIVAT	25,000.	0.			POVERTY IS UNNECESSARY FUND
WILLIS DADY EMERGENCY SHELTER DBA WILLIS DADY HOMELESS SERVICES - 1247 4TH AVE SE - CEDAR RAPIDS, IA 52403-4020	42-1311668	509(A)(1)	176,675.	0.			GENERAL SUPPORT, THRIVE COHORT PROFESSIONAL DEVELOPMENT, EMPLOYMENT & SUPPORTIVE SERVICES,

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
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410-0956	42-1479238	509(A)(1)	11,506.	0.			GENERAL SUPPORT, XAVIER IMPACT FUND, TUITION ASSISTANCE, SCHOLARSHIP IN HONOR OF ELIJAH JAMES
XAVIER HIGH SCHOOL 6300 42ND ST NE CEDAR RAPIDS, IA 52411-7755	42-0802294	509(A)(1)	7,894.	0.			LEAD WITH YOUR HEART FUND, GENERAL SUPPORT FOR FALL FEST
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	509(A)(1)	63,235.	0.			CAMP WAPSIE, YOUTH PROGRAM SUPPORT, SCHOLARSHIP PROGRAM
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401-1906	42-1355480	509(A)(1)	70,755.	0.			EVENT SUPPORT, GENERAL SUPPORT, PROGRAM SUPPORT: BUILDING BRIGHT FUTURES PROGRAM, EASTERN IOWA
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406-2336	27-2683100	509(A)(1)	71,085.	0.			GENERAL SUPPORT, KIDS ON COURSE, GOLF TOURNAMENT, GALA, SUPPORT FOOD PROGRAMS

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	133	3,360.	0.		
CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	6	750.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
FOR COMPETITIVELY AWARDED GRANTS AND FOR DONOR-ADVISED PROJECT GRANTS OF $5,000 OR MORE, THE COMMUNITY FOUNDATION REQUIRES A FINAL REPORT.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:
AFRICAN AMERICAN HERITAGE FOUNDATION AKA AFRICAN AMERICAN MUSEUM OF IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: JUNETEENTH FESTIVAL, TEACHING IOWA'S CULTURAL HERITAGE, VOICES INSPIRING PROGRESS, AND EMERGENCY EXPENSE: ELEVATOR REPAIRS FOR ACCESSIBLE ACCESS, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
ALZHEIMER'S ASSOCIATION - IOWA CHAPTER
(H) PURPOSE OF GRANT OR ASSISTANCE: WALK TO END ALZHEIMER'S, EVENT SUPPORT: MUSCATINE, DUBUQUE, 12TH ANNUAL ALZHEIMER'S 5K & HALF MARATHON, GENERAL SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
AMERICAN NATIONAL RED CROSS - SERVING IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT: SOUND THE ALARM - CEDAR RAPIDS, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, SIOUX CITY FLOOD SUPPORT, HURRICANE HELENE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT: BOWL FOR KIDS SAKE, GENERAL SUPPORT, MAXIMIZING YOUTH MENTORING IMPACT, SUPPORTING YOUTH EXPERIENCING MENTAL HEALTH CRISES, BIG MAGIC, ELIMINATING BARRIERS & EXPANDING SUPPORT FOR MENTORS & MENTEES, CAPITAL CAMPAIGN, BUILDING AND SUSTAINING EFFECTIVE YOUTH MENTORING, MENTORING GIRLS: EMPOWERING LITTLES TO BE LEADERS

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF THE CORRIDOR
(H) PURPOSE OF GRANT OR ASSISTANCE: BLUE DOOR BASH FUNDRAISER, GENERAL SUPPORT, CAPITAL CAMPAIGN, UNLOCKING THE FUTURE CAMPAIGN, IGNITING CREATIVE FUTURES THROUGH THE ARTS

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEHAVEN PREGNANCY SUPPORT CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, BABY BOTTLE PROJECT AT ST. LUDMILA'S, BRIDGEHAVEN CLIENT ADVOCACY - SUPPORTING FAMILIES IN OUR COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PRESERVATION, MAINTENANCE, AND RESTORATION OF THE OPUS, BUILDING RELEVANCY - HISTORY TOURS 2024, EXPANDING ACCESS: VIRTUAL CONTENT SHARING, EMERGING OPPORTUNITY: BALLET DES MOINES SUMMER STEM TOUR, BUILDING ON EXPERIENCE: HOLIDAY INFRASTRUCTURE

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAMP THERAPY ANIMALS, CAMPERSHIP FUND, CAMP NATURE TRAIL, EVENTS SUPPORT: SPRINT TRIATHLON AND GALA

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: ESSENTIAL SERVICES FOR WOMEN IN CRISIS AND/OR RECOVERING FROM TRAUMA, TRANSPORTATION FOR NEWLY ARRIVED REFUGEES, TECHNOLOGY AND FINANCE SUPPORT, GENERAL SUPPORT, FOOD PANTRY, PROGRAM SUPPORT: ESL TEACHING, SUPPORTING ESOL EDUCATION FOR ADULT LEARNERS

NAME OF ORGANIZATION OR GOVERNMENT:
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL STIPEND TO ALL CRCSD ELEMENTARY SCHOOLS FOR MUSIC TEACHERS, INSTRUMENTAL MUSIC IN THE SCHOOLS, FIELD MAINT & EQUIPMENT FOR WASHINGTON HIGH SCHOOL SOFTBALL, PETER WESTPHALEN SCHOLARSHIP FUND, DENNIS & GRACE FERRETER SCHOLARSHIP, PROGRAM SUPPORT: FOOTBALL TEAM, PRESENTS FOR PATRIOTS, ROOSEVELT WORDFLIGHT AT ERSKINE ELEMENTARY PTO, FRIENDS OF JSA CAMPAIGN, SPECIAL EDUCATION PROGRAMMING AT JR AND SR HIGH SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DOLLY PARTON'S IMAGINATION LIBRARY, PURCHASE OF BOOKS, WILLIAM MARTIN KACENA AND LIBBIE MARTINEK KACENA MEMORIAL FUND, MAINTAINING AND EXPANDING THE QUALITY OF THE BOOK COLLECTION, CAPITAL CAMPAIGN: WESTSIDE LIBRARY PROJECT - WEST PATIO SEATING RECOGNITION AND INSPIRING BIG DREAMS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HABITAT FOR HUMANITY
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, WALKER BUILD, AFFORDABLE REPAIRS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: CENTRAL JOURNEY SCHOLARSHIP, KENNETH AND CHARLOTTE BROWN SCHOLARSHIP, MCNAMARA FUTURE EDUCATORS SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL FURNITURE RESCUE
(H) PURPOSE OF GRANT OR ASSISTANCE: SHIPPING CONTAINERS STORAGE, 5 YEAR ANNIVERSARY EVENT, TURNING A PLACE TO LIVE INTO A HOME, GOOD NIGHTS SLEEP, EMPOWER AND NOURISH

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: AMPHITHEATRE MAINTENANCE, OLD MCDONALD'S FARM, USHERS FERRY HISTORIC VILLAGE'S, TRANSPORTATION & SPORTS EQUIPMENT SPECIAL OLYMPICS, CEDAR RAPIDS ANIMAL CARE & CONTROL: BEDS AND FERAL BOXES, BARN CAT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CLOTHE-A-CHILD INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO PROVIDE NEW CLOTHING TO AREA NEEDY KIDS, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, SHOT AT COLLEGE RSM SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: BEING SEEN AND HEARD, GENERAL SUPPORT, THE EYE CLINIC PROGRAM, CHFC VISION CARE SERVICES, DIRECT PATIENT CARE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN: CAPITAL CAMP, EDUCATION SUPPORT, 2025 SPRING MUSICAL SUPPORT, TCR'S 2023-2024 BROADWAY SERIES SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR FEMALE STUDENTS INTERESTED IN PUBLIC SERVICE, RUSSELL D. COLE LIBRARY, BERRY CENTER, CAPITAL CAMPAIGN, FOOTBALL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DEAFINITELY DOGS INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PAWS FOR A DECADE - ANNUAL TITLE SUPPORT , CONTINUING THE GROWTH - PTSD SERVICE DOG PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DENVER COMMUNITY SCHOOL DISTRICT

Part IV Supplemental Information

(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: GENERAL SUPPORT, ARTHUR RENOVATIONS, REPURPOSING ARTHUR: AN INCLUSIVE ARTS HUB / ART SPACES FOR ALL ABILITIES, SHINE BRIGHT: ARTS ACCESS TO EMPOWER YOUNG WOMEN, VAN AND WRAP, PROGRAM SUPPORT: ARTS IN ACTION EVENT AND "CATALYST FOR CHANGE" PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HEALTH CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, UNMET NEEDS PROGRAM-SERVING THE COMMUNITY, UNMET NEEDS PROGRAM-PROVIDING HOPE IN HEALTHCARE, IMPROVING HEALTH FOR COMMUNITY MEMBERS IN NEED THROUGH ON-SITE PHARMACY

NAME OF ORGANIZATION OR GOVERNMENT: FEED IOWA FIRST
(H) PURPOSE OF GRANT OR ASSISTANCE: MATERNITY LEAVE STAFFING SUPPORT, GENERAL SUPPORT, CULTIVATING COMMUNITIES: GROWING NUTRITIOUS FOOD, CLINIC-BASED VEGETABLE DISTRIBUTION, GROW DON'T MOW PROGRAM SUPPORT, ORGANIC VEGETABLE DISTRIBUTION IN LINN COUNTY, GROWING RESILIENCE THROUGH SUSTAINABLE AGRICULTURE

NAME OF ORGANIZATION OR GOVERNMENT:
FOUNDATION 2 AKA FOUNDATION 2 CRISIS SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: PUTTS FOR PREVENTION, STT, MENTAL HEALTH MATTERS, SHELTER, EMERGENCY YOUTH SHELTER SUPPORT, CAPITAL CAMPAIGN, GROUP VIOLENCE INTERVENTION FY25 JULY - JUNE, LEADERSHIP DRIVEN RECRUITMENT AND RETENTION

NAME OF ORGANIZATION OR GOVERNMENT:
FOUR OAKS FAMILY AND CHILDREN'S SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, HOLE SUPPORT GOLF CLASSIC, ACHIEVEMENT ACADEMY ACADEMIC ENRICHMENT, JANE BOYD ACHIEVEMENT ACADEMY, RECREATION EQUIPMENT SUPPORT FOR JANE BOYD, TOTALCHILD PROGRAM, OPERATION SANTA, LINN COUNTY, MCINTYRE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: GROUNDTRUTH PROJECT
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE GAZETTE IN CEDAR RAPIDS' AG AND WATER DESK REPORTING NETWORK THROUGH REPORT FOR AMERICA

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, INN CIRCLE, OPERATION BACKPACK, FOOD RESERVOIR, 2024 CEDAR RAPIDS HUNGER FIGHT PRESENTING SUPPORT, FREEDOM FROM HUNGER, MATERNAL HEALTH NURSE HOME VISITATION PROGRAM, NW NEIGHBORHOOD RESOURCE CENTER

NAME OF ORGANIZATION OR GOVERNMENT:
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA
(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP PROGRAM, STAFF ALUMNI SCHOLARSHIP PROGRAM, GENERAL SUPPORT, SCOUTING FOR FOOD COMMUNITY SERVICE PROJECT, VETERANS MEMORIAL CAMP FIRE RING ACCESSIBLITY

NAME OF ORGANIZATION OR GOVERNMENT:
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: MEDICATIONS FOR HOPE AND HEALING, LAUGHTER IS THE BEST MEDICINE SUPPORT, EXPANDING DENTAL

Part IV Supplemental Information

SERVICES-REACHING AT RISK ADULTS, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, SUPPORT FOR 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: PROGRAM SUPPORT: JOHNSON COUNTY COOKIES SUPPORT, MEALS ON HEELS FUNDRAISER, MEALS ON WHEELS FOOD TRANSPORT, MEALS ON WHEELS: AID TO OLDER ADULTS, ADVANCE COMMUNITY COMMUTES FOR ESSENTIAL SERVICES, CLOSING THE GAP IN MEALS ON WHEELS FUNDING, NEIGHBORHOOD TRANSPORTATION SERVICE (NTS) VAN WRAP, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: CREEKSIDE FOREST SCHOOL TRANSPORTATION PREPARATION, GENERAL SUPPORT, 50 DONORS CELEBRATING 50 YEARS CAMPAIGN, MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, SUPPORT PROGRAMMING AND TRANSPORTATION FOR AT-RISK YOUTH, SUPPORT EFFORTS AND PROGRAMS RELATED TO RESTORATION AND RECONSTRUCTION OF NATIVE ECOSYSTEMS IN IOWA, PROVIDING IMMERSIVE NATURE PROGRAMMING FOR ALL, ETZEL SUGAR GROVE WORKSHOP AND FARM OPERATIONS '24, BILLBOARD, ALL-TERRAIN WHEELCHAIRS, PROTECTING PRODUCTION AT THE PERMACULTURE FARM, PROGRAM SUPPORT: ACCESSIBLE TRAILS PROGRAM, CREATING CHAMPIONS OF NATURE FOR THE NEXT 50 YEARS, IMMERSIVE OUTDOOR FIELD TRIPS FOR ALL

NAME OF ORGANIZATION OR GOVERNMENT: IOWA COLLEGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ICF ANNUAL REQUEST TO GREATAMERICA '23-'24, ICF OPPORTUNITY SCHOLARSHIP REQUEST TO CRST '23, ICF ANNUAL UNRESTRICTED REQUEST TO CRST '23, ICF ANNUAL REQUEST TO WORLD CLASS INDUSTRIES '24, ANNUAL REQUEST TO LIL' DRUG STORE PRODUCTS '24

NAME OF ORGANIZATION OR GOVERNMENT: IOWA STATE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP, OUTSTANDING STUDENT LEADER SCHOLARSHIP, GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, O.J. & VIOLA ELSENBAST SCHOLARSHIP, KOMENSKY SCHOLARSHIP, KENNETH AND CHARLOTTE BROWN SCHOLARSHIP, SHOT AT COLLEGE RSM SCHOLARSHIP, ROBERT K. DENNIS SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, DREW WALL SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP, KLIMA ACADEMIC EXCELLENCE SCHOLARSHIP, WASHINGTON ALUMNI SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CEDAR RAPIDS WALK, ELMCREST/HEATHER FLEMING, BOURBON & BOWTIES, GALA, MINNESOTA WALK, 2024 JDRF ONE WALK, FUND A CURE

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 3DE, ANNUAL DESIGNATED DISTRIBUTION, INSPIRING CHOICE FILLED LIVES: ECONOMIC EDUCATION , JA BIZTOWN MOBILE - WHERE OUR COMMUNITY COMES TO, 2024 HALL OF FAME, STUDENT SUPPORT, DREAM, BELIEVE, ACHIEVE: YOUTH EMPOWERMENT PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR LEAGUE OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTERING STRENGTH, GENERAL OPERATING SUPPORT, SUPPORTING A HEALTHY LIFE FOR FOSTER YOUTH, PROGRAM SUPPORT: BRIDGING THE G.A.P. PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: BUILDER SUPPORT, GENERAL SUPPORT, RESTORING STABILITY FOR HIGH-CONFLICT FAMILIES, DAYBREAK ROTARY DUCK RACE SUPPORT, SUPPORTING LOW-INCOME CHILDREN OF DIVORCE, ATTRACT AND RETAIN QUALIFIED FAMILY LAW ATTORNEYS, RESOLVING YOUTH CONFLICT & PREVENTING DROPOUT

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: HOSPITALITY ARTS STUDY ABROAD SCHOLARSHIP, SCHOLARSHIPS FOR STUDENTS IN CULINARY ARTS PROGRAM, UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS, JOSLIN SCHOLARSHIP, THE GARY ROZEK ENDOWED GOLF SCHOLARSHIP, SCHOLARSHIPS FOR STUDENTS ENROLLED IN FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, THE PAT & SANDY COBB ENDOWED SCHOLARSHIP, THE JERRY AND ANN PEARSON ENDOWED SCHOLARSHIP, THE ANNA PURNA GHOSH ENDOWED SCHOLARSHIP, ANNUAL SCHOLARSHIP FOR A STUDENT PURSUING A CAREER IN SOCIAL WORK OR HEALTH SCIENCE, THE WHITE FAMILY HOSPITALITY ARTS SCHOLARSHIP, SCHOLARSHIPS AT KIRKWOOD TO ASSIST THOSE AFFECTED BY MENTAL HEALTH CHALLENGES, REPLACE CONSUMABLE SUPPLIES FOR THE KIRKWOOD COMMUNITY COLLEGE GOLF TEAM, GENERAL SCHOLARSHIP FUND, SKOGMAN COMPANIES SCHOLARSHIP, GREATAMERICA FINANCIAL SERVICES SCHOLARSHIP, AVIATION MAINTENANCE, THE MARY & DAVID JUNGE SCHOLARSHIPS, ATHERTON SCHOLARSHIP AWARD, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PRESERVING & TELLING LINN COUNTY'S STORIES, TWO ADMISSION-FREE MONTHS, SUPPORT OF EXHIBIT, LEWIS BOTTOMS PRESERVATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY TRAILS ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LCTA 2024 CAPITAL REQUEST, NEW SUSTAINABLE FUNCTIONAL WEBSITE FOR TRAIL USERS, MULTI-USE TRAIL SYSTEM EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25
(H) PURPOSE OF GRANT OR ASSISTANCE: SO: ORGANIC FOOD ACCESS THROUGH PAY-IT-FORWARD CAFE, GENERAL SUPPORT, CULTIVATE HOPE PROGRAM, TRANSFORM WEEK: IMPROVING LIVES WITH HOME REPAIRS, SOLAR PARTNERSHIP W/ VM AND ELECTRICAL CONCEPTS, PHILIP HAMILTON PAY-IT-FORWARD ENDOWED FUND, THRIVE COHORT PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: DENNIS AND DONNA OLDORF HOSPICE HOUSE FUND, HALL-MAR VILLAGE, CHRIS & SUZY DEWOLF INNOVATION CENTER, FATE'S MENDING HEART PROGRAM, FAMILY CAREGIVERS CENTER, HALL-PERRINE CANCER CENTER, HOSPICE OF MERCY, MERCY AUXILIARY SCHOLARSHIP FUND FOR MT. MERCY UNIVERSITY HEALTH CARE FIELD, JIM TINKER MEMORIAL GREATEST NEED FUND, INNOVATION CENTER FOR AGING-DEMENTIA, MANNIKINS FOR SIMULATION LAB

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: HAVE MERCY, GIVE MERCY PROGRAM SUPPORT, MOUNT MERCY LIBRARY, MOUNT MERCY UNIVERSITY GRADUATE CENTER, BUSINESS OR FINE ARTS SCHOLARSHIPS, GENERAL SCHOLARSHIP FUND, CATHERINE MCAULEY SCHOLARSHIP PROGRAM, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE ADRIENNE SMITH SCHOLARSHIP, AREA OF MOST NEED: HEALTHY FOOD SNACKS AS DETERMINED BY SCHOOL NURSE, GENERAL SUPPORT, MIDDLE SCHOOL PTO FOR OUTDOOR RECESS EQUIPMENT, PROGRAM SUPPORT: AG EDUCATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 50TH ANNIVERSARY CELEBRATION, CONCERT PERFORMANCE OF DVORAK'S OPERA, BREWNOST, 2024 ARTS AND CULTURE PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET
(H) PURPOSE OF GRANT OR ASSISTANCE: STORAGE UNIT PROJECT, NEWBO CITY MARKET 2025 OPERATIONAL SUPPORT, COMPREHENSIVE ENTREPRENEURSHIP EQUITY, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
NORTHWEST NEIGHBORS NEIGHBORHOOD ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: SHAKESPEARE'S GARDEN AT ELLIS PARK, FRIENDS OF SHAKESPEARE GARDEN EDUCATION ELEMENTS, GENERAL SUPPORT: SIGN FOR WSR

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THEE SYMPHONY CENTER, SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, FIRST TRUMPET, THE MAESTRO'S BATON ENDOWMENT, SUPPORT THE COSTS ASSOCIATED WITH EMPLOYING A TUBA CHAIR, FOR MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ORCHESTRA IOWA'S 2023-24 SEASON, ORCHESTRA IOWA'S 2025-2030 STRATEGIC PLAN, OPUS CIRCLE DONATION, CELESTA

NAME OF ORGANIZATION OR GOVERNMENT:
PATRONS OF THE PERFORMING ARTS AT WASHINGTON HIGH SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT: BIFAS, SEASON/MOSHOW SUPPORT, IMPROVED EXPERIENCE FOR YOUTH IN THE ARTS, IN THE SPOTLIGHT

NAME OF ORGANIZATION OR GOVERNMENT: PEOPLES CHURCH UNITARIAN UNIVERSALIST
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR RELIGIOUS LEADER'S COMPENSATION, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF THE HEARTLAND
(H) PURPOSE OF GRANT OR ASSISTANCE: THE LINN COUNTY UNITE EVENT, CEDAR RAPIDS HEALTH CENTER, GENERAL SUPPORT, ESSENTIAL HEALTH EDUCATION FOR CEDAR RAPIDS YOUTH, ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH EDUCATION IN CEDAR RAPIDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE SCHOOL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH SCHOOL POST PROM EVENT SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, 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: GENERAL SUPPORT, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS, BUILDING COMMUNITY THROUGH CHAMBER MUSIC

NAME OF ORGANIZATION OR GOVERNMENT: REVIVAL THEATRE COMPANY
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CAMERON SULLENBERGER OVERTURE SERIES, PRODUCTION OF NEXT TO NORMAL, CAMERON SULLENBERGER APPRECIATION SOCIETY FOR 2025, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
SALVATION ARMY USA CENTRAL TERRITORY DBA SALVATION ARMY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN: 2023 KETTLE CAMPAIGN, PROGRAM SUPPORT: DAY CAMP SCHOLARSHIPS, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
SCHOLARSHIPS / KIRKWOOD COMMUNITY COLLEGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: KOMENSKY SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP, REEDER MEMORIAL SCHOLARSHIP, DAYBREAK ROTARY LEGACY OF LEARNING SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP, MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, WASHINGTON ALUMNI SCHOLARSHIP, OUTSTANDING STUDENT LEADER SCHOLARSHIP, ALL-MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: ST. AMBROSE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT: BEE CURIOUS: EXPLORE STEAM!, ACADEMY FOR THE STUDY OF ST.AMBROSE OF MILAN, AMBROSE FOR ALL "SCHOLARSHIPS"

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S HEALTH CARE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: HOPE BLOOMS 8 - BOUQUET OF HOPE 8 - CAT SNUGGLES, ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, ST. LUKE'S HOSPITAL NURSE RESIDENCY PROGRAM, AREA OF MOST NEED, CAPITAL CAMPAIGN: ABBE CENTER FOR COMMUNITY HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S UNITED METHODIST CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, SUPPORT MUSIC MINISTRIES OF ST. PAUL'S UMC, RAY'S HOUSE ANNUAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. WENCESLAUS CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: 2024 PARISH SUPPORT CONTRIBUTION, MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO THE CHURCH'S 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: UI STEAD CHILDREN'S HOSPITAL FUND, SUPPORT FOR CHILDHOOD CANCER LEMONBALL SCRAMBLE, THE UNIVERSITY OF IOWA COLLEGE OF LAW, BRADLEY LECTURE SERIES, UPKEEP OF THE HENDRICKS SUITE AT

Part IV Supplemental Information

THE IOWA HOUSE, IOWA LAW SCHOOL FOUNDATION, TIPPIE GATEWAY SUMMER PROGRAM, DR. MARK GREINER'S CORNEA RESEARCH, BELIN-BLANK CENTER FOR GIFTED AND TALENTED EDUC., CARVER FAMILY CTR. MACULAR DEG. ENRICHMENT FUND, EVENT SUPPORT: KHAK RADIOTHON, HEART FRIENDS GOLF OUTING, DANCE MARATHON

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE DBA TANAGER
(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPER SCHOLARSHIPS, CAMP TANAGER PROGRAM, A WEEK OF CAMP AT CAMP TANAGER, TANAGER'S MENTAL HEALTH EQUITY FUND, CAMP TANAGER CAPACITY EXPANSION, EQUITY AND INCLUSION FUND, CAPITAL CAMPAIGN, PROFESSIONAL DEVELOPMENT, GENERAL SUPPORT, PROGRAM SUPPORT: LGBTQ+ WREATH SUPPORT, EVENT SUPPORT: GALA, GOLF

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF EAST CENTRAL IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, OPERATING SUPPORT FOR SUSTAINABILITY, ENHANCEMENTS TO INCLUSIVE PLAYGROUND, EMPLOYMENT SUPPORTS FOR PEOPLE WITH DISABILITIES, EVENT SUPPORT: TOUCH THE TRUCK

NAME OF ORGANIZATION OR GOVERNMENT: THE FREEDOM FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: VETERANS WEEKLY LUNCH, VETERANS PANTRY, VETERANS EMERGENCY ASSISTANCE FUND (VEAF), GENERAL SUPPORT, EVENT SUPPORT: VETERANS APPRECIATION EVENT MEAL

NAME OF ORGANIZATION OR GOVERNMENT:
THE NEW BOHEMIAN INNOVATION COLLABORATIVE DBA NEWBOCO
(H) PURPOSE OF GRANT OR ASSISTANCE: CODERDOJO CEDAR RAPIDS, NEWBOCO COMPUTER SCIENCE PROFESSIONAL DEVELOPMENT, GENERAL SUPPORT, KIVA IOWA - SUPPORTING UNDERSERVED ENTREPRENEURS, GIRLS WHO CODE CLUBS

NAME OF ORGANIZATION OR GOVERNMENT: TOGETHER WE ACHIEVE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, COMMITTED TO AN EMPOWERED LINN COUNTY, ENSURING FOOD ACCESS & ESSENTIAL SUPPORT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF EAST CENTRAL IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, WOMEN UNITED, DAY OF CARING, 2024 COMPANY COORDINATOR BREAKFAST SUPPORT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF IOWA - UI SERVICE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: KALOUS OPPORTUNITY SCHOLARSHIP, KOMENSKY SCHOLARSHIP, JOE CORBIN MEMORIAL SCHOLARSHIP, MERVEAUX ACADEMIC EXCELLENCE SCHOLARSHIP, SHOT AT COLLEGE RSM SCHOLARSHIP. LAVENZ MEMORIAL INCOURAGE SCHOLARSHIP, WASHINGTON ALUMNI SCHOLARSHIP, BESONG FAMILY SCHOLARSHIP, CALVIN & CHRISTINA MOORE SCHOLARSHIP, KLEIMAN FAMILY SCHOLARSHIP, COLLEGE OPPORTUNITY SCHOLARSHIP, RALPH PLAGMAN SCHOLARSHIP, KLIMA ACADEMIC EXCELLENCE SCHOLARSHIP, DAYBREAK ROTARY LEGACY OF LEARNING SCHOLARSHIP, DUSTIN TARDIFF ACADEMIC EXCELLENCE SCHOLARSHIP, MARY RICKEY SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, REEDER MEMORIAL SCHOLARSHIP, ZETA PHI ETA MEMORIAL SCHOLARSHIP, IOWA PHYSICIAN ASSISTANT SOCIETY SCHOLARSHIP, GEMS OF HOPE, ALL-MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NORTHERN IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: KALOUS OPPORTUNITY SCHOLARSHIP, STEPHEN BONFIG MEMORIAL SCHOLARSHIP, WILLIAM & PATRICIA BUSS SCHOLARSHIP, SHOT AT COLLEGE RSM SCHOLARSHIP, KALOUS OPPORTUNITY SCHOLARSHIP,

Part IV Supplemental Information

OUTSTANDING STUDENT LEADER SCHOLARSHIP, KELLEY SCHOLARSHIP AT LISBON HIGH SCHOOL, GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, ALL-MCKINLEY ALUMNI ASSOCIATION SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES
(H) PURPOSE OF GRANT OR ASSISTANCE: MADGE PHILLIPS CENTER, THRIVE COHORT PROFESSIONAL DEVELOPMENT, DOMESTIC VIOLENCE SAFETY NET PROJECT, CRITICAL SERVICES SUPPORT, GENERAL SUPPORT, CELEBRATE WAYPOINT SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT:
WILLIS DADY EMERGENCY SHELTER DBA WILLIS DADY HOMELESS SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THRIVE COHORT PROFESSIONAL DEVELOPMENT, EMPLOYMENT & SUPPORTIVE SERVICES, CAPITAL CAMPAIGN: WILLIS DADY WORKS, BUILDING PATHWAYS TO STABILITY: STREET OUTREACH PROGRAM, PERMANENT SUPPORTIVE HOUSING; THE TRUE SOLUTION TO HOMELESSNESS, ADDRESSING HOUSING INSTABILITY THROUGH EMPLOYMENT, PSH: A TRUE SOLUTION TO HOMELESSNESS, BUILDING FUTURES OF SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, XAVIER IMPACT FUND, TUITION ASSISTANCE, SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PARENTS NETWORK DBA YPN
(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT SUPPORT, GENERAL SUPPORT, PROGRAM SUPPORT: BUILDING BRIGHT FUTURES PROGRAM, EASTERN IOWA DIAPER BANK PROGRAM

SCHEDULE J (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization: GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number: 42-6053860

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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) KARLA TWEDT-BALL	(i)	193,930.	0.	516.	14,145.	22,840.	231,431.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	25	2,634,170.	STOCK EXCHANGE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported on 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?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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):
REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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:
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.

THIS PROCESS WAS LAST COMPLETED IN 2024 FOR 2025 SALARY ADJUSTMENTS.

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
- AUDITED FINANCIAL STATEMENTS (ALSO AVAILABLE ON THE COMMUNITY FOUNDATION'S WEBSITE).

Name of the organization GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number 42-6053860

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

ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	15,900.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	439,700.
TOTAL TO FORM 990, PART XI, LINE 9	455,600.

PART XII, LINE 2C

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