** 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

2025

Open to Public Inspection

A For the 2025 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 $ 46,905,785.

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	229
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.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,998,413.	14,615,116.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,125,862.	15,048,906.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,626.	44,614.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,178,901.	29,708,636.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,222,829.	10,224,798.
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)	2,212,689.	2,148,599.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 904,960.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,324,278.	1,258,370.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,759,796.	13,631,767.
19	Revenue less expenses. Subtract line 18 from line 12	6,419,105.	16,076,869.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	229,293,739.	260,702,124.
21	Total liabilities (Part X, line 26)	43,480,603.	48,440,476.
22	Net assets or fund balances. Subtract line 21 from line 20	185,813,136.	212,261,648.

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	10/23/26	☐	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 $ 10,992,143. including grants of $ 10,099,398.) (Revenue $)
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 $ 616,211. including grants of $ 125,400.) (Revenue $)
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 $ 86,589. including grants of $) (Revenue $)
IN ADDITION TO GRANTMAKING, THE COMMUNITY FOUNDATION'S 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 11,694,943.

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	17		
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** 25			
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	17		
	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	17		
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				200,234.	0.	33,720.
(2) KRISTI COLUMBUS	40.00									
VP OF DEVELOPMENT						X		139,456.	0.	17,100.
(3) CORINNE RAHE	40.00									
VP OF COMMUNICATIONS						X		118,233.	0.	21,528.
(4) JOSEPH HEITZ	40.00									
VP OF COMMUNITY IMPACT						X		120,839.	0.	13,389.
(5) PAULA LANGE	40.00									
CFO (AS OF 5/1/25)				X				116,940.	0.	15,974.
(6) EMMYLOU BALL	40.00									
SENIOR SYSTEMS ANALYST						X		104,657.	0.	27,485.
(7) JEAN BRENNEMAN	32.00									
CFO (UNTIL 5/5/25)				X				48,622.	0.	8,658.
(8) MICHELLE NIERMANN	2.00									
CHAIR		X		X				0.	0.	0.
(9) NANCY HILL	2.00									
CHAIR-ELECT		X		X				0.	0.	0.
(10) DAVID LITTLE	2.00									
TREASURER		X		X				0.	0.	0.
(11) ANTHONY ARRINGTON	2.00									
SECRETARY		X		X				0.	0.	0.
(12) JILL ACKERMAN	1.00									
DIRECTOR		X						0.	0.	0.
(13) PATRICE CARROLL	1.00									
DIRECTOR		X						0.	0.	0.
(14) CHRIS CASEY	3.00									
DIRECTOR		X						0.	0.	0.
(15) KIMBERLY HILLYARD	1.00									
DIRECTOR		X						0.	0.	0.
(16) MARY JUNGE	1.00									
DIRECTOR		X						0.	0.	0.
(17) JANICE KERKOVE	1.00									
DIRECTOR		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) BRANDI MUELLER DIRECTOR (UNTIL 8/8/25)	1.00	X						0.	0.	0.
(19) TRACEY MYERS DIRECTOR	1.00	X						0.	0.	0.
(20) WENDY NIELSEN DIRECTOR	1.00	X						0.	0.	0.
(21) DAVE PARMLEY DIRECTOR	1.00	X						0.	0.	0.
(22) CRAIG SMITH DIRECTOR (UNTIL 12/24/25)	1.00	X						0.	0.	0.
(23) HAYWOOD STOWE DIRECTOR	1.00	X						0.	0.	0.
(24) CATHY TERUKINA DIRECTOR	1.00	X						0.	0.	0.
(25) MATTHEW VAN MAANEN DIRECTOR	1.00	X						0.	0.	0.
(26) BLAKE WILKINSON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								848,981.	0.	137,854.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								848,981.	0.	137,854.

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 6

		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*	3		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*	4	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*	5		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	141,502.
FUND EVALUATION GROUP, 201 E 5TH STREET, SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	135,993.

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	14,615,116.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 3,397,319.			
	h	**Total.** Add lines 1a-1f		14,615,116.			
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)		7,815,329.			7,815,329.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents 6a	29,412.				
	b	Less: rental expenses 6b	0.				
	c	Rental income or (loss) 6c	29,412.				
	d	Net rental income or (loss)		29,412.			29,412.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	24,430,726.				
	b	Less: cost or other basis and sales expenses 7b	17,197,149.				
	c	Gain or (loss) 7c	7,233,577.				
	d	Net gain or (loss)		7,233,577.			7,233,577.
	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	15,202.			15,202.
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		15,202.			
	12	**Total revenue.** See instructions		29,708,636.	0.	0.	15,093,520.

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	10,224,798.	10,224,798.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	424,147.	44,954.	270,713.	108,480.
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	1,336,614.	523,132.	326,757.	486,725.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,508.	28,879.	30,372.	30,257.
9 Other employee benefits	167,254.	53,963.	56,753.	56,538.
10 Payroll taxes	131,076.	42,290.	44,477.	44,309.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,128.		8,128.	
c Accounting	78,398.	28,545.	22,678.	27,175.
d Lobbying	7,082.		7,082.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	602,232.	602,105.	127.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,487.	400.	7,487.	1,600.
12 Advertising and promotion	50,029.	10,185.	16,264.	23,580.
13 Office expenses	24,051.	7,520.	9,371.	7,160.
14 Information technology	112,817.	41,077.	32,634.	39,106.
15 Royalties				
16 Occupancy	93,703.	34,044.	27,247.	32,412.
17 Travel	7,926.	3,043.	2,234.	2,649.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,512.	25,745.	21,274.	8,493.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,502.		72,502.	
23 Insurance	30,920.	7,083.	16,939.	6,898.
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 DISTRIBUTIONS TO DONORS	42,791.		42,791.	
b ACCRUED VACATION ADJUST	28,746.	9,275.	9,754.	9,717.
c DUES AND SUBSCRIPTIONS	21,710.	7,905.	6,280.	7,525.
d COUNTRY CLUB AND OUTREA	12,336.			12,336.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	13,631,767.	11,694,943.	1,031,864.	904,960.
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		7,778,299.	2	12,761,329.
	3	Pledges and grants receivable, net		104,364.	3	488,281.
	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		71,162.	9	55,712.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,279,935.			
	b	Less: accumulated depreciation	10b 955,560.	1,352,325.	10c	1,324,375.
	11	Investments - publicly traded securities		140,000,866.	11	144,448,329.
	12	Investments - other securities. See Part IV, line 11		75,390,554.	12	96,502,887.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,596,169.	15	5,121,211.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		229,293,739.	16	260,702,124.
Liabilities	17	Accounts payable and accrued expenses		123,994.	17	103,086.
	18	Grants payable		69,171.	18	119,450.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		43,058,938.	21	48,003,340.
	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		228,500.	25	214,600.
	26	**Total liabilities.** Add lines 17 through 25		43,480,603.	26	48,440,476.
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		181,713,162.	27	207,674,182.
	28	Net assets with donor restrictions		4,099,974.	28	4,587,466.
		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		185,813,136.	32	212,261,648.
	33	Total liabilities and net assets/fund balances		229,293,739.	33	260,702,124.

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	29,708,636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,631,767.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,076,869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	185,813,136.
5	Net unrealized gains (losses) on investments	5	9,785,443.
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	586,200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	212,261,648.

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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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

2025

Open to Public Inspection

Name of the organization	**Employer identification number**
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,741,697.	10,781,884.	12,937,906.	8,998,413.	14,615,116.	63,075,016.
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	15,741,697.	10,781,884.	12,937,906.	8,998,413.	14,615,116.	63,075,016.
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)						8,474,775.
6 **Public support.** Subtract line 5 from line 4.						54,600,241.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	15,741,697.	10,781,884.	12,937,906.	8,998,413.	14,615,116.	63,075,016.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,532,118.	2,083,290.	1,971,273.	6,245,860.	7,846,741.	22,679,282.
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.)	11,470.	748.	6,368.	27,901.	13,202.	59,689.
11 **Total support.** Add lines 7 through 10						85,813,987.

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 2025 (line 6, column (f), divided by line 11, column (f))	14	63.63 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	61.57 %

16a **33 1/3% support test - 2025.** 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 [X]

b **33 1/3% support test - 2024.** 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 - 2025.** 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 - 2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	3c		

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 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

** PUBLIC DISCLOSURE COPY **

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		$ 3,099,047.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,084,463.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,050,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 863,260.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 688,470.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 626,693.	Person [X] 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		$ 512,683.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
8		$ 488,813.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
9		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 349,773.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11		$ 314,538.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 300,000.	Person [X] 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
13		$ 297,922.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
7	PUBLICLY TRADED SECURITIES	$ 503,785.	02/03/25
8	PUBLICLY TRADED SECURITIES	$ 487,822.	11/19/25
10	PUBLICLY TRADED SECURITIES	$ 223,317.	11/28/25
		$	
		$	
		$	

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

2025

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.		
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-		

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.

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)** 2022	**(b)** 2023	**(c)** 2024	**(d)** 2025	**(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		7,082.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			7,082.
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	268	2
2	Aggregate value of contributions to (during year)	11,567,690.	3,667.
3	Aggregate value of grants from (during year)	4,714,882.	16,000.
4	Aggregate value at end of year	58,491,851.	509,235.

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	167,194,232.	154,755,811.	136,294,967.	154,518,149.	135,266,580.
b Contributions	8,400,919.	4,104,044.	8,640,735.	4,962,543.	8,704,076.
c Net investment earnings, gains, and losses	22,800,717.	16,146,486.	16,866,177.	-17,262,113.	17,220,841.
d Grants or scholarships	4,278,355.	3,813,733.	3,597,968.	3,325,331.	3,157,762.
e Other expenditures for facilities and programs	2,079,884.	1,732,052.	1,744,758.	542,635.	1,596,505.
f Administrative expenses	2,433,139.	2,266,324.	1,703,342.	2,055,646.	1,919,081.
g End of year balance	189,604,490.	167,194,232.	154,755,811.	136,294,967.	154,518,149.

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		1,898,359.	683,506.	1,214,853.
c Leasehold improvements				
d Equipment		259,221.	235,661.	23,560.
e Other		52,355.	36,393.	15,962.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,324,375.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) REAL ESTATE BASED SECURITIES	5,187,715.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	7,380,250.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	23,747,639.	END-OF-YEAR MARKET VALUE
(D) DODGE & COX - PUBLICLY TRADED		
(E) SECURITY	17,244,090.	END-OF-YEAR MARKET VALUE
(F) VANGUARD 500 INDEX - PUBLICLY TRADED		
(G) SECURITY	29,755,090.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	96,502,887.	

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	214,600.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	214,600.

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	39,464,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	9,785,443.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	572,300.		
e	Add lines 2a through 2d			2e	10,357,743.
3	Subtract line 2e from line 1			3	29,106,527.
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	602,109.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	602,109.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	29,708,636.

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	13,015,758.
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	13,015,758.
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	602,109.		
b	Other (Describe in Part XIII.)	4b	13,900.		
c	Add lines 4a and 4b			4c	616,009.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	13,631,767.

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	572,300.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS	13,900.

Part XIII Supplemental Information *(continued)*

Part VII Investments - Other Securities. 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
NUVEEN LARGE CAP - PUBLICLY TRADED SECURITY	13,188,103.	EOY MARKET VALUE

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? ..... ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		9,934,321.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		347,845.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		71,146.
NORTH AMERICA	0	0	INVESTMENTS		65,724.
3 a Subtotal	0	0			10,419,036.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			10,419,036.

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

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities .....

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

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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.

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
A PURPOSEFUL LIFE ANIMAL RESCUE & SANCTUARY - 3385 28TH AVE - MARION, IA 52302-1358	88-3576858	501(C)(3)	7,000.	0.			EMERGENCY ANIMAL CARE
ABBE CENTER FOR COMMUNITY MENTAL HEALTH - 740 N 15TH AVE - HIAWATHA, IA 52233-2384	42-1045257	501(C)(3)	9,682.	0.			NEW BEGINNINGS START HERE CAMPAIGN AND ANNUAL DESIGNATED DISTRIBUTION
ACACIA FRATERNITY FOUNDATION 12721 MEETING HOUSE RD CARMEL, IN 46032-7293	35-1778332	501(C)(3)	14,300.	0.			IOWA CHAPTER SUPPORT, GENERAL FUND SCHOLARSHIPS, ELLIS FUND, AND GENERAL OPERATING
ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS - PO BOX 2842 - CEDAR RAPIDS, IA 52406-2842	45-4289211	501(C)(3)	14,313.	0.			GENERAL OPERATING SUPPORT AND EMERGING OPPORTUNITY: BLACK WOMEN WALKING
ACHIEVEABILITY 5901 MARKET ST, STE 410 PHILADELPHIA, PA 19139-3117	23-2215980	501(C)(3)	37,500.	0.			FAMILY SELF-SUFFICIENCY PROGRAM
AFRICAN AMERICAN MUSEUM OF IOWA 55 12TH AVE SE CEDAR RAPIDS, IA 52401-2202	42-1415305	501(C)(3)	70,402.	0.			GENERAL SUPPORT: VOICES INSPIRING PROGRESS (IN PARTNERSHIP WITH THE TRUENORTH), TEACHING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 214.

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 532101 04-01-25

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
AGING SERVICES, INC. 1725 O AVE NW CEDAR RAPIDS, IA 52405	23-7085316	501(C)(3)	12,069.	0.			ANNUAL DESIGNATED DISTRIBUTIONS AND GENERAL OPERATING SUPPORT
AIMING FOR A CURE FOUNDATION 4790 APPLE VALLEY DR NE IOWA CITY, IA 52240-7783	32-0118340	501(C)(3)	6,200.	0.			GENERAL OPERATING SUPPORT
ALL SAINTS CHURCH CEDAR RAPIDS 720 29TH ST SE CEDAR RAPIDS, IA 52403-3061	42-0698056	501(C)(3)	6,560.	0.			ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AND GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - IOWA CHAPTER - 1120 DEPOT LN SE, STE 100 - CEDAR RAPIDS, IA 52401-2547	13-3039601	501(C)(3)	11,066.	0.			WALK TO END ALZHEIMER'S PARTNERSHIP 2025 - MUSCATINE IA EVENT, SOCIAL MEDIA MATCH /
AMERICAN CANCER SOCIETY - DES MOINES - PO BOX 715 - DES MOINES, IA 50303-0715	13-1788491	501(C)(3)	15,000.	0.			RELAY FOR LIFE, AMERICAN CANCER CENTER HOPE LODGE, 2025 COACHES VS. CANCER BIRDIE SPONSOR, ANNUAL
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD, STE B HIAWATHA, IA 52233-2070	13-5613797	501(C)(3)	14,687.	0.			COMMUNITY BLOOD PRESSURE HUBS, 31ST ANNUAL CENTRAL IOWA HEART WALK (THE WALDINGER CORPORATION
AMERICAN NATIONAL RED CROSS - SERVING IOWA - 2116 GRAND AVE - DES MOINES, IA 50312	53-0196605	501(C)(3)	9,040.	0.			ANNUAL DESIGNATED DISTRIBUTIONS FOR THE GRANT WOOD AREA CHAPTER
ANNA PURNA GHOSH FOUNDATION PO BOX 1248 CEDAR RAPIDS, IA 52406-1248	45-0494175	501(C)(3)	13,620.	0.			HELPING LOCAL CANCER PATIENTS IN NEED, SUSTAINING ANGEL GRANTS FOR LOCAL CANCER
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404-2328	42-1114396	501(C)(3)	61,849.	0.			CARE NAVIGATION FOR RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT PATIENTS, ASAC WEBSITE,

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

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BASIC NEEDS INC. OF SOUTH WASHINGTON COUNTY - 445 BROADWAY AVE - ST PAUL PARK, MN 55071-1554	41-1878604	501(C)(3)	10,000.	0.			JULY END SUMMER HUNGER CAMPAIGN, PASTA FOR A PURPOSE SPONSOR, GIVE TO THE MAX DAY, PIT STOP(S),
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA - 3150 E AVE NW, STE 103 - CEDAR RAPIDS, IA 52405-2900	42-1170475	501(C)(3)	154,689.	0.			GROWING FUTURES THROUGH MENTORSHIP, BREAKING BARRIERS BUILDING BONDS: EXPANDING MENTORSHIP
BOYS AND GIRLS CLUB OF THE CORRIDOR - 420 6TH ST SE, STE 240 - CEDAR RAPIDS, IA 52401-1906	42-1434056	501(C)(3)	22,207.	0.			GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, BASH, FISH-O-RAMA, BAGS,
BREAKTHROUGH T1D - NEBRASKA AND IOWA CHAPTER - 1026 A AVE NE, STE 113 - CEDAR RAPIDS, IA 52402-5036	23-1907729	501(C)(3)	33,065.	0.			GENERAL OPERATING SUPPORT, FY26 BREAKTHROUGH T1D FUND A CURE, GIFT IN HONOR OF
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 4250 GLASS RD NE, STE 100 - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	63,929.	0.			GENERAL OPERATING SUPPORT, THE FATHERHOOD CONNECT PROGRAM, MEDICAL SERVICES AT BRIDGEHAVEN,
BRUCEMORE INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403-1748	42-1170531	501(C)(3)	71,007.	0.			GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, FOR PRESERVATION,
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE RD WASHINGTON, DC 20020-6907	52-1307706	501(C)(3)	37,500.	0.			NEW FOUNDATIONS - HOLISTIC SUPPORT SERVICES PROGRAM
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 52310-0418	23-7210932	501(C)(3)	102,997.	0.			GENERAL OPERATING SUPPORT, CAMP THERAPY ANIMALS, CAMPERSHIP FUND, CAMP MINIATURE GOLF
CAMP WYOMING DBA CAMP BEAR CREEK 9106 42ND AVE WYOMING, IA 52362-7647	42-0848153	501(C)(3)	5,281.	0.			ANNUAL DESIGNATED DISTRIBUTIONS

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

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CARLE DEVELOPMENT FOUNDATION 611 W PARK STREET URBANA, IL 61801	37-1159978	501(C)(3)	25,000.	0.			KATIE PARKHILL AND FAMILY FUND SUPPORT IN MEMORY OF KATIE PARKHILL
CATHERINE MCAULEY CENTER 1220 5TH AVE SE CEDAR RAPIDS, IA 52403-4049	42-1342872	501(C)(3)	251,077.	0.			GENERAL OPERATING SUPPORT, HOPE AND OPPORTUNITY THROUGH ADULT EDUCATION, COMMUNITY
CATHOLIC CHARITIES ARCHDIOCESE OF DUBUQUE - CEDAR RAPIDS OFFICE - 420 6TH ST SE, STE 220 - CEDAR RAPIDS, IA 52401-1906	42-0680493	501(C)(3)	29,024.	0.			GENERAL OPERATING SUPPORT AND IMMIGRATION LEGAL SERVICES
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD NW - CEDAR RAPIDS, IA 52405-1015	42-1197912	501(C)(3)	11,580.	0.			DISTRIBUTIONS FOR 2025 FIELD TRIPS TO ORCHESTRA IOWA CONCERT, TO SUPPORT SPECIAL ED PROGRAMING AT
CEDAR RAPIDS METRO ECONOMIC ALLIANCE FOUNDATION - 501 1ST ST SE - CEDAR RAPIDS, IA 52401-2011	42-1206276	501(C)(3)	45,000.	0.			SUPPORT FOR GET OUT THE VOTE CAMPAIGN
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401-1606	42-0680248	501(C)(3)	279,346.	0.			ANNUAL DESIGNATED DISTRIBUTIONS, GENERAL OPERATING SUPPORT, AGENCY DISTRIBUTION, 2025 GALA,
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE, SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	501(C)(3)	81,328.	0.			SEASON 28 SPONSORSHIP, DISTRIBUTION TO SUPPORT THE YOUNG ARTIST PROGRAM, AGENCY DISTRIBUTION,
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVE SE - CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	97,770.	0.			CAPITAL CAMPAIGN: FOR BIG DREAMS CAMPAIGN - WESTSIDE LIBRARY, DISTRIBUTIONS FOR THE
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC. - 119 3RD AVE SE - CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	32,669.	0.			ANNUAL DESIGNATED DISTRIBUTIONS AND GENERAL OPERATING SUPPORT

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CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401-2025	42-1320296	501(C)(3)	41,789.	0.			GENERAL OPERATING SUPPORT, AFFORDABLE REPAIRS PROGRAM, CHAMPION SPONSOR - GAVIN PALMA /
CEDAR VALLEY HUMANE SOCIETY 7411 MOUNT VERNON RD SE CEDAR RAPIDS, IA 52403-7131	42-0814023	501(C)(3)	86,791.	0.			GENERAL OPERATING SUPPORT, EXPANSION & RENOVATION, DONATION FOR WHINE & WAGS EVENT, AND
CENTER FOR ACTIVE SENIORS DBA CASI 1035 W KIMBERLY RD DAVENPORT, IA 52806-5709	42-1011267	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW - 28274 NETWORK PLACE - CHICAGO, IL 60673-1282	36-2167817	501(C)(3)	5,584.	0.			ANNUAL DESIGNATED DISTRIBUTION
CENTRAL FURNITURE RESCUE PO BOX 2404 CEDAR RAPIDS, IA 52406-2404	84-2506457	501(C)(3)	47,500.	0.			TURNING A PLACE TO LIVE INTO A HOME, FURNISHING STABILITY & FEEDING HOPE, LANDFILL DIVERSION &
CHAIN REACTION BIKE HUB 1020 6TH ST SE CEDAR RAPIDS, IA 52401-2464	99-1728325	501(C)(3)	10,000.	0.			BIKES FOR A BETTER COMMUNITY: RENT-A-BENCH PROGRAM
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 60604-2596	36-2167823	501(C)(3)	28,555.	0.			ANNUAL DESIGNATED DISTRIBUTION
CHILDREN'S MIRACLE NETWORK 205 W 700 S SALT LAKE CITY, UT 84101-2715	87-0387205	501(C)(3)	12,500.	0.			EVENT SUPPORT: RADIOTHON KHAK AND UNI DANCE MARATHON DONATION
CHILDREN'S THEATER OF CEDAR RAPIDS DBA PLAYTIME POPPY CHILDREN'S THEATRE - 2630 B AVE, SUITE 206 - CEDAR RAPIDS, IA 52402	42-6018183	501(C)(3)	5,500.	0.			PLAYTIME POPPY KICKOFF OF 75TH ANNIVERSARY AND ANNUAL DESIGNATED DISTRIBUTIONS

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CHILDSERVE FOUNDATION INC. PO BOX 707 JOHNSTON, IA 50131-0707	42-1157665	501(C)(3)	6,058.	0.			THERAPEUTIC PLAY FOR ALL: ENHANCING OUTDOOR SPACES AND CREATION OF A SENSORY-FRIENDLY CARE
CITY OF CEDAR RAPIDS 101 1ST ST SE CEDAR RAPIDS, IA 52401-1205	42-6004336	170(C)(1)	9,995.	0.			HONORARIUM FOR USHERS FERRY HISTORIC VILLAGE'S PARTICIPATION IN FREE ADMISSION DAY ON AUG. 9 &
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402-5092	42-0686467	501(C)(3)	312,665.	0.			ANNUAL DESIGNATED DISTRIBUTIONS, 2025 GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, GENERAL
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 52401-2610	13-4228071	501(C)(3)	223,100.	0.			GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, DIRECT PATIENT CARE, AND
CONNECTCR PO BOX 11186 CEDAR RAPIDS, IA 52410-1186	82-3025860	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 52314-1006	42-0680335	501(C)(3)	360,170.	0.			GENERAL OPERATING SUPPORT, 2025 KALOUS OPPORTUNITY SCHOLARSHIP, 2025 REEDER MEMORIAL
COUNCIL ON FOUNDATIONS, INC. PO BOX 715674 PHILADELPHIA, PA 19171-5674	13-6068327	501(C)(3)	5,750.	0.			CHARITABLE PORTION OF MEMBERSHIP DUES
CR INDEPENDENT FILM FESTIVAL 407 2ND AVE SPRINGVILLE, IA 52336-9673	46-5027575	501(C)(3)	5,200.	0.			2026 CEDAR RAPIDS INDEPENDENT FILM FESTIVAL
CRITTER CRUSADERS OF CEDAR RAPIDS INC. - PO BOX 10111 - CEDAR RAPIDS, IA 52410-0111	26-2821920	501(C)(3)	5,061.	0.			GENERAL OPERATING SUPPORT AND CARE AND TREATMENT FOR IZZY THE BEAGLE

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

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DEAFINITELY DOGS INC. 2802 LIPPISH PLACE SW CEDAR RAPIDS, IA 52404	47-1590153	501(C)(3)	13,700.	0.			GENERAL OPERATING SUPPORT, PAWS OF EMPOWERMENT-KEEPING PROMISES IN 2026,
DENVER COMMUNITY SCHOOL DISTRICT 520 LINCOLN ST DENVER, IA 50622-9710	42-6001422	170(C)(1)	8,185.	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	501(C)(3)	25,000.	0.			DREAM DELIVERIES EXPANSION
DISCOVERY LIVING 1015 OLD MARION RD NE CEDAR RAPIDS, IA 52402-5765	42-1082773	501(C)(3)	5,258.	0.			ANNUAL DESIGNATED DISTRIBUTIONS AND CAPITAL CAMPAIGN: BUILDING FUND
DONORSCHOOSE.ORG PO BOX 7247 PHILADELPHIA, PA 19170-6656	13-4129457	501(C)(3)	30,000.	0.			2025 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311-4505	42-0680460	501(C)(3)	7,000.	0.			2025 OUTSTANDING STUDENT LEADER SCHOLARSHIPS, 2025 GEMS OF HOPE CANCER SCHOLARSHIP, 2025
EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS - 700 16TH ST NE, STE 301 - CEDAR RAPIDS, IA 52402-4665	42-1023296	170(C)(1)	50,781.	0.			LEVERAGING FEDERAL FUNDS FOR LEAD REMEDIATION IN LOW- AND MODERATE-INCOME HOMES AND ANNUAL
EASTERN IOWA ARTS ACADEMY 2630 B AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	114,886.	0.			THE INCLUSIVE STUDIO PROJECT, FROM VISION TO REALITY: SERVICE THROUGH THE ARTS, GENERAL
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406-2205	20-2405575	501(C)(3)	35,484.	0.			EIHC UNMET NEEDS PROGRAM-PROVIDING HOPE AND HEALTH, GENERAL OPERATING SUPPORT, AND

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EASTERN IOWA HONOR FLIGHT PO BOX 10704 CEDAR RAPIDS, IA 52410-0704	27-1666013	501(C)(3)	21,000.	0.			EASTERN IOWA HONOR FLIGHT SUPPORT AND GENERAL OPERATING SUPPORT
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE, STE 1 - CEDAR RAPIDS, IA 52401-1325	42-1456338	501(C)(3)	5,771.	0.			ANNUAL DESIGNATED DISTRIBUTIONS, GENERAL OPERATING SUPPORT, AND SUPPORT TO HELPING HANDS
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406-1190	45-4058376	501(C)(3)	62,000.	0.			GENERAL OPERATING SUPPORT, EXPANDING ACCESS TO PRODUCE IN RURAL LINN COUNTY, FEED IOWA FIRST'S
FELLOWSHIP OF CHRISTIAN ATHLETES - EASTERN IOWA - 1800 46TH ST NE - CEDAR RAPIDS, IA 52402-2424	44-0610626	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT FOR EASTERN IOWA PROGRAMS
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 52403-2481	42-0752621	501(C)(3)	51,546.	0.			CAPITAL CAMPAIGN PHASE 2, MISSION AND MINISTRY 2025, GENERAL OPERATING SUPPORT, AND ANNUAL
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST SE - CEDAR RAPIDS, IA 52401-1676	42-0680489	501(C)(3)	13,947.	0.			GENERAL OPERATING SUPPORT, OPERATING EXPENSES, AND ANNUAL CONTRIBUTION
FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION 2 INC AKA FOUNDATION 2 CRISIS SERVICES - 305 2ND AVE SE - CEDAR RAPIDS, IA 52401	42-1078444	501(C)(3)	426,721.	0.			EMERGENCY YOUTH SHELTER SUPPORT, GROUP VIOLENCE INTERVENTION FY26, MENTAL HEALTH EDUCATION AND
FOUNDATION FOR THE IOWA CITY COMMUNITY SCHOOL DISTRICT - 2255 N. DUBUQUE RD - IOWA CITY, IA 52245	42-1177023	501(C)(3)	10,000.	0.			NORTHWEST JUNIOR HIGH SCHOOL MUSIC PROGRAM AND WEST HIGH BASEBALL PROGRAM: GENERAL SUPPORT

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FOUR OAKS FAMILY AND CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404-5216	42-0998726	501(C)(3)	87,109.	0.			ANNUAL DESIGNATED DISTRIBUTIONS, OPERATION SANTA, GENERAL OPERATING SUPPORT, JANE BOYD
FRIENDS FROM IOWA FOUNDATION, INC 29335 ASHWORTH RD ADEL, IA 50003-8330	38-3909376	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS IN NEED FOOD SHELF PO BOX 6 COTTAGE GROVE, MN 55016-0006	41-1794212	501(C)(3)	7,000.	0.			SHARE THE JOY THANKSGIVING DINNERS AND HOLIDAY TRAIN SPONSOR
FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677-0784	42-1390144	501(C)(3)	29,500.	0.			EMERGENCY EXPENSE: SHELTER FIRE AND FRIENDS OF THE FAMILY EMERGENCY SHELTERING PROGRAM
FUTURE FARMERS OF AMERICA AKA CENTER POINT-URBANA FFA ALUMNI & SUPPORT - 4526 SCHULTZ RD - CENTER POINT, IA 52213-9755	93-3046980	501(C)(3)	15,000.	0.			GREENHOUSE PROJECT
GROWING REAL OPPORTUNITIES FOR WORK AT KAZIMOUR FARM & ORCHARD - 2630 OTIS RD SE - CEDAR RAPIDS, IA 52403-4707	92-1492163	501(C)(3)	27,100.	0.			GROW PROGRAM SUPPORT
HAWKEYE AREA COMMUNITY ACTION PROGRAM - PO BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	81,185.	0.			GENERAL OPERATING SUPPORT, FOOD INSECURITY NEEDS, EXPANDING FOOD AS MEDICINE PROGRAMS IN LINN
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA DBA HAWKEYE AREA COUNCIL, SCOUTING A - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404-3910	42-0680304	501(C)(3)	9,718.	0.			GENERAL OPERATING SUPPORT, SCOUTING FOR FOOD, 2025 FOS DONATION, SCOUTING ASSISTANCE FOR
HAWKEYE DOWNS 4400 6TH ST SW CEDAR RAPIDS, IA 52404-4431	42-0680946	501(C)(3)	11,200.	0.			HAWKEYE DOWNS NASCAR SANCTIONING PROGRAMMING AND SUPPORT FOR TOYS FOR TOTS EVENT

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HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	501(C)(3)	25,920.	0.			ANNUAL DESIGNATED DISTRIBUTIONS
HIS HANDS FREE CLINIC 1245 2ND AVE SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	42,491.	0.			PATIENT CARE FUND AND SUPPLIES FOR ALL, GENERAL OPERATING SUPPORT, CANCER SCREENING FOR LOW INCOME
HLV COMMUNITY SCHOOL 402 5TH ST VICTOR, IA 52347-7736	42-6037189	170(C)(1)	44,441.	0.			ANNUAL DESIGNATED DISTRIBUTION
HOLLY'S HEART PO BOX 731 CEDAR PARK, TX 78630-0731	87-1045160	501(C)(3)	6,800.	0.			SUPPORT FOR KC HOSPITAL AND SPONSOR 1 IOWA GAME
HOLY FAMILY CATHOLIC SCHOOLS - DUBUQUE - 2005 KANE ST - DUBUQUE, IA 52001-0538	42-0792429	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT FOR THE HOLY FAMILY CATHOLIC SCHOOLS STUDENT IMPACT FUND, 2024/2025
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 52358-0696	42-0848288	501(C)(3)	64,417.	0.			ANNUAL DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM AND SUPPORT THE TEMPORARY EXHIBIT FUND IN
HOPE COMMUNITY DEVELOPMENT ASSOCIATION - 842 14TH ST SE - CEDAR RAPIDS, IA 52403-1211	27-2950701	501(C)(3)	18,622.	0.			OSHA SAFETY TRAINING FOR CONSTRUCTION TRAINEES AND GENERAL OPERATING SUPPORT
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST SE - CEDAR RAPIDS, IA 52401-2128	42-1135083	501(C)(3)	47,426.	0.			ANIMEALS PET FOOD TRANSPORT, MEALS ON WHEELS: MEDICALLY TAILORED MEALS, PROGRAM
HOUSE OF HOPE 1744 2ND AVE SE CEDAR RAPIDS, IA 52403-2306	42-1513646	501(C)(3)	36,000.	0.			PATHWAYS TO HEALING: COUNSELING AND CARE FOR WOMEN IN CRISIS, FOOD INSECURITY AND COMMUNITY

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

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I KNOW JACK FOUNDATION 4255 MORELLE RD NE CEDAR RAPIDS, IA 52411-6740	47-3162621	501(C)(3)	25,000.	0.			SHOW ME YOUR MUSCLES CLUB, GENERAL OPERATING SUPPORT, AND SUPPORTING CANCER PATIENTS ON THEIR
IMMACULATE CONCEPTION CATHOLIC CHURCH - 1224 5TH ST SE - CEDAR RAPIDS, IA 52401-2625	42-0680409	501(C)(3)	12,833.	0.			SOCIAL CONCERNS AND GENERAL SUPPORT: OFFERTORY
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 52403-7100	23-7260197	501(C)(3)	143,498.	0.			GENERAL OPERATING SUPPORT, ORCHARD EDUCATION AND WALK-IN COOLERS, ESGF ORCHARD
IOWA BROADCASTERS ASSOCIATION FOUNDATION - 102 N 2ND AVE E - NEWTON, IA 50208-3237	45-4574664	501(C)(3)	126,215.	0.			ANNUAL DESIGNATED DISTRIBUTIONS
IOWA COLLEGE FOUNDATION 505 5TH AVE, STE 1034 DES MOINES, IA 50309-2396	42-0745995	501(C)(3)	24,000.	0.			WORLD CLASS INDUSTRIES AND GREATAMERICA MARCH 2025
IOWA CREDIT UNION FOUNDATION 7745 OFFICE PLAZA DR N, STE 170 WEST DES MOINES, IA 50266-2309	42-1438113	501(C)(3)	168,317.	0.			GRANT PROGRAM
IOWA DONOR NETWORK 550 MADISON AVE NORTH LIBERTY, IA 52317	42-1414092	501(C)(3)	7,300.	0.			GENERAL OPERATING SUPPORT
IOWA HUMANE ALLIANCE 6540 6TH ST SW CEDAR RAPIDS, IA 52404-4831	26-1992986	501(C)(3)	28,105.	0.			GENERAL OPERATING SUPPORT, LOVE FOR PETS COMMUNITY OUTREACH, AND WELLNESS CLINIC
IOWA JAG INC AKA IJAG 1111 9TH STREET, UNIT 268 DES MOINES, IA 50314	42-1492988	501(C)(3)	12,000.	0.			FUELING WORKFORCE DEVELOPMENT IN CEDAR RAPIDS

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IOWA LEGAL AID 317 7TH AVE SE, STE 404 CEDAR RAPIDS, IA 52401-2007	42-1079227	501(C)(3)	46,607.	0.			GENERAL OPERATING SUPPORT, TECHNOLOGY UPGRADES TO ENHANCE SERVICE DELIVERY, AND
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVE, STE 444 DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	32,910.	0.			GENERAL OPERATING SUPPORT, CITY OF ARNOLDS PARK AND DICKINSON COUNTY CONSERVATION DISTRICT,
IOWA STATE UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID - 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	170(C)(1)	73,500.	0.			SCHOLARSHIPS, 2025 DELAWARE CO FISH & GAME PROTECTIVE ASSOCIATION, 2024 SHOT AT COLLEGE RSM
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD STREET SE, #200 CEDAR RAPIDS, IA 52401	42-0919209	501(C)(3)	101,600.	0.			GENERAL OPERATING SUPPORT, PATHWAYS TO POSSIBILITY: K-12 ECONOMIC EDUCATION, GALA,
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE, STE 202 D CEDAR RAPIDS, IA 52401-2007	42-6060212	501(C)(3)	22,000.	0.			ITHE JUNIOR LEAGUE OF CEDAR RAPIDS, FOSTERING STRENGTH SPONSORSHIP, BRIDGING THE G.A.P., AND
KIDS FIRST LAW CENTER 420 6TH ST SE, STE 160 CEDAR RAPIDS, IA 52401-1906	20-2199649	501(C)(3)	118,700.	0.			GENERAL OPERATING SUPPORT, BUILDER SPONSORSHIP, DONATION IN MEMORY OF WILLIAM "BILL"
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	23-7076632	501(C)(3)	160,227.	0.			GENERAL OPERATING SUPPORT, GRANT FOR KCCK JAZZ 88.3, EMS EQUIPMENT & INVENTORY MANAGEMENT,
LAVENDER LEGAL CENTER PO BOX 31 CEDAR RAPIDS, IA 52406-0031	85-3467956	501(C)(3)	51,000.	0.			GENERAL OPERATING SUPPORT AND AMPLIFYING LGBTQ LEGAL ADVOCACY
LEGION ARTS AKA CSPS 1103 3RD ST SE CEDAR RAPIDS, IA 52401-2305	42-1154136	501(C)(3)	54,156.	0.			GENERAL OPERATING SUPPORT, CSPC STATE OF THE ART CAPITAL CAMPAIGN, PEOPLE POWERING

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LINN AREA EDUCATION ASSOCIATIONS COMMUNITY FOUNDATION DBA CORDA TEACHER STORE - 3015 BLAIRS FERRY RD NE - CEDAR RAPIDS, IA	26-2607522	501(C)(3)	5,500.	0.			FREE SCHOOL SUPPLIES FOR LOCAL K-12 EDUCATORS AND GENERAL OPERATING SUPPORT
LINN COUNTY COMMUNITY ACTION FUND DBA OUR FUTURE IOWA - 3106 E AVE NE - CEDAR RAPIDS, IA 52402-4324	85-3002602	501(C)(3)	17,000.	0.			FELLOWSHIP PROGRAM FOR YOUNG AND DIVERSE LEADERS
LINN COUNTY TRAILS ASSOCIATION PO BOX 2681 CEDAR RAPIDS, IA 52406-2681	42-1359081	501(C)(3)	11,731.	0.			GENERAL OPERATING SUPPORT, TRAIL COUNTER MODERNIZATION PILOT, AND ANNUAL DESIGNATED
LINN-MAR SCHOOL FOUNDATION 3556 WINSLOW RD MARION, IA 52302-8978	42-1267125	501(C)(3)	19,333.	0.			GENERAL OPERATING SUPPORT
LISBON-MOUNT VERNON AMBULANCE SERVICE - 730 FIRST STREET EAST - MT. VERNON, IA 52314	23-7400531	501(C)(3)	27,000.	0.			OPERATIONS SUPPORT AND PEDIATRIC TRAINING FOR EMS PROVIDERS
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101-1041	42-0680466	501(C)(3)	19,260.	0.			GENERAL OPERATING SUPPORT AND ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP
LUTHERAN CHURCH OF THE RESURRECTION - 3500 29TH AVE - MARION, IA 52302-6404	42-6063546	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606-2806	36-6008929	501(C)(3)	28,555.	0.			ANNUAL DESIGNATED DISTRIBUTION
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION - 777 S 15TH ST - MARION, IA 52302-4966	42-1343360	501(C)(3)	20,373.	0.			FASTWORKS (FAMILIES AND SCHOOLS TOGETHER WORKS) AND ANNUAL DESIGNATED DISTRIBUTION FOR

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MARION PUBLIC LIBRARY FOUNDATION 1101 6TH AVE MARION, IA 52302-3429	84-4033363	501(C)(3)	22,750.	0.			BOOKMOBILE COLLECTION, FOOD PANTRY EQUIPMENT FOR MARION PUBLIC LIBRARY, AND DOLLY PARTONS
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404-5716	26-0467321	501(C)(3)	172,718.	0.			GENERAL OPERATING SUPPORT, AREA OF GREATEST NEED, DONATION IN HONOR OF GRIFF GARNER,
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	42-0698295	501(C)(3)	15,000.	0.			2025 ESPECIALLY FOR YOU RACE SPONSORSHIP
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403-1251	51-0233180	501(C)(3)	105,639.	0.			GENERAL OPERATING SUPPORT, HALLMAR VILLAGE CAMPAIGN, JEWEL & JIM PLUMB HEART CENTER,
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 52405-2404	42-0838541	501(C)(3)	27,920.	0.			ANNUAL DESIGNATED DISTRIBUTIONS
METRO CATHOLIC OUTREACH 420 6TH ST SE CEDAR RAPIDS, IA 52401-1903	46-1959452	501(C)(3)	34,165.	0.			GENERAL OPERATING SUPPORT, SUPPORT TO BE USED FOR FOOD, AND ANNUAL DESIGNATED DISTRIBUTION
MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION - PO BOX 389 - KALONA, IA 52247-0389	42-1304224	501(C)(3)	11,573.	0.			ANNUAL DESIGNATED DISTRIBUTIONS FOR SCHOLARSHIPS
MIRACLES IN MOTION THERAPEUTIC EQUESTRIAN CENTER - 2049 120TH ST. NW - SWISHER, IA 52338	42-1324801	501(C)(3)	13,079.	0.			GENERAL OPERATING SUPPORT, ADAPTIVE RIDING: FOSTERING EQUITY AND INCLUSION THROUGH
MOUNT MERCY UNIVERSITY - DEVELOPMENT AND ALUMNI OFFICE - 1330 ELMHURST DR NE - CEDAR RAPIDS, IA 52402-4797	42-0703280	501(C)(3)	57,031.	0.			GENERAL OPERATING SUPPORT, SCHOLARSHIPS, MOUNT MERCY LIBRARY AND UNIVERSITY GRADUATE

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MOUNT MERCY UNIVERSITY - SCHOLARSHIPS - 1330 ELMHURST DR NE - CEDAR RAPIDS, IA 52402-4763	42-0703280	501(C)(3)	14,400.	0.			2023 KELLEY SCHOLARSHIP AT LISBON SCHOLARSHIP, 2025 PRAIRIE GOLF SCHOLARSHIP, 2022 SHOT AT
MOUNT VERNON AREA ARTS COUNCIL PO BOX 297 MOUNT VERNON, IA 52314-0297	20-0492379	501(C)(3)	5,859.	0.			GENERAL OPERATING SUPPORT, MEMORIAL FOR STEVE MARAVETZ, AND ANNUAL DESIGNATED
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY - 1400 INSPIRATION PL SW - CEDAR RAPIDS, IA 52404-5918	51-0189030	501(C)(3)	183,202.	0.			ANNUAL DESIGNATED DISTRIBUTIONS, HONORARIUM FOR NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5361	53-0204616	501(C)(3)	11,143.	0.			ANNUAL DESIGNATED DISTRIBUTIONS FOR GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 W 20TH ST, FL 11 - NEW YORK, NY 10011-4231	13-2654926	501(C)(3)	10,643.	0.			ANNUAL DESIGNATED DISTRIBUTIONS FOR GENERAL SUPPORT
NEIGHBORHOOD HOUSE 179 ROBIE ST E SAINT PAUL, MN 55107-2360	41-0693916	501(C)(3)	7,000.	0.			FIELD TRIP AND REVEL
NEWBO CITY MARKET 1100 3RD ST SE CEDAR RAPIDS, IA 52401-2306	27-0600567	501(C)(3)	64,558.	0.			SUSTAINING EQUITY FOR VULNERABLE ENTREPRENEURS, NEXT LEVEL LOCAL, INVESTING IN LONG-TERM
NORTH LIBERTY COMMUNITY PANTRY 89 N. JONES BLVD. NORTH LIBERTY, IA 52317	93-4107271	501(C)(3)	27,500.	0.			FOOD FOR FAMILIES
NORTHWEST NEIGHBORS NEIGHBORHOOD ASSOCIATION - 1800 ELLIS BLVD NW - CEDAR RAPIDS, IA 52405-1248	42-1436418	501(C)(3)	258,666.	0.			GENERAL OPERATING SUPPORT AND ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE SHAKESPEARE GARDEN

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OLIVET PRESBYTERIAN CHURCH 237 10TH ST NW CEDAR RAPIDS, IA 52405-3905	42-0757412	501(C)(3)	5,191.	0.			ANNUAL DESIGNATED DISTRIBUTION
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 52401-1403	42-0772544	501(C)(3)	188,159.	0.			GENERAL OPERATING SUPPORT, ORCHESTRA IOWAS 2025-26 YOUTH EDUCATION PROGRAMS, 2025 NUTCRACKER
PATRONS OF THE PERFORMING ARTS AT WASHINGTON HIGH SCHOOL - 2205 FOREST DR SE - CEDAR RAPIDS, IA 52403-1653	42-1211511	501(C)(3)	12,734.	0.			GENERAL OPERATING SUPPORT, IN THE SPOTLIGHT, AND ANNUAL DESIGNATED DISTRIBUTION
PEOPLES CHURCH UNITARIAN UNIVERSALIST - 4980 GORDON AVE NW - CEDAR RAPIDS, IA 52405-3347	42-0698297	501(C)(3)	12,912.	0.			GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, AND SUPPORT FOR RELIGIOUS
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 64433 - SAINT PAUL, MN 55164-0433	42-0727488	501(C)(3)	27,173.	0.			ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH CARE IN IOWA CITY-CEDAR RAPIDS, GENERAL SUPPORT,
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404-7035	42-1171215	501(C)(3)	20,956.	0.			GENERAL OPERATING SUPPORT, POST PROM, ANNUAL DISTRIBUTION FOR SCHOLARSHIPS, AND SUPPORT
PROJECT WORTHMORE 1666 ELMIRA ST AURORA, CO 80010-2122	45-0933835	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT AND FOOD SECURITY PRODUCE FOR NEWCOMERS
PROSPECT MEADOWS 1850 PROSPECT DR MARION, IA 52302-1800	45-1186453	501(C)(3)	40,100.	0.			GENERAL OPERATING SUPPORT
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302-0154	42-1473672	501(C)(3)	36,827.	0.			ANNUAL DISTRIBUTION, GENERAL OPERATING SUPPORT, INTO NOOKS AND CRANNIES: CHAMBER MUSIC

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RESONANCE CENTER FOR WOMEN 1608 S ELWOOD AVE TULSA, OK 74119-4208	73-1023752	501(C)(3)	25,000.	0.			REBUILDING LIVES AND FAMILIES
REVIVAL THEATRE COMPANY 329 10TH AVE SE, STE 005 CEDAR RAPIDS, IA 52401-2358	46-5106582	501(C)(3)	7,822.	0.			GENERAL OPERATING SUPPORT AND RTC'S MUSICAL PRODUCTION OF "COME FROM AWAY"
RIVERVIEW CENTER INC. 1789 ELM ST DUBUQUE, IA 52001-2256	36-3920008	501(C)(3)	26,000.	0.			HOMELESS SEXUAL ASSAULT SURVIVORS HOLISTIC SUPPORT AND BRUNCH OF LIGHT 2025
RONALD MCDONALD HOUSE CHARITIES IN OMAHA INC - 620 SOUTH 38TH AVE. - OMAHA, NE 68105	47-0755104	501(C)(3)	6,000.	0.			LUNCH SPONSOR
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL IOWA - 1441 PLEASANT ST - DES MOINES, IA 50314-1727	42-1117423	501(C)(3)	11,300.	0.			PLATINUM SPONSOR FOR 2025 SPORTING CLAYS AND GENERAL SUPPORT
SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 52401-1921	42-1348441	501(C)(3)	49,300.	0.			GENERAL OPERATING SUPPORT, GOLF OUTING FUNDRAISER, A.A. MEETING ROOM RENOVATIONS,
SALUTE TO THE FALLEN 5060 4TH ST SW CEDAR RAPIDS, IA 52404-4401	84-3800225	501(C)(3)	7,500.	0.			GALA DIAMOND SPONSOR
SALVATION ARMY - HEARTLAND DIVISION - LEGAL DEPT: ESTATES/TRUSTS - 401 NE ADAMS STREET - PEORIA, IL 61603	22-2406433	501(C)(3)	15,914.	0.			ANNUAL DESIGNATED DISTRIBUTIONS FOR SALVATION ARMY OF CEDAR RAPIDS
SALVATION ARMY NATIONAL CORPORATION - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	501(C)(3)	10,643.	0.			ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT

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SALVATION ARMY USA CENTRAL TERRITORY DBA SALVATION ARMY OF CEDAR RAPIDS - 1000 C AVE NW - CEDAR RAPIDS, IA 52405-3819	36-2167910	501(C)(3)	32,004.	0.			GENERAL OPERATING SUPPORT, MEALS WITH LOVE, RED KETTLE CAMPAIGN, DAY CAMP SPONSORSHIP ON
SAVE CEDAR RAPIDS HERITAGE PO BOX 1134 CEDAR RAPIDS, IA 52406-1134	45-5200321	501(C)(3)	6,908.	0.			HERITAGE WESTSIDE RENEWAL AND GENERAL OPERATING SUPPORT
SCHOLARSHIPS / KIRKWOOD COMMUNITY COLLEGE FOUNDATION - 6301 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404-5260	23-7076632	501(C)(3)	7,400.	0.			SCHOLARSHIPS
SLEEP IN HEAVENLY PEACE PO BOX 390780 OMAHA, NE 68139-0780	46-4346568	501(C)(3)	16,500.	0.			COMMUNITY BED BUILD 2025 LINN COUNTY AND NO KID SLEEPS ON THE FLOOR IN OUR TOWN
SOUTHEAST LINN COMMUNITY CENTER CORPORATION - PO BOX 511 - LISBON, IA 52253-0511	43-1406317	501(C)(3)	10,100.	0.			GENERAL OPERATING SUPPORT AND SUSTAINING RURAL SUPPORTS
ST. JOHN OF THE CROSS CATHOLIC WORKER HOUSE - PO BOX 2321 - CEDAR RAPIDS, IA 52406-2321	42-1307304	501(C)(3)	5,231.	0.			GENERAL OPERATING SUPPORT, EMERGENCY EXPENSE: PEST REMEDIATION, AND ANNUAL
ST. JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT AND HAITI FUNDRAISER
ST. LUKE'S HEALTH CARE FOUNDATION 810 1ST AVE NE, STE 2 CEDAR RAPIDS, IA 52402-5061	42-1106819	501(C)(3)	18,394.	0.			GENERAL SUPPORT FOR HEART CARE PURPOSE, RHYS B. JONES DENTAL HEALTH CENTER HYGIENE PROJECT,
ST. MARK'S LUTHERAN CHURCH DBA FAITHLIFE LUTHERAN CHURCH - 8300 C AVE - MARION, IA 52302-9362	42-0810662	501(C)(3)	5,622.	0.			GENERAL OPERATING SUPPORT

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ST. MATTHEW'S CATHOLIC CHURCH 2310 1ST AVE NE CEDAR RAPIDS, IA 52402-4935	42-0730342	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT
ST. PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS, IA 52403-4019	42-0680303	501(C)(3)	5,661.	0.			ANNUAL DESIGNATED DISTRIBUTIONS TO SUPPORT MUSIC MINISTRIES OF ST. PAUL'S UMC AS WELL AS
ST. PAUL'S UNITED METHODIST CHURCH OF CEDAR RAPIDS FOUNDATION - 1340 3RD AVE SE - CEDAR RAPIDS, IA 52403-4019	75-3093308	501(C)(3)	14,714.	0.			ANNUAL DESIGNATED DISTRIBUTIONS
ST. PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 52402-2402	42-0859572	501(C)(3)	8,650.	0.			GENERAL OPERATING SUPPORT AND FOR OUR CALL TO SHARE CAMPAIGN (CCHD AND RETIREMENT FUND FOR
ST. WENCESLAUS CHURCH 1224 5TH ST SE CEDAR RAPIDS, IA 52401-2625	42-0688080	501(C)(3)	25,334.	0.			GENERAL SUPPORT FOR 2025 AND BIENNIAL DESIGNATED DISTRIBUTION
STATE UNIVERSITY OF IOWA FOUNDATION DBA UNIVERSITY OF IOWA CENTER FOR ADVANCEMEN - PO BOX 4550 - IOWA CITY, IA 52244	42-0796760	501(C)(3)	98,604.	0.			SWING FORE STEAD SPONSORSHIP, ANNUAL DISTRIBUTIONS, UNIVERSITY OF IOWA COLLEGE OF LAW,
TABLE MINISTRIES INC 209 E MAIN ST CARRBORO, NC 27510	26-1471735	501(C)(3)	27,250.	0.			FEEDING LOCAL KIDS
TANAGER PLACE DBA TANAGER 2309 C ST SW CEDAR RAPIDS, IA 52404-3707	42-0688079	501(C)(3)	103,402.	0.			WREATH SPONSORSHIP, SOCIAL SKILLS PROGRAM, LGBTQ+ YOUTH CENTER WREATH AUCTION, TANAGER'S
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE, STE 200 CEDAR RAPIDS, IA 52401-2006	42-0805377	501(C)(3)	106,313.	0.			GENERAL OPERATING SUPPORT, IDD AND MENTAL HEALTH, DONATIONS IN MEMORY OF RYAN CORRIGAN,

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THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	46,500.	0.			GENERAL OPERATING SUPPORT, VETERANS EMERGENCY ASSISTANT FUND, AND FREEDOM FOUNDATION
THE HISTORY CENTER 800 2ND AVE SE CEDAR RAPIDS, IA 52403-2402	23-7311415	501(C)(3)	68,249.	0.			ANNUAL DISTRIBUTIONS FOR GENERAL SUPPORT, EXPANDING COMMUNITY ENGAGEMENT VIA MARKET
THE NATURE CONSERVANCY - IOWA 505 5TH AVE, STE 630 DES MOINES, IA 50309-2319	53-0242652	501(C)(3)	8,023.	0.			SUPPORT FOR THE ANNA BEAL INTERNSHIP PROGRAM, IOWA NATURE CONSERVANCY STAFF IN FIRE MANAGEMENT AND
THE NEW BOHEMIAN INNOVATION COLLABORATIVE DBA NEWBOCO - 460 12TH AVE SE, STE 100 PMB 101 - CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	13,100.	0.			GENERAL OPERATING SUPPORT, NEWBOCO COMPUTER SCIENCE PROFESSIONAL DEVELOPMENT, AND NEWBOCO
THEATRE CEDAR RAPIDS 102 3RD ST SE CEDAR RAPIDS, IA 52401-1246	42-0890913	501(C)(3)	356,692.	0.			GENERAL OPERATING SUPPORT, TCR 'DREAM HERE. DO HERE.', OPERATING SUPPORT, FOR BEST SEAT IN
TICKED OFF LYME FOUNDATION INC. PO BOX 172 FAIRFAX, IA 52228-0172	93-4825521	501(C)(3)	10,000.	0.			SUPPORT FOR MEDICAL TREATMENT FOR PATIENTS WITH LYME DISEASE
TOGETHER WE ACHIEVE 1150 27TH AVE SW CEDAR RAPIDS, IA 52404-3421	85-3107151	501(C)(3)	40,000.	0.			FILLING THE GAP: FOOD ACCESS FOR FAMILIES IN NEED, FEEDING FAMILIES, STRENGTHENING COMMUNITY,
TREES FOREVER 80 W 8TH AVE MARION, IA 52302-2718	42-1419181	501(C)(3)	47,918.	0.			GENERAL OPERATING SUPPORT, LINN COUNTY COMMUNITY TREE PILOT, GROWING FUTURES:
TRINITY HEALTH FOUNDATION 2701 17TH ST ROCK ISLAND, IL 61201	36-3321751	501(C)(3)	20,000.	0.			TRINITY CANCER CENTER EXPANSION CAPITAL CAMPAIGN

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
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE, STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	220,282.	0.			GENERAL OPERATING SUPPORT, ANNUAL DISTRIBUTIONS, SUPPORT WOMEN UNITED WITH THE
UNITED WE MARCH FORWARD 1930 WILEY BLVD SW CEDAR RAPIDS, IA 52404	83-0902832	501(C)(3)	25,750.	0.			GENERAL OPERATING SUPPORT AND ENHANCING DRIVER'S EDUCATION FOR IMMIGRANTS (DEFI)
UNITY POINT HEALTH 1415 WOODLAND AVE, SUITE E 200 DES MOINES, IA 50309	42-1467682	501(C)(3)	8,540.	0.			BLANK CHILDREN'S HOSPITAL, "FESTIVAL OF TREES & LIGHTS"
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT, SUITE 700 CHICAGO, IL 60615	36-2177139	501(C)(3)	65,676.	0.			ANNUAL DESIGNATED DISTRIBUTION TO COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND MAINTENANCE
UNIVERSITY OF IOWA - UI SERVICE CENTER - 2700 UNIVERSITY CAPITOL CTR - IOWA CITY, IA 52242	42-6004813	170(C)(1)	79,563.	0.			SCHOLARSHIPS
UNIVERSITY OF IOWA SUMMER JOURNALISM WORKSHOPS - 140 W WASHINGTON ST - IOWA CITY, IA 52240	42-6004813	170(C)(1)	5,341.	0.			ANNUAL DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND
UNIVERSITY OF NORTHERN IOWA 105 GILCHRIST HALL CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	31,500.	0.			SCHOLARSHIPS
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 121 COMMONS - CEDAR FALLS, IA 50614-0239	42-6058591	501(C)(3)	20,400.	0.			GENERAL OPERATING SUPPORT
VARIETY - THE CHILDREN'S CHARITY OF IOWA - 505 5TH AVE, STE 310 - DES MOINES, IA 50309-2322	42-6077108	501(C)(3)	6,000.	0.			TWO DAYS OF COMPASSION AND POLO ON THE GREEN SPONSORSHIP

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
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401-1601	42-0680307	501(C)(3)	138,723.	0.			GENERAL OPERATING SUPPORT, WAYPOINT CRITICAL SERVICES SUPPORT, ANNUAL
WHEELCHAIR RAMP ACCESSIBILITY PROGRAM COALITION - 1695 DOWS ST, STE B - ELY, IA 52227-9569	27-0841627	501(C)(3)	20,000.	0.			OPERATION SUPPORT FOR SUSTAINABILITY
WILLIS DADY HOMELESS SERVICES 1247 4TH AVE SE CEDAR RAPIDS, IA 52403-4020	42-1311668	501(C)(3)	114,425.	0.			GENERAL OPERATING SUPPORT, STABILIZING SHELTER FOR ALL, ANNUAL DISTRIBUTIONS, EMPOWERING
WORKING THEORY FARM 5744 SE DAVIS RD HILLSBORO, OR 97123-8873	83-3965559	501(C)(3)	39,000.	0.			FREE FOOD FOR ALL
WORLDMAKER RESILENCE INTERNATIONAL INC. - 4217 1ST AVE. SE - CEDAR RAPIDS, IA 52402	45-4670305	501(C)(3)	25,000.	0.			IOWA MILITARY, VETERANS & FIRST RESPONDERS THRIVE RESILIENCE PROGRAM
XAVIER CATHOLIC SCHOOLS 5005 N. RIVER BLVD. NE CEDAR RAPIDS, IA 52411	42-0802294	501(C)(3)	11,708.	0.			ANNUAL DISTRIBUTION TO SUPPORT THE COST OF TUITION FOR STUDENTS FROM NEEDY FAMILIES AT LASALLE
XAVIER CATHOLIC SCHOOLS FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410-0956	42-1479238	501(C)(3)	100,490.	0.			ANNUAL DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, GENERAL OPERATING
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 7TH AVE SE - CEDAR RAPIDS, IA 52401-2001	42-0680306	501(C)(3)	64,109.	0.			ANNUAL DISTRIBUTIONS, REACH THE SUMMIT - PRAIRIE SUMMIT YMCA, YOUTH PROGRAM WHICH
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE, STE 260 CEDAR RAPIDS, IA 52401-1906	42-1355480	501(C)(3)	73,545.	0.			EASTERN IOWA DIAPER BANK PROGRAM, GENERAL OPERATING SUPPORT, BUILDING BRIGHT FUTURES,

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
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406-2336	27-2683100	501(C)(3)	103,213.	0.			GENERAL OPERATING SUPPORT, BID FOR KIDS PROGRAM, FOOD PROGRAMS FOR KIDS IN ZACH JOHNSON

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

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: ACACIA FRATERNITY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: IOWA CHAPTER SUPPORT, GENERAL FUND SCHOLARSHIPS, ELLIS FUND, AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN AMERICAN MUSEUM OF IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT: VOICES INSPIRING PROGRESS (IN PARTNERSHIP WITH THE TRUENORTH), TEACHING IOWA'S CULTURAL HERITAGE WITH THE AAMI, BRONZE SPONSOR - HISTORY MAKERS GALA, ANNUAL DESIGNATED DISTRIBUTIONS, GENERAL OPERATING SUPPORT, HONORARIUM FOR FREE ADMISSION DAY ON AUG 9, 2025, AND JUNETEENTH FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT:
ALZHEIMER'S ASSOCIATION - IOWA CHAPTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: WALK TO END ALZHEIMER'S PARTNERSHIP 2025 - MUSCATINE IA EVENT, SOCIAL MEDIA MATCH / LONGEST DAY OF THE YEAR - JUNE 20TH 2025, ANNUAL DESIGNATED DISTRIBUTIONS, AND GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY - DES MOINES
(H) PURPOSE OF GRANT OR ASSISTANCE: RELAY FOR LIFE, AMERICAN CANCER CENTER HOPE LODGE, 2025 COACHES VS. CANCER BIRDIE SPONSOR, ANNUAL DESIGNATED DISTRIBUTIONS FOR CEDAR RAPIDS LOCATION, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY BLOOD PRESSURE HUBS, 31ST ANNUAL CENTRAL IOWA HEART WALK (THE WALDINGER CORPORATION TEAM IN DES MOINES), CORRIDOR HEART WALK VENDOR BINGO SPONSOR, CLAY SHOOT TEAM PHOTO SPONSOR, CYCLENATION BIKES, GENERAL OPERATING SUPPORT, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: ANNA PURNA GHOSH FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: HELPING LOCAL CANCER PATIENTS IN NEED, SUSTAINING ANGEL GRANTS FOR LOCAL CANCER PATIENTS, AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AREA SUBSTANCE ABUSE COUNCIL
(H) PURPOSE OF GRANT OR ASSISTANCE: CARE NAVIGATION FOR RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT PATIENTS, ASAC WEBSITE, CHAPTERS OF CHANGE BOOK CLUB, ASAC MTM PROJECT, ASAC DUBUQUE LUNCHEON MOTIVATOR SPONSORSHIP, GENERAL OPERATING SUPPORT, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
BASIC NEEDS INC. OF SOUTH WASHINGTON COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: JULY END SUMMER HUNGER CAMPAIGN, PASTA FOR A PURPOSE SPONSOR, GIVE TO THE MAX DAY, PIT STOP(S), AND FASHION FOR A CAUSE

NAME OF ORGANIZATION OR GOVERNMENT:
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GROWING FUTURES THROUGH MENTORSHIP, BREAKING BARRIERS BUILDING BONDS: EXPANDING MENTORSHIP THROUGH ENGAGEMENT, BOWL FOR KIDS SAKE, BIG MAGIC BREAKFAST, STRENGTHEN CONNECTIONS: ENHANCE OUTREACH & IMPACT, GIRLS RISING THROUGH MENTORSHIP, EXPANDING FAB ENGAGEMENT PROGRAM FOR MORE YOUTH, GENERAL OPERATING SUPPORT, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF THE CORRIDOR
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, BASH, FISH-O-RAMA, BAGS, PEDAL FOR PROGRESS, AND GATHERING IN GRATITUDE: THANKSGIVING AT THE CLUB

NAME OF ORGANIZATION OR GOVERNMENT:
BREAKTHROUGH T1D - NEBRASKA AND IOWA CHAPTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, FY26 BREAKTHROUGH T1D FUND A CURE, GIFT IN HONOR OF TODD BARKER JR., WALK, GALA, BOWTIES, AND GIFT IN HONOR OF DANIELLE MONTHI

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEHAVEN PREGNANCY SUPPORT CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, THE FATHERHOOD CONNECT PROGRAM, MEDICAL SERVICES AT BRIDGEHAVEN, ANNUAL DESIGNATED DISTRIBUTIONS, AND GIFT IN HONOR OF IOWA'S LARGEST BABY SHOWER

NAME OF ORGANIZATION OR GOVERNMENT: BRUCEMORE INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, FOR PRESERVATION, MAINTENANCE AND RESTORATION OF THE OPUS 754 SKINNER PIPE ORGAN, POST-DERECHO RESTORATION CAMPAIGN, HONORARIUM FOR PARTICIPATION IN FREE ADMISSION DAY, REACHING OUT TO ADVANCE ARTISTIC DISCOVERY, EXPLORING OUR COMMUNITY THROUGH LOCAL STORIES, BALLET DES MOINES SUMMER STEM TOUR 2025

NAME OF ORGANIZATION OR GOVERNMENT: CAMP COURAGEOUS OF IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CAMP THERAPY ANIMALS, CAMPERSHIP FUND, CAMP MINIATURE GOLF COURSE, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE MCAULEY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, HOPE AND OPPORTUNITY THROUGH ADULT EDUCATION, COMMUNITY GARDEN AND PANTRY ENHANCE FOOD SECURITY, SOBER LIVING FOR WOMEN REGAINING STABLE HOUSING, ANNUAL DESIGNATED DISTRIBUTIONS, GIFT TO HONOR JUDY RYAN FOR HER VOLUNTEER WORK FOR CATHERINE MCAULEY, CREATING OPPORTUNITY THROUGH ESOL EDUCATION, CULTIVATE INCLUSIVE COMMUNITY FOR A BRIGHT FUTURE, HELPING WOMEN REGAIN STABLE HOUSING, EMERGENCY RELIEF FOR REFUGEE HOUSING AND WRAPAROUND SUPPORT, HELPING THE CATHERINE MCAULEY CENTER HONOR ITS COMMITMENT TO REFUGEES ALREADY IN CEDAR RAPIDS, HOUSING AND SUPPORTIVE SERVICES FOR WOMEN RECOVERING FROM CRISIS, FOOD OR FOOD VOUCHERS FOR IMMIGRANTS, ACCESS TO ENGLISH LANGUAGE LEARNING FOR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTIONS FOR 2025 FIELD TRIPS TO ORCHESTRA IOWA CONCERT, TO SUPPORT SPECIAL ED PROGRAMING AT JUNIOR AND SENIOR HIGH SCHOOL LEVELS, ANNUAL STIPEND TO ALL CRCSD ELEMENTARY SCHOOLS FOR THE UNRESTRICTED USE OF THE CLASSROOM MUSIC TEACHER, DENNIS & GRACE FERRETER SCHOLARSHIP FUND, GENERAL SUPPORT FOR ROOSEVELT, INSTRUMENTAL MUSIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS MUSEUM OF ART
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTIONS, GENERAL OPERATING SUPPORT, AGENCY DISTRIBUTION, 2025 GALA, 2026 EDUCATIONAL PROGRAMMING SUPPORT, HONORARIUM FOR FREE ADMISSION DAY ON AUG 9-10, FALL 2025 EXHIBITIONS AND EDUCATIONAL PROGRAMMING,

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR RAPIDS OPERA THEATRE
(H) PURPOSE OF GRANT OR ASSISTANCE: SEASON 28 SPONSORSHIP, DISTRIBUTION TO SUPPORT THE YOUNG ARTIST PROGRAM, AGENCY DISTRIBUTION, GENERAL OPERATING SUPPORT, AND CEDAR RAPIDS OPERA STRATEGIC PLANNING

NAME OF ORGANIZATION OR GOVERNMENT:
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN: FOR BIG DREAMS CAMPAIGN - WESTSIDE LIBRARY, DISTRIBUTIONS FOR THE ENDOWED WILLIAM MARTIN KACENA AND LIBBIE MARTINEK KACENA MEMORIAL FUND, CEDAR RAPIDS PUBLIC

Part IV Supplemental Information

LIBRARY, MAINTAINING AND EXPANDING THE QUALITY OF THE BOOK COLLECTION, DOLLY PARTON'S IMAGINATION LIBRARY, BIENNIAL DISTRIBUTION IN MEMORY OF HAZEL DAWN HOBBS, DOLLY BIRTHDAY CELEBRATION, GRAND OPENING WEST SIDE, WISE WOMEN: INSPIRING BIG DREAMS CAMPAIGN, INSPIRING BIG DREAMS - WESTSIDE LIBRARY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HABITAT FOR HUMANITY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, AFFORDABLE REPAIRS PROGRAM, CHAMPION SPONSOR - GAVIN PALMA / LFS, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, HOPE BUILD

NAME OF ORGANIZATION OR GOVERNMENT: CEDAR VALLEY HUMANE SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EXPANSION & RENOVATION, DONATION FOR WHINE & WAGS EVENT, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL FURNITURE RESCUE
(H) PURPOSE OF GRANT OR ASSISTANCE: TURNING A PLACE TO LIVE INTO A HOME, FURNISHING STABILITY & FEEDING HOPE, LANDFILL DIVERSION & FURNITURE REUSE, AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHILDSERVE FOUNDATION INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THERAPEUTIC PLAY FOR ALL: ENHANCING OUTDOOR SPACES AND CREATION OF A SENSORY-FRIENDLY CARE ENVIRONMENT

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: HONORARIUM FOR USHERS FERRY HISTORIC VILLAGE'S PARTICIPATION IN FREE ADMISSION DAY ON AUG. 9 & 10, GENERAL SUPPORT FOR CEDAR RAPIDS ANIMAL CARE & CONTROL, AND ANNUAL DESIGNATED DISTRIBUTIONS FOR AMPHITHEATRE MAINTENANCE AND OLD MCDONALD'S FARM

NAME OF ORGANIZATION OR GOVERNMENT: COE COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTIONS, 2025 GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, GENERAL OPERATING SUPPORT, ATHLETIC DEPARTMENT DONATIONS, 2025 DREW WALL SCHOLARSHIP, 2022 SHOT AT COLLEGE RSM SCHOLARSHIP FOR 2023

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ANNUAL DESIGNATED DISTRIBUTIONS, DIRECT PATIENT CARE, AND DISTRIBUTION FOR THE EYE CLINIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, 2025 KALOUS OPPORTUNITY SCHOLARSHIP, 2025 REEDER MEMORIAL SCHOLARSHIP, CORNELL COLLEGE FOOTBALL PROGRAM, SCHOLARSHIP FOR FEMALE STUDENT INTERESTED IN PUBLIC SERVICE, RUSSELL D. COLE PUBLIC LIBRARY, INGENUITY INITIATIVE AT CORNELL COLLEGE, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: DEAFINITELY DOGS INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, PAWS OF EMPOWERMENT-KEEPING PROMISES IN 2026, SHIFTING GEARS & SCRATCHING EARS CHARITY RIDE, AND LEASHES OF LEADERSHIP BUILDING FUTURES TOGETHER

NAME OF ORGANIZATION OR GOVERNMENT: DENVER COMMUNITY SCHOOL DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION FOR

Part IV Supplemental Information

STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH) PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: DRAKE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: 2025 OUTSTANDING STUDENT LEADER SCHOLARSHIPS, 2025 GEMS OF HOPE CANCER SCHOLARSHIP, 2025 WASHINGTON ALUMNI SCHOLARSHIP, AND DONALD V. ADAMS LEADERSHIP INSTITUTE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS
(H) PURPOSE OF GRANT OR ASSISTANCE: LEVERAGING FEDERAL FUNDS FOR LEAD REMEDIATION IN LOW- AND MODERATE-INCOME HOMES AND ANNUAL DISTRIBUTION TO BENEFIT THE MICRO PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA ARTS ACADEMY
(H) PURPOSE OF GRANT OR ASSISTANCE: THE INCLUSIVE STUDIO PROJECT, FROM VISION TO REALITY: SERVICE THROUGH THE ARTS, GENERAL OPERATING SUPPORT, SHINE BRIGHT: ARTS ACCESS TO EMPOWER YOUTH, SHINE BRIGHT: ARTS ACCESS TO EMPOWER YOUNG WOMEN, HALL PERRINE FOUNDATION MATCH, ACCESSART: EMPOWERING EQUITY THROUGH FINANCIAL AID, DONATION IN MEMORY OF BRIAN J. WORLEY, CATALYST FOR CHANGE: ARTS FOR UNDERSERVED YOUTH, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN IOWA HEALTH CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: EIHC UNMET NEEDS PROGRAM-PROVIDING HOPE AND HEALTH, GENERAL OPERATING SUPPORT, AND HEALTH AND HOPE THROUGH EIHC'S UNMET NEEDS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:
ECUMENICAL COMMUNITY CENTER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTIONS, GENERAL OPERATING SUPPORT, AND SUPPORT TO HELPING HANDS MINISTRY

NAME OF ORGANIZATION OR GOVERNMENT: FEED IOWA FIRST
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EXPANDING ACCESS TO PRODUCE IN RURAL LINN COUNTY, FEED IOWA FIRST'S GROW DON'T MOW PROGRAM, GLOBAL GRAZE FUNDRAISER, COMMUNITY AGRICULTURE FOR COMMUNITY WELL-BEING, AND EQUITABLE NUTRIENT-DENSE FOOD DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: FIRST LUTHERAN CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN PHASE 2, MISSION AND MINISTRY 2025, GENERAL OPERATING SUPPORT, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
FOUNDATION 2 INC AKA FOUNDATION 2 CRISIS SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY YOUTH SHELTER SUPPORT, GROUP VIOLENCE INTERVENTION FY26, MENTAL HEALTH EDUCATION AND TRAINING, GENERAL OPERATING SUPPORT, BACK-UP ON-CALL EMERGENCY SHIFT PROPOSAL, CAPITAL CAMPAIGN, EMERGENCY YOUTH SHELTER SUPPORT, STUFF THE TRUCK, DOWNTOWN/FANNYPACK, PUTTS FOR PREVENTION AND ANNUAL DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:
FOUNDATION FOR THE IOWA CITY COMMUNITY SCHOOL DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: NORTHWEST JUNIOR HIGH SCHOOL MUSIC PROGRAM AND WEST HIGH BASEBALL PROGRAM: GENERAL SUPPORT TO UPGRADE BASEBALL FACILITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
FOUR OAKS FAMILY AND CHILDREN'S SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTIONS, OPERATION SANTA, GENERAL OPERATING SUPPORT, JANE BOYD ACHIEVEMENT ACADEMY, JANE BOYD COMMUNITY HOUSE, MCINTYRE PROGRAM, ACHIEVEMENT ACADEMY: QUALITY CARE FOR ALL KIDS, AND 32ND ANNUAL FOUR OAKS GOLF CLASSIC - HOLE SPONSOR

NAME OF ORGANIZATION OR GOVERNMENT: HAWKEYE AREA COMMUNITY ACTION PROGRAM
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, FOOD INSECURITY NEEDS, EXPANDING FOOD AS MEDICINE PROGRAMS IN LINN COUNTY, FOOD AS MEDICINE INITIATIVE, 2025 CEDAR RAPIDS HUNGER FIGHT PRESENTING SPONSORSHIP, FEEDING AREA CHILDREN: HACAP BACKPACK PROGRAM, FOOD BANK (GREATER CONNECTION EVENT), HACAP INN CIRCLE, AND ANNUAL DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
HAWKEYE AREA COUNCIL, BOY SCOUTS OF AMERICA DBA HAWKEYE AREA COUNCIL, SCOUTI
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, SCOUTING FOR FOOD, 2025 FOS DONATION, SCOUTING ASSISTANCE FOR GIRLS, AND STAFF ALUMNI SCHOLARSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HIS HANDS FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT CARE FUND AND SUPPLIES FOR ALL, GENERAL OPERATING SUPPORT, CANCER SCREENING FOR LOW INCOME INDIVIDUALS, LAUGHTER IS THE BEST MEDICINE, AND ANNUAL DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
HOLY FAMILY CATHOLIC SCHOOLS - DUBUQUE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE HOLY FAMILY CATHOLIC SCHOOLS STUDENT IMPACT FUND, 2024/2025 BUSINESS APPEAL

NAME OF ORGANIZATION OR GOVERNMENT: HOOVER PRESIDENTIAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM AND SUPPORT THE TEMPORARY EXHIBIT FUND IN THE QUARTON GALLERY OF THE HOOVER LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: HORIZONS - A FAMILY SERVICE ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: ANIMEALS PET FOOD TRANSPORT, MEALS ON WHEELS: MEDICALLY TAILORED MEALS, PROGRAM SUPPORT GRANTS, GENERAL OPERATING SUPPORT, AND MEALS ON HEELS-A-GO-GO: 65 YEARS OF HORIZONS

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF HOPE
(H) PURPOSE OF GRANT OR ASSISTANCE: PATHWAYS TO HEALING: COUNSELING AND CARE FOR WOMEN IN CRISIS, FOOD INSECURITY AND COMMUNITY SUPPORT, REVIVING HISTORY: BALLROOM RENOVATION, RADIANCE PARTNER SPONSORSHIP, CEDAR RAPIDS REFUGE: HOUSE OF HOPE RESIDENCY, AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: I KNOW JACK FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: SHOW ME YOUR MUSCLES CLUB, GENERAL OPERATING SUPPORT, AND SUPPORTING CANCER PATIENTS ON THEIR JOURNEY TO BEAT CANCER

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN CREEK NATURE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ORCHARD

Part IV Supplemental Information

EDUCATION AND WALK-IN COOLERS, ESGF ORCHARD HARVEST AND COMMUNITY EDUCATION, ANNUAL DESIGNATED DISTRIBUTIONS, RESTORING HABITATS TO CREATE HEALTHY ECOSYSTEMS AND IMPROVE WATER QUALITY, 50 DONORS CELEBRATING 50 YEARS CAMPAIGN, GROWING ACCESS TO NATURE FOR ALL, EDUCATION FOR KIDS, OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, ALEX STRAIT MEMORIAL FUND FOR EDUCATION, AND FIELD TRIPS FOR PRE-K - MIDDLE SCHOOL STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: IOWA HUMANE ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, LOVE FOR PETS COMMUNITY OUTREACH, AND WELLNESS CLINIC BENEFITTING RESCUE ANIMALS

NAME OF ORGANIZATION OR GOVERNMENT: IOWA LEGAL AID
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, TECHNOLOGY UPGRADES TO ENHANCE SERVICE DELIVERY, AND CEDAR RAPIDS COMMUNITY SCHOOLS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: IOWA NATURAL HERITAGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CITY OF ARNOLDS PARK AND DICKINSON COUNTY CONSERVATION DISTRICT, PROGRAM SUPPORT: PATTY ANKRUM PRAIRIE, PALISADES KEPLER STATE PARK LAND PURCHASE PROJECT FOR EASTERN BOUNDARY LINE, AND ANNUAL DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
IOWA STATE UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID
(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, 2025 DELAWARE CO FISH & GAME PROTECTIVE ASSOCIATION, 2024 SHOT AT COLLEGE RSM SCHOLARSHIP FOR 2025, 2025 WASHINGTON ALUMNI SCHOLARSHIP, 2025 MCNAMARA FUTURE EDUCATORS SCHOLARSHIP, 2025 ROBERT K. DENNIS SCHOLARSHIP 2022 KLIMA ACADEMIC EXCELLENCE SCHOLARSHIP, 2024 REEDER MEMORIAL SCHOLARSHIP, AND 2025 BROWN SCHOLARSHIP AT ALBIURNETT.

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF EASTERN IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, PATHWAYS TO POSSIBILITY: K-12 ECONOMIC EDUCATION, GALA, DREAM BELIEVE ACHIEVE: YOUTH ECONOMIC EDUCATION, 3DE PROGRAM, CLASSROOM SUPPORT, ANNUAL DISTRIBUTIONS, BUSINESS HALL OF FAME, AND TRUENORTH HALL OF FAME ON BEHALF OF LOREN COPPOCK

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR LEAGUE OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: ITHE JUNIOR LEAGUE OF CEDAR RAPIDS, FOSTERING STRENGTH SPONSORSHIP, BRIDGING THE G.A.P., AND FOSTERING STRENGTH - CATALYST FOR CHANGE SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST LAW CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, BUILDER SPONSORSHIP, DONATION IN MEMORY OF WILLIAM "BILL" ANDERSON, RESTORING STABILITY FOR CHILDREN, REDUCING FAMILY CONFLICT IMPROVES HEALTH OUTCOMES, RESTORATIVE JUSTICE IMPROVES YOUTH MENTAL HEALTH, COMMUNITY CONFLICT-RESOLUTION EXPANSION, KID'S FIRST LAW CENTER, YOUTH PEACE PROJECT SUPPORTS UNDERSERVED STUDENTS, AND RESOLVING YOUTH CONFLICT & PREVENTING DROPOUT

NAME OF ORGANIZATION OR GOVERNMENT: KIRKWOOD COMMUNITY COLLEGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, GRANT FOR KCCK JAZZ 88.3, EMS EQUIPMENT & INVENTORY MANAGEMENT, SCHOLARSHIPS,

Part IV Supplemental Information

REPLACE CONSUMABLE SUPPLIES FOR THE KIRKWOOD COMMUNITY COLLEGE GOLF TEAM, EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: LEGION ARTS AKA CSPS
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CSPC STATE OF THE ART CAPITAL CAMPAIGN, PEOPLE POWERING PERFORMANCE: EXPANDING THE ARTS, HONORARIUM FOR CSPS PARTICIPATION IN FREE ADMISSION DAY, AND WORLD MUSIC SERIES: CELEBRATING CULTURES AT CSPS

NAME OF ORGANIZATION OR GOVERNMENT: LINN COUNTY TRAILS ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, TRAIL COUNTER MODERNIZATION PILOT, AND ANNUAL DESIGNATED DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: FASTWORKS (FAMILIES AND SCHOOLS TOGETHER WORKS) AND ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: MARION PUBLIC LIBRARY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKMOBILE COLLECTION, FOOD PANTRY EQUIPMENT FOR MARION PUBLIC LIBRARY, AND DOLLY PARTONS IMAGINATION LIBRARY IN MARION

NAME OF ORGANIZATION OR GOVERNMENT: MATTHEW 25
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, AREA OF GREATEST NEED, DONATION IN HONOR OF GRIFF GARNER, TRANSFORM WEEK: IMPROVING LIVES WITH HOME REPAIRS, CULTIVATE HOPE, ANNUAL DISTRIBUTIONS, THE COE-PAUL HISTORIC HOUSE RENOVATION, ORGANIC FOOD ACCESS THROUGH A PAY-IT-FORWARD CAFE (GROUNDSWELL), CORNER GROCERY STORE, COMMUNITY BUILDING PILLAR, AND GIFT TO SUPPORT PEOPLE WHO ARE HOMELESS AND SUFFERING FROM MENTAL ILLNESS

NAME OF ORGANIZATION OR GOVERNMENT: MERCY MEDICAL CENTER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, HALLMAR VILLAGE CAMPAIGN, JEWEL & JIM PLUMB HEART CENTER, FAMILY CAREGIVERS CENTER, CENTER FOR AGING-DEMENTIA, LORRIE ERUSHA GRANT, DONATION IN HONOR OF JEAN FLECK, PURCHASE OF ONE WHEELCHAIR FOR THE HALL-PERRINE CANCER CENTER IN MEMORY OF DAVID JUNGE, OLDORF HOSPICE HOUSE OF MERCY, DEWOLF INNOVATION CENTER, MERCY AUXILIARY SCHOLARSHIP FUND FOR MT. MERCY UNIVERSITY HEALTH CARE FIELD, AND NURSING SCHOLARSHIPS (IN MEMORY OF MARY ELLEN KENNEY)

NAME OF ORGANIZATION OR GOVERNMENT:
MIRACLES IN MOTION THERAPEUTIC EQUESTRIAN CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ADAPTIVE RIDING: FOSTERING EQUITY AND INCLUSION THROUGH THERAPEUTIC RECREATION, AND VOLUNTEER APPRECIATION EVENT

NAME OF ORGANIZATION OR GOVERNMENT:
MOUNT MERCY UNIVERSITY - DEVELOPMENT AND ALUMNI OFFICE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, SCHOLARSHIPS, MOUNT MERCY LIBRARY AND UNIVERSITY GRADUATE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT MERCY UNIVERSITY - SCHOLARSHIPS
(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 KELLEY SCHOLARSHIP AT LISBON SCHOLARSHIP, 2025 PRAIRIE GOLF SCHOLARSHIP, 2022 SHOT AT COLLEGE RSM

Part IV Supplemental Information

SCHOLARSHIP FOR 2023, 2025 RALPH PLAGMAN SCHOLARSHIP, 2025 GLIDDEN COMMUNITY SERVICE SCHOLARSHIP, 2025 DEBOOM MEMORIAL SCHOLARSHIP, AND 2024 KALOUS OPPORTUNITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT VERNON AREA ARTS COUNCIL
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, MEMORIAL FOR STEVE MARAVETZ, AND ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT AND MAINTAIN THE MOUNT VERNON SCULPTURE TRAIL

NAME OF ORGANIZATION OR GOVERNMENT:
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTIONS, HONORARIUM FOR NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY PARTICIPATION IN FREE ADMISSION DAY, GENERAL OPERATING SUPPORT, AND BURESH IMMIGRATION CLOCK TOWER PHASE II

NAME OF ORGANIZATION OR GOVERNMENT: NEWBO CITY MARKET
(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINING EQUITY FOR VULNERABLE ENTREPRENEURS, NEXT LEVEL LOCAL, INVESTING IN LONG-TERM MARKET SUSTAINABILITY, AND THE MENTAL HEALTH INCUBATOR

NAME OF ORGANIZATION OR GOVERNMENT: ORCHESTRA IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ORCHESTRA IOWAS 2025-26 YOUTH EDUCATION PROGRAMS, 2025 NUTCRACKER PERFORMANCE, A NEW WEBSITE: IMPROVING EFFICIENCIES & EXPERIENCE, 2024-25 SEASON, MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ANNUAL DISTRIBUTIONS, SUPPORT FOR SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, SUPPORT FOR MAESTRO'S BATON ENDOWMENT, SUPPORT PRINCIPAL PERCUSSIONIST AND FIRST TRUMPET AND TUBA CHAIR, AND OPUS CIRCLE

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

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF THE HEARTLAND
(H) PURPOSE OF GRANT OR ASSISTANCE: ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH CARE IN IOWA CITY-CEDAR RAPIDS, GENERAL SUPPORT, AND ANNUAL DISTRIBUTIONS FOR GENERAL SUPPORT IN IOWA AND THE CEDAR RAPIDS HEALTH CENTER

NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE SCHOOL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, POST PROM, ANNUAL DISTRIBUTION FOR SCHOLARSHIPS, AND SUPPORT FOR SPECIAL ED PROGRAMING AT JUNIOR AND SENIOR HIGH SCHOOL LEVELS

NAME OF ORGANIZATION OR GOVERNMENT: RED CEDAR CHAMBER MUSIC
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, GENERAL OPERATING SUPPORT, INTO NOOKS AND CRANNIES: CHAMBER MUSIC FOR LINN CO, AND BRINGING CHAMBER MUSIC TO LIFE IN THE CLASSROOM

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PLACE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, GOLF OUTING FUNDRAISER, A.A. MEETING ROOM RENOVATIONS, EMERGENCY EXPENSE: WATER DAMAGE REPAIRS, AND NEW RESIDENT WELCOME PACKAGES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
SALVATION ARMY USA CENTRAL TERRITORY DBA SALVATION ARMY OF CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, MEALS WITH LOVE, RED KETTLE CAMPAIGN, DAY CAMP SPONSORSHIP ON BEHALF OF VAN METER INC. AND LAUREN SHOVEIN, AND ANNUAL DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
ST. JOHN OF THE CROSS CATHOLIC WORKER HOUSE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EMERGENCY EXPENSE: PEST REMEDIATION, AND ANNUAL DESIGNATED DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S HEALTH CARE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR HEART CARE PURPOSE, RHYS B. JONES DENTAL HEALTH CENTER HYGIENE PROJECT, HOPE BLOOMS SPONSOR, AND ANNUAL DISTRIBUTIONS FOR ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND AND NURSE RESIDENCY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S UNITED METHODIST CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTIONS TO SUPPORT MUSIC MINISTRIES OF ST. PAUL'S UMC AS WELL AS MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ST. PIUS X CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND FOR OUR CALL TO SHARE CAMPAIGN (CCHD AND RETIREMENT FUND FOR RELIGIOUS)

NAME OF ORGANIZATION OR GOVERNMENT:
STATE UNIVERSITY OF IOWA FOUNDATION DBA UNIVERSITY OF IOWA CENTER FOR ADVANC
(H) PURPOSE OF GRANT OR ASSISTANCE: SWING FORE STEAD SPONSORSHIP, ANNUAL DISTRIBUTIONS, UNIVERSITY OF IOWA COLLEGE OF LAW, BRADLEY LECTURE SERIES, UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, THE FOOD PANTRY AT IOWA, UI CHILDREN'S HOSPITAL, DANCE MARATHON, BELIN-BLANK CENTER FOR GIFTED AND TALENTED EDUC., AND TIPPIE GATEWAY SUMMER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER PLACE DBA TANAGER
(H) PURPOSE OF GRANT OR ASSISTANCE: WREATH SPONSORSHIP, SOCIAL SKILLS PROGRAM, LGBTQ+ YOUTH CENTER WREATH AUCTION, TANAGER'S DIVERSE VOICES, ANNUAL DISTRIBUTION, EMERGING OPPORTUNITY: 2025 RESILIENCE AND WELLBEING SUMMIT, CDF FREEDOM SCHOOLS SUMMER PROGRAM, GALA, PUTTING SPONSOR, CAMP TANAGER: OVERNIGHT ADVENTURES, GENERAL OPERATING SUPPORT, TANAGER'S MENTAL HEALTH SUMMIT, AND GRILL & GROOVE FOR GOOD

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF EAST CENTRAL IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, IDD AND MENTAL HEALTH, DONATIONS IN MEMORY OF RYAN CORRIGAN, GROUP RESPITE CARE SUPPORT, ANNUAL DISTRIBUTIONS, AND SUPPORTING WORKING CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: THE FREEDOM FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, VETERANS EMERGENCY ASSISTANT FUND, AND FREEDOM FOUNDATION FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: THE HISTORY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTIONS FOR GENERAL SUPPORT, EXPANDING COMMUNITY ENGAGEMENT VIA MARKET RESEARCH, AND HONORARIUM FOR THE HISTORY CENTER PARTICIPATION IN FREE ADMISSION DAY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE NATURE CONSERVANCY - IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE ANNA BEAL INTERNSHIP PROGRAM, IOWA NATURE CONSERVANCY STAFF IN FIRE MANAGEMENT AND TRAINING IN IA, AND ANNUAL DESIGNATED DISTRIBUTION FOR PROJECTS IN IOWA WITH PREFERENCE FOR PROJECTS IN EASTERN IOWA

NAME OF ORGANIZATION OR GOVERNMENT:
THE NEW BOHEMIAN INNOVATION COLLABORATIVE DBA NEWBOCO
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, NEWBOCO COMPUTER SCIENCE PROFESSIONAL DEVELOPMENT, AND NEWBOCO GIRLS WHO CODE CLUBS - 2025-2026

NAME OF ORGANIZATION OR GOVERNMENT: THEATRE CEDAR RAPIDS
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, TCR 'DREAM HERE. DO HERE.', OPERATING SUPPORT, FOR BEST SEAT IN TOWN CAMPAIGN, ACCESSIBLE THEATRE ARTS EDUCATION AT TCR, AND TCR 2026 FAMILY SPRING MUSICAL SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: TOGETHER WE ACHIEVE
(H) PURPOSE OF GRANT OR ASSISTANCE: FILLING THE GAP: FOOD ACCESS FOR FAMILIES IN NEED, FEEDING FAMILIES, STRENGTHENING COMMUNITY, AND EXPANDING ACCESS TO FOOD SECURITY IN LINN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: TREES FOREVER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, LINN COUNTY COMMUNITY TREE PILOT, GROWING FUTURES: EMPOWERING YOUTH IN CEDAR RAPIDS, ANNUAL DISTRIBUTIONS, AND RELEAF CEDAR RAPIDS: GROWING COMMUNITY CANOPY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF EAST CENTRAL IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, ANNUAL DISTRIBUTIONS, SUPPORT WOMEN UNITED WITH THE BALANCE DESIGNATED TO THE COMMUNITY FUND, MINI CAMPAIGN, TECHNOLOGY SPONSOR, POWER OF THE PURSE, SUPPORTING LOCAL WOMEN, DAY OF CARING SPONSORSHIP, AND LAP-AID PROJECT MANAGEMENT AND PROJECT WORK FOR REMAINDER OF 2025

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION TO COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF IOWA SUMMER JOURNALISM WORKSHOPS
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS

NAME OF ORGANIZATION OR GOVERNMENT:
WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, WAYPOINT CRITICAL SERVICES SUPPORT, ANNUAL DISTRIBUTIONS, SECURING THE FUTURE OF KIDSPOINT CHILD CARE, A NEW VISION FOR THE MADGE PHILLIPS CENTER, TRIBUTE TO WOMEN OF ACHIEVEMENT SPONSORSHIP, HOUSING SERVICES, DOMESTIC VIOLENCE VICTIM SERVICES, WAYPOINT COORDINATED ENTRY PROGRAM SUPPORT, AND WOMEN OF ACHIEVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: WILLIS DADY HOMELESS SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, STABILIZING SHELTER FOR ALL, ANNUAL DISTRIBUTIONS, EMPOWERING EMPLOYMENT SOLUTIONS IN LINN COUNTY, EMPOWERING CRITICAL HOUSING-FIRST SERVICES, SUPPORTIVE SERVICES TO THOSE SLEEPING OUTSIDE, AND STABILIZING & SAFE EMERGENCY SHELTER FOR ALL

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER CATHOLIC SCHOOLS
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION TO SUPPORT THE COST OF TUITION FOR STUDENTS FROM NEEDY FAMILIES AT LASALLE CATHOLIC ELEMENTARY, EXCELLENCE IN EDUCATION, GENERAL OPERATING SUPPORT, AND GENERAL SUPPORT FOR THE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: XAVIER CATHOLIC SCHOOLS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, GENERAL OPERATING SUPPORT, MIDDLE SCHOOL CAPITAL CAMPAIGN, TUITION ASSISTANCE FOR XAVIER HIGH SCHOOL, LEARNING COACH/SPECIAL ASSISTANCE FOR STUDENTS, XAVIER BOOSTER CLUB GOLF OUTING EVENT SPONSORSHIP, AND DANCING WITH THE SAINTS

NAME OF ORGANIZATION OR GOVERNMENT:
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTIONS, REACH THE SUMMIT - PRAIRIE SUMMIT YMCA, YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, GENERAL OPERATING SUPPORT, AND CAMP WAPSIE POOL & SLIDE UPGRADE PROJECT

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

NAME OF ORGANIZATION OR GOVERNMENT: ZACH JOHNSON FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, BID FOR KIDS PROGRAM, FOOD PROGRAMS FOR KIDS IN ZACH JOHNSON FOUNDATION, AND KIDS ON COURSE

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**		X
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**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ 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)	199,702.	0.	532.	10,383.	23,337.	233,954.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTI COLUMBUS	(i)	138,961.	250.	245.	6,998.	10,102.	156,556.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

CEDAR RAPIDS COUNTRY CLUB MEMBERSHIP INITIATION FEE AND MONTHLY DUES PAID FOR KARLA TWEDT-BALL. THESE AMOUNTS WERE 100% FOR BUSINESS USE AND WERE NOT INCLUDED IN TAXABLE COMPENSATION.

PART I, LINE 1B:

THERE IS NO FORMAL WRITTEN POLICY. THE COUNTRY CLUB MEMBERSHIP WAS APPROVED BY THE BOARD FOR BUSINESS-RELATED PURPOSES.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A DISCRETIONARY BONUS DURING THE YEAR.

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

2025

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	46	3,397,319.	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 Acknowledgment	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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 2025 FOR 2026 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	13,900.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS	572,300.
TOTAL TO FORM 990, PART XI, LINE 9	586,200.

PART XII, LINE 2C

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