



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization

**THE GREATER CEDAR RAPIDS  
COMMUNITY FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address)

**200 FIRST STREET SW**

City or town, state or country, and ZIP + 4

**CEDAR RAPIDS, IA 52404**

**D** Employer identification number

**42-6053860**

**E** Telephone number

**319-366-2862**

**F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations**

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

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number **N/A**

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: **▶ HTTP://WWW.GCRCF.ORG**

**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 39,912,561.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds		1a	
	b	Direct public support (not included on line 1a)		1b	36,546,318.
	c	Indirect public support (not included on line 1a)		1c	
	d	Government contributions (grants) (not included on line 1a)		1d	
	e	Total (add lines 1a through 1d) (cash \$ 33,328,914. noncash \$ 3,217,404. )		1e	36,546,318.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	2,788,830.
	6a	Gross rents		6a	
	b	Less: rental expenses		6b	
c	Net rental income or (loss). Subtract line 6b from line 6a		6c		
7	Other investment income (describe <b>▶ GAIN/LOSS ON SALE OF INVESTMENTS</b> )		7	378,793.	
Expenses	8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
	b	Less: cost or other basis and sales expenses		8a	
	c	Gain or (loss) (attach schedule)		8b	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		9a	
	a	Gross revenue (not including \$ of contributions reported on line 1b)		9a	
	b	Less: direct expenses other than fundraising expenses		9b	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
	10a	Gross sales of inventory, less returns and allowances		10a	
	b	Less: cost of goods sold		10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		
11	Other revenue (from Part VII, line 103)		11	198,620.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	39,912,561.	
Net Assets	13	Program services (from line 44, column (B))		13	4,312,784.
	14	Management and general (from line 44, column (C))		14	332,568.
	15	Fundraising (from line 44, column (D))		15	239,435.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	4,884,787.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	35,027,774.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	42,690,161.
20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>		20	-45,269.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	77,672,666.	

**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>3,907,221</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 3,907,221.	3,907,221.	<b>STATEMENT 3</b>	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 134,223.	0.	100,667.	33,556.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 376,652.	207,601.	90,551.	78,500.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 17,981.	12,143.	1,545.	4,293.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 20,264.	13,188.	2,967.	4,109.
<b>29</b> Payroll taxes	<b>29</b> 37,201.	18,821.	9,845.	8,535.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 32,564.		32,564.	
<b>32</b> Legal fees	<b>32</b> 4,272.		4,272.	
<b>33</b> Supplies	<b>33</b> 12,064.	10,135.	1,929.	
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b> 6,141.	584.	5,550.	7.
<b>36</b> Occupancy	<b>36</b> 107,075.	64,024.	23,060.	19,991.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b> 5,995.	547.	3,530.	1,918.
<b>39</b> Travel	<b>39</b> 7,334.	2,568.	4,559.	207.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 43,521.	34,504.	7,092.	1,925.
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 5,523.	2,379.	1,684.	1,460.
<b>43</b> Other expenses not covered above (itemize)	<b>43a</b>			
a	<b>43b</b>			
b	<b>43c</b>			
c	<b>43d</b>			
d	<b>43e</b>			
e	<b>43f</b>			
f	<b>43g</b>			
<b>g</b> SEE STATEMENT 2	<b>43g</b> 166,756.	39,069.	42,753.	84,934.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 4,884,787.	4,312,784.	332,568.	239,435.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>ASSISTS NONPROFIT ORGANIZATIONS IN THE FIELD OF COMMUNITY AFFAIRS, HUMAN SERVICES, ARTS/HUMANITIES, HEALTH, EDUCATION HISTORICAL PRESERVATION &amp; ENVIRONMENTAL PROTECTION IN THE LINN COUNTY GEOGRAPHICAL AREA</u>	
(Grants and allocations \$ <u>3,907,221.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>4,078,524.</u>
<b>b</b> <u>ASSISTS NONPROFIT ORGANIZATIONS THROUGH TRAINING, INFORMATION AND REFERRAL SERVICES, AND OTHER EDUCATIONAL ACTIVITIES.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>234,260.</u>
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	<u>4,312,784.</u>

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	646,131.	45	2,343,039.	
	46 Savings and temporary cash investments	3,276,901.	46	1,463,329.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	6,571,320.		
	b Less: allowance for doubtful accounts	48b	36,250.	48c	6,571,320.
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a		51c	
	b Less: allowance for doubtful accounts	51b		52	
	52 Inventories for sale or use		53	5,474.	
	53 Prepaid expenses and deferred charges		54a		
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	90,608,261.	
	b Investments - other securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54,054,588.			
55 a Investments - land, buildings, and equipment basis	55a				
b Less: accumulated depreciation	55b	55c			
56 Investments - other		0.	56	0.	
57 a Land, buildings, and equipment: basis	57a	75,169.			
b Less: accumulated depreciation <b>STMT 5</b>	57b	54,244.	12,254.	57c	20,925.
58 Other assets, including program-related investments (describe <b>CASH SURRENDER VALUES - INS</b> )		270,832.	58	293,273.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		58,296,956.	59	101,305,621.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		17,624.	60	9,181.
	61 Grants payable		588,345.	61	691,506.
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable			64b	
	65 Other liabilities (describe <b>SEE STATEMENT 6</b> )		15,000,826.	65	22,932,268.
	66 <b>Total liabilities</b> . Add lines 60 through 65		15,606,795.	66	23,632,955.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		39,533,018.	67	74,091,868.
	68 Temporarily restricted		3,157,143.	68	3,580,798.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 <b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		42,690,161.	73	77,672,666.
	74 <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73		58,296,956.	74	101,305,621.

Form 990 (2007)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	40442656.
<b>b</b> Amounts included on line a but not on Part I, line 12			
<b>1</b> Net unrealized gains on investments	<b>b1</b>	530,095.	
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify) _____	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	530,095.
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	39912561.
<b>d</b> Amounts included on Part I, line 12, but not on line a:			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify) _____	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b> <b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	39912561.

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
---	--

a Total expenses and losses per audited financial statements		a	5,460,151.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) <u>SEE STATEMENT 8</u>	b4	575,364.	
Add lines b1 through b4		b	575,364.
c Subtract line b from line a		c	4,884,787.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17) Add lines c and d		e	4,884,787.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

[illegible]



**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		
88a			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
88b			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			X
90 a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	13
91 a	The books are in care of <b>DANIEL BALDWIN</b> Telephone no. <b>319-366-2862</b>		
	Located at <b>200 FIRST STREET SW, CEDAR RAPIDS, IA</b> ZIP + 4 <b>52404</b>		
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u>		
91b			X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		



**THE GREATER CEDAR RAPIDS  
COMMUNITY FOUNDATION**

**Part VI Other Information** (continued)

Yes	No
-----	----

**c** At any time during the calendar year, did the organization maintain an office outside of the United States?

91c		<b>X</b>
-----	--	----------

If "Yes," enter the name of the foreign country **N/A**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

**92****N/A****Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

**93** Program service revenue

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

f Medicare/Medicaid payments

g Fees and contracts from government agencies

**94** Membership dues and assessments**95** Interest on savings and temporary cash investments**96** Dividends and interest from securities**2,788,830.****97** Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

**98** Net rental income or (loss) from personal property**99** Other investment income**378,793.****100** Gain or (loss) from sales of assets

other than inventory

**101** Net income or (loss) from special events**102** Gross profit or (loss) from sales of inventory**103** Other revenue:a **OTHER REVENUE****01****198,620.**

b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

**104** Subtotal (add columns (B), (D), and (E))**0.****198,620.****3,167,623.****105** Total (add line 104, columns (B), (D), and (E))**3,366,243.**

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

**Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**96** **DIVIDENDS/INTEREST USED FOR GRANTING TO NONPROFITS****99** **OTHER INVESTMENT INCOME USED FOR GRANTING TO NONPROFITS****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

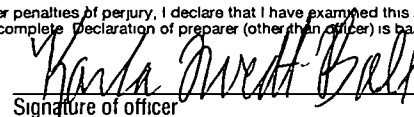
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?


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.

Please Sign Here:  Date: 4/29/2010

Signature of officer: **DANIEL BALDWIN, PRESIDENT & CEO**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:  Date: 4-28-10

Firm's name (or yours if self-employed), address, and ZIP + 4: **CLIFTON GUNDERSON LLP**  
**1715 1ST AVENUE SE**  
**CEDAR RAPIDS, IA 52402**

Check if self-employed: ☐

Preparer's SSN or PTIN (See Gen. Inst. X):

EIN: **31-0800000**

Phone no.: **(319) 363-2697**

Form 990 (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHY HALL 200 FIRST ST. SW, CEDAR RAPIDS, IA 52	DIR RESOURCE DEVELOP 40.00	76,124.	7,768.	
JEAN BRENNEMAN 200 FIRST ST. SW, CEDAR RAPIDS, IA 52	DIR OF FINANCE 40.00	50,685.	5,688.	
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

**Part III** Statements About Activities (See page 2 of the instructions.)**Yes No**

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

SEE STATEMENT 10

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year

► 123

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► 23,370,362.

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 279.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► 68,217,617.

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>▶</b>

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

## THE GREATER CEDAR RAPIDS

Schedule A (Form 990 or 990-EZ) 2007

COMMUNITY FOUNDATION

42-6053860 Page 4

**Part IV-A****Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,963,359.	5,625,436.	4,839,031.	2,306,538.	22,734,364.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,817,865.	771,133.	1,121,067.	721,316.	5,431,381.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	12,781,224.	6,396,569.	5,960,098.	3,027,854.	28,165,745.
24 Line 23 minus line 17	12,781,224.	6,396,569.	5,960,098.	3,027,854.	28,165,745.
25 Enter 1% of line 23	127,812.	63,966.	59,601.	30,279.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					563,315.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					6,586,536.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					28,165,745.
d Add: Amounts from column (e) for lines: 18 5,431,381. 19 22 6,586,536.					12,017,917.
e Public support (line 26c minus line 26d total)					16,147,828.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					57.3314%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

13

Schedule A (Form 990 or 990-EZ) 2007

11240201 766257 034-38910-00 2007.08000 THE GREATER CEDAR RAPIDS CO 034-3ND2

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		
<b>39</b> Other exempt purpose expenditures		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.



**Exempt Organizations** (See page 14 of the instructions.)

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

▶ ☐ Yes ☒ No

N/A

[illegible]

FORM 990 PAGE 2

[illegible]

(D) · Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
----------	--	-----------	---

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS/LOSSES	530,095.
ACTUARIAL ADJUSTMENT OF ANNUITIES	-209,900.
DISTRIBUTION TO DONORS	-365,434.
OTHER ADJUSTMENT	-30.
TOTAL TO FORM 990, PART I, LINE 20	-45,269.

FORM 990	OTHER EXPENSES	STATEMENT	2
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES/SUBSCRIPTIONS	1,864.	1,864.		
COMMUNITY BRIEFINGS	100.	100.		
MISCELLANEOUS	16,104.	16,104.		
INSURANCE - PROGRAMS	41.	41.		
CONSULTING/STRATEGIC PLAN	3,771.	3,771.		
MAINTENANCE	11,183.	11,183.		
PUBLIC RELATIONS	330.	330.		
ADVERTISING	5,346.	5,346.		
SEMINARS - PROGRAM	330.	330.		
DUES/SUBSCRIPTIONS	9,785.		9,785.	
INSURANCE - MANAGEMENT	18,138.		18,138.	
MISCELLANEOUS - MANAGEMENT	4,493.		4,493.	
CONSULTING/STRATEGIC PLAN- MANAGEME	2,971.		2,971.	
MAINTENANCE	7,366.		7,366.	
DUES/SUBSCRIPTIONS	1,308.			1,308.
DONOR DEVELOPMENT	4,217.			4,217.
COMMUNITY BRIEFINGS - FUNDRAISING	5,147.			5,147.
MISCELLANEOUS - FUNDRAISING	3,895.			3,895.
SEMINARS - FUNDRAISING	1,170.			1,170.
SOCIAL PROMOTION - FUNDRAISING	15,843.			15,843.

CONSULTING/STRATEGIC				
PLAN - FUNDRAI	2,575.			2,575.
MAINTENANCE	6,386.			6,386.
ANNUAL REPORT	15,626.			15,626.
PUBLIC RELATIONS	7,196.			7,196.
ADVERTISING	21,571.			21,571.
TOTAL TO FM 990, LN 43	166,756.	39,069.	42,753.	84,934.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 3
----------	--	-------------

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
HANS KNEOLL INSTITUTE FOR NATURAL PRODUCTS RESEARCH	46,000.
ABBE, INC.	25,448.
ACME ELECTRIC COMPANY	20,783.
AFRICAN AMERICAN HISTORICAL MUSEUM & CULTURAL CENTER	28,089.
AMANA ARTS GUILD	15,242.
AMERICAN CANCER SOCIETY	34,381.
ARC OF EAST CENTRAL IOWA	22,000.

AREA SUBSTANCE ABUSE COUNCIL

18,759.

BENTON COMMUNITY SCHOOL DISTRICT

15,000.

BETHAL A.M.E. CHURCH

30,989.

BIG BROTHERS BIG SISTERS

91,600.

CAMP COURAGEOUS OF IOWA

55,880.

CATHERINE MCAULEY CENTER

107,090.

CEDAR AMATEUR ASTRONOMERS

26,000.

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

54,869.

CEDAR RAPIDS DOWNTOWN DISTRICT

10,000.

CEDAR RAPIDS HEALTHCARE ALLIANCE

30,050.

CEDAR RAPIDS MUSEUM OF ART

415,326.

CEDAR RAPIDS OPERA THEATRE

21,274.

CEDAR RAPIDS PUBLIC LIBRARY

11,737.

CEDAR RAPIDS SYMPHONY FOUNDATION

138,789.

CEDAR RAPIDS SYMPHONY ORCHESTRA

114,789.

CLOTHE-A-CHILD, INC.

10,000.

COE COLLEGE

47,625.

COMMUNITY CORRECTIONS IMPROVEMENT ASSOCIATION

23,800.

COMMUNITY FOUNDATION OF JOHNSON COUNTY

32,713.

COMMUNITY HEALTH FREE CLINIC

15,349.

THE GREATER CEDAR RAPIDS COMMUNITY FOUND	42-6053860
CORNELL COLLEGE	48,000.
FOUNDATION 2	10,000.
FOUR OAKS FOUNDATION	122,841.
GIRL SCOUTS OF THE MISSISSIPPI VALLEY	11,000.
GOODWILL INDUSTRIES OF THE HEARTLAND	11,000.
WELLCOME TRUST CONFERENCE CENTRE	20,028.
LINN COUNTY NONPROFIT RESOURCE CENTER	100,000.
HAMMERSMITH CAMPUS	41,591.
HOOVER PRESIDENTIAL LIBRARY ASSOCIATION	32,077.
HORIZONS: A FAMILY SERVICES ALLIANCE	11,500.

INDIAN CREEK NATURE CENTER

107,350.

IOWA BROADCASTERS ASSOCIATION

12,241.

IOWA COUNCIL OF FOUNDATIONS

28,863.

IOWA VALLEY RESOURCE CONSERVATION &amp; DEVELOPMENT

14,000.

JANE BOYD COMMUNITY HOUSE

12,500.

JUNIOR ACHIEVEMENT

55,819.

JUSTICE FOR OUR NEIGHBORS

46,760.

KCKK

30,650.

KENNEDY HIGH SCHOOL

25,948.

KIDS FIRST LAW CENTER

50,764.



KIRKWOOD COMMUNITY COLLEGE

11,200.

KIRKWOOD FOUNDATION

148,500.

LINN COUNTY BOARD OF SUPERVISORS

25,000.

LINN COUNTY HISTORICAL SOCIETY

21,829.

LINN COUNTY TREASURER

12,180.

LINN-MAR SCHOOL FOUNDATION

13,996.

LISBON MOUNT VERNON AMBULANCE SERVICE

15,000.

MERCY MEDICAL CENTER

17,000.

MERCY MEDICAL CENTER FOUNDATION

72,914.

MONTICELLO COMMUNITY SCHOOL FOUNDATION

12,000.

THE GREATER CEDAR RAPIDS COMMUNITY FOUND	42-6053860
MOUNT MERCY COLLEGE	47,417.
NATIONAL AIDS FUND	11,319.
NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY	75,375.
NCB CAPITAL IMPACT	10,000.
ORGANIC CENTER FOR EDUCATION AND PROMOTION	10,000.
PLANNED PARENTHOOD OF EAST CENTRAL IOWA	39,596.
RADIO ADVERTISING BUREAU, INC.	25,200.
RED CEDAR CHAMBER MUSIC	34,808.
SALVATION ARMY OF CEDAR RAPIDS	22,051.
SCHOLARS CLUB	20,000.

THE GREATER CEDAR RAPIDS COMMUNITY FOUND	42-6053860
SCIENCE CENTER	10,000.
SCIENCE STATION	13,348.
ST. LUKE'S HEALTH CARE FOUNDATION	104,338.
ST. MATTHEW'S CATHOLIC CHURCH	27,585.
TANAGER PLACE	17,300.
TENILLE MUSSER & MOUNT MERCY COLLEGE	10,640.
THE ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS	15,000.
THEATRE CEDAR RAPIDS	56,950.
UNITED WAY OF EAST CENTRAL IOWA	126,974.
UNIVERSITY OF CHICAGO	89,902.

THE GREATER CEDAR RAPIDS COMMUNITY FOUND	42-6053860
	52,500.
UNIVERSITY OF IOWA DIVISION OF STUDENT SERVICES	
	34,425.
UNIVERSITY OF IOWA FOUNDATION	
	10,000.
VISIONS OF SUGARPLUMS	
	57,750.
WAPELLO COMMUNITY FOUNDATION	
	12,000.
WAPSIE POST 473 OF THE AMERICAN LEGION	
	25,000.
WARTBURG COLLEGE	
	33,803.
WAYPOINT	
	42,750.
YMCA OF CEDAR RAPIDS	
	10,714.
YOUNG PARENTS NETWORK	
	254,343.
MISC. GRANTS & ALLOCATIONS UNDER \$10,000 PER DONEE	
	3,907,221.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4

## EXPLANATION

THE FOUNDATION PROVIDES SUPPORT TO VARIOUS ORGANIZATIONS TO FOSTER AND PROMOTE PUBLIC, CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL ACTIVITIES

## FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	75,169.	54,244.	20,925.
TOTAL TO FORM 990, PART IV, LN 57	75,169.	54,244.	20,925.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ANNUITIES PAYABLE	2,946,147.	3,201,730.
FUNDS HELD ON BEHALF OF OTHERS	12,054,679.	19,730,538.
TOTAL TO FORM 990, PART IV, LINE 65	15,000,826.	22,932,268.

FORM 990 OTHER SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
ALTERNATIVE INVESTMENTS	FMV	9,147,430.
RBC DAIN RAUSCHER (ENDOWED)	FMV	4,679,822.
MUTUAL FUNDS	FMV	67,530,611.
MONEY MARKET FUNDS	FMV	3,900,846.
CHARITABLE REMAINDER TRUSTS	FMV	5,349,552.
TO FORM 990, LINE 54B, COL B		90,608,261.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
----------	---	-----------	---

DESCRIPTION	AMOUNT
ACTUARIAL ADJUSTMENT	209,900.
DISTRIBUTION TO DONORS	365,434.
OTHER ADJUSTMENT	30.
TOTAL TO FORM 990, PART IV-B	575,364.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY SKOGMAN 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	CHAIR 2.00	0.	0.	0.
J. SCOTT BOGGUSS 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	VICE CHAIR 2.00	0.	0.	0.
JERRY MATCHETT 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	SECRETARY 2.00	0.	0.	0.
LORNA BARNES 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	TREASURER 2.00	0.	0.	0.
RICHARD ALTORFER 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
JOHN BICKEL 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
SWATI DANDEKAR 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.

## THE GREATER CEDAR RAPIDS COMMUNITY FOUND

42-6053860

KATRINA GARNER 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
RUTH HAIRSTON 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
KAY HEGARTY 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
ANN HOFFMAN 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
NANCY KASPAREK 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
KORY KAZIMOUR 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
DOUG NEUMANN 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
RON OLSON 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
RICH PATTERSON 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
JAY PETERSEN 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
FRED TIMKO 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
TERRY TRIMPE 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.
JOHN WASTA 200 FIRST ST. SW CEDAR RAPIDS, IA 52404	DIRECTOR 2.00	0.	0.	0.

## THE GREATER CEDAR RAPIDS COMMUNITY FOUND

42-6053860

RUTH WHITE	DIRECTOR			
200 FIRST ST. SW	2.00	0.	0.	0.
CEDAR RAPIDS, IA 52404				
DANIEL BALDWIN	CEO			
200 FIRST ST. SW	40.00	123,000.	11,223.	0.
CEDAR RAPIDS, IA 52404				
TOTALS INCLUDED ON FORM 990, PART V-A		123,000.	11,223.	0.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	10
	PART III, LINE 3A		

SCHOLARSHIP PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL AFTER THE GCRCF HAS RECEIVED OFFICIAL NOTIFICATION FROM THE SCHOOL'S REGISTRAR THAT THE STUDENT IS ENROLLED FULL-TIME. FOR GIFTS ABOVE \$1,000, GCRCF ASKS THE SCHOOL TO SPLIT THE PAYMENTS INTO THE FALL AND SPRING SEMESTERS. IF THE STUDENT DROPS OUT AFTER THE FIRST SEMESTER THE REMAINDER IS RETURNED TO THE GCRCF.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy	
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6053860</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>200 FIRST STREET SW</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>CEDAR RAPIDS, IA 52404</b>	

Check type of return to be filed (File a separate application for each return).

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **DANIEL BALDWIN**

Telephone No **319-366-2862**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**

5 For calendar year **2007**, or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **PRESIDENT & CEO**

Date

Form **8868** (Rev. 4-2008)