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Check if Schedule O contains a response to any question in this Part III ☒

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION (GCRCF) ENHANCES QUALITY OF LIFE THROUGH PHILANTHROPY, CONNECTING DONORS TO THE PRIORITIES THEY CARE ABOUT AND TO THE NEEDS OF THE COMMUNITY. GCRCF PROVIDES LEADERSHIP ON IMPORTANT COMMUNITY ISSUES AND PROVIDES NONPROFITS, DONORS AND FUNDHOLDERS WITH THE HIGHEST LEVEL OF PHILANTHROPIC STEWARDSHIP AND PROFESSIONAL SERVICES.

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION INCLUDES A COLLECTION OF MORE THAN 600 FUNDS BUILT WITH GIFTS AND BEQUESTS FROM PEOPLE IN THE GREATER CEDAR RAPIDS, LINN COUNTY, AND EAST CENTRAL IOWA AREAS. IN 2011, THE FOUNDATION RECEIVED MORE THAN \$8.8 MILLION FROM 688 INDIVIDUALS AND BUSINESSES IN LINN COUNTY, IOWA, (POP. 211,226) AND AROUND THE WORLD. WE ARE A PROACTIVE GRANT MAKER THAT AWARDED \$5.9 MILLION IN 2011 TO LOCAL NONPROFITS FOCUSING ON ARTS AND CULTURE, COMMUNITY DEVELOPMENT AND THE ENVIRONMENT, EDUCATION, AND HEALTH AND HUMAN SERVICES.



















THE LINN COUNTY NONPROFIT RESOURCE CENTER (LCNRC) IS A PROGRAM OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION THAT PROVIDES TRAINING, RESOURCES AND ADVOCACY FOR NONPROFIT ORGANIZATIONS. ESTABLISHED IN 2005, THE MISSION IS TO BUILD VIBRANT COMMUNITIES BY PROMOTING, SUPPORTING, AND STRENGTHENING THE NONPROFITS OF LINN COUNTY, IOWA. TRAINING SESSIONS AND PEER ENGAGEMENT SESSIONS FOCUS ON NONPROFIT ADMINISTRATION, INCLUDING FINANCE, FUNDRAISING, BOARD DEVELOPMENT, MANAGEMENT, MARKETING, AND LEGAL CONSIDERATIONS FOR THE NONPROFIT SECTOR. THE LCNRC ALSO PROVIDES A WHOLE HOST OF RESOURCES ONLINE TO HELP BUILD THE CAPACITY OF THE LOCAL NONPROFIT SECTOR.

GRANT WRITING

4e	Total program service expenses	\$ 6,392,786
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	34		
b	Enter the number of Forms W-2G included in 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			
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	18		
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b			Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? .		3a			No
b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. .		3b			
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 or securities account)? .	4a		No	
b. If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		No	
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
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? .	6a		No	
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		No	
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		No	
d. If "Yes," indicate the number of Forms 8282 filed during the year. .		7d	0		
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e			No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f			No
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .					
		8		No	
9 Sponsoring organizations maintaining donor advised funds.					
a. Did the organization make any taxable distributions under section 4966? .		9a		No	
b. Did the organization make a distribution to a donor, donor advisor, or related person? .		9b		No	
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? .					
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a			
b. Enter the aggregate 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 aggregate amount of reserves on hand. .		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year? .					
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. .		14a		No	
		14b			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

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	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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	No
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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes," to line 15a or 15b, describe the process in 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	No
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 ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LESLIE H GARNER JR 324 3RD ST SE CEDAR RAPIDS, IA 52401 (319) 366-2862

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) CHERYLE MITVALSKY DIRECTOR	2 00	X						0	0	0
(2) ELIZABETH HLADKY DIRECTOR	2 00	X						0	0	0
(3) FRED TIMKO DIRECTOR	2 00	X						0	0	0
(4) GARY BARTLETT DIRECTOR	2 00	X						0	0	0
(5) JOHN CHAIMOV DIRECTOR	2 00	X						0	0	0
(6) JOHN BICKEL DIRECTOR	2 00	X						0	0	0
(7) TIFFANY ANN EARL DIRECTOR	2 00	X						0	0	0
(8) LOREN COPPOCK DIRECTOR	2 00	X						0	0	0
(9) SARA B FITZGERALD DIRECTOR	2 00	X						0	0	0
(10) RUTH HAIRSTON DIRECTOR	2 00	X						0	0	0
(11) THOMAS MOORE DIRECTOR	2 00	X						0	0	0
(12) KATIE OBERBROECKLING DIRECTOR	2 00	X						0	0	0
(13) RON OLSON DIRECTOR	2 00	X						0	0	0
(14) JOHN OSAKO DIRECTOR	2 00	X						0	0	0
(15) CARRIE POWICKI KAUFMAN DIRECTOR	2 00	X						0	0	0
(16) CHRIS SKOGMAN DIRECTOR	2 00	X						0	0	0
(17) KEVIN WELU DIRECTOR	2 00	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 (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) CHRIS DEWOLF CHAIR-ELECT	2 00	X		X				0	0	0
(19) NANCY KASPAREK CHAIR	2 00	X		X				0	0	0
(20) KAY HEGARTY TREASURER	2 00	X		X				0	0	0
(21) RUTH WHITE SECRETARY	2 00	X		X				0	0	0
(22) LESLIE H GARNER JR PRESIDENT & CEO	40 00			X				171,460	0	20,790
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								171,460	0	20,790

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▶1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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

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 ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	177,814			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	354,391			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,856,774			
	g	Noncash contributions included in lines 1a-1f \$ 773,899					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	GRANT WRITING	900099	55,000	55,000		
	b	LINN COUNTY NONPROFIT	561000	24,470	24,470		
	c	RENTAL	531120	15,168	15,168		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			94,638		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,829,405	2,845,864	-16,459	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		1,375,852	1,375,852		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	OTHER INCOME		900099	8,385			8,385
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			8,385			
12	Total revenue. See Instructions			10,697,259	4,316,354	-16,459	8,385

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	5,639,807	5,639,807		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	192,250		144,188	48,062
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	613,597	307,316	230,809	75,472
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,914	24,967	11,308	3,639
9	Other employee benefits	52,050	29,211	15,317	7,522
10	Payroll taxes	55,696	27,247	21,440	7,009
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,975		4,975	
c	Accounting	41,817		41,817	
d	Lobbying	2,301		2,301	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	478,307		478,307	
g	Other	158,602	98,963	44,378	15,261
12	Advertising and promotion	83,583	8,664		74,919
13	Office expenses	40,953	24,044	13,915	2,994
14	Information technology	46,757	15,354	16,734	14,669
15	Royalties				
16	Occupancy	131,214	76,784	42,367	12,063
17	Travel	4,771	2,614	1,626	531
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,234	43,282	6,014	4,938
20	Interest	40,892	15,495	19,140	6,257
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,569	24,163	28,944	9,462
23	Insurance	17,055	7,491	9,564	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES & SUBSCRIPTIONS	22,411	4,385	4,936	13,090
b	UBIT FED & STATE	800	800		
c					
d					
e					
f	All other expenses	52,015	42,199	5,663	4,153
25	Total functional expenses. Add lines 1 through 24f	7,836,570	6,392,786	1,143,743	300,041
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			-401,767	1	411,442
	2	Savings and temporary cash investments			3,551,942	2	6,251,616
	3	Pledges and grants receivable, net			281,653	3	34,300
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			29,185	9	17,983
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,007,004			
	b	Less: accumulated depreciation	10b	119,804	1,874,060	10c	1,887,200
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			105,528,656	12	102,732,287
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			310,090	15	320,996
16	Total assets. Add lines 1 through 15 (must equal line 34)			111,173,819	16	111,655,824	
Liabilities	17	Accounts payable and accrued expenses			40,206	17	29,208
	18	Grants payable			508,563	18	741,404
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			18,322,158	21	20,310,949
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				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			2,454,530	25	2,395,681
	26	Total liabilities. Add lines 17 through 25			21,325,457	26	23,477,242
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			87,306,785	27	85,500,229
28		Temporarily restricted net assets			2,541,577	28	2,678,353
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			89,848,362	33	88,178,582
34		Total liabilities and net assets/fund balances			111,173,819	34	111,655,824

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,697,259
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,836,570
3	Revenue less expenses Subtract line 2 from line 1	3	2,860,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,848,362
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,530,469
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	88,178,582

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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 in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	36,546,318	19,276,474	11,625,492	12,454,956	6,388,979	86,292,219
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	36,546,318	19,276,474	11,625,492	12,454,956	6,388,979	86,292,219
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)						23,532,362
6 Public Support. Subtract line 5 from line 4						62,759,857

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	36,546,318	19,276,474	11,625,492	12,454,956	6,388,979	86,292,219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,788,830	8,257,858	1,233,007	1,832,364	2,845,864	16,957,923
9 Net income from unrelated business activities, whether or not the business is regularly carried on				7,277		7,277
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	198,620	28,382	111,145	234,596	8,385	581,128
11 Total support (Add lines 7 through 10)						103,838,547

12 Gross receipts from related activities, etc (See instructions)

1294,638

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	60 440 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	60 190 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 in 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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER REVENUE

SCHEDULE C
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,301
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			2,301
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
THE 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	174	0
2 Aggregate contributions to (during year)	2,826,946	0
3 Aggregate grants from (during year)	2,211,310	0
4 Aggregate value at end of year	17,168,629	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	84,326,973	69,693,044	50,877,918	66,191,363
b	Contributions	5,003,024	10,906,373	11,678,959	7,084,983
c	Investment earnings or losses	-443,475	7,967,085	11,771,761	-19,022,709
d	Grants or scholarships	4,614,950	2,873,157	3,684,159	3,302,118
e	Other expenditures for facilities and programs			4	
f	Administrative expenses	1,628,545	1,366,372	951,431	73,601
g	End of year balance	82,643,027	84,326,973	69,693,044	50,877,918

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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		1,539,959	52,928	1,487,031
c Leasehold improvements				
d Equipment		293,220	42,120	251,100
e Other		103,825	24,756	79,069
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,887,200

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	110,697,259
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,836,570
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,860,689
4	Net unrealized gains (losses) on investments	4-4,273,538
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-256,931
9	Total adjustments (net) Add lines 4 - 8	9-4,530,469
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-1,669,780

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	15,957,013
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-4,273,538	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e-4,273,538	
3	Subtract line 2e from line 1310,230,551	
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 7b4a478,307	
b	Other (Describe in Part XIV)4b-11,599	
c	Add lines 4a and 4b4c466,708	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)510,697,259	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	17,626,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c11,599	
d	Other (Describe in Part XIV)2d256,931	
e	Add lines 2a through 2d2e268,530	
3	Subtract line 2e from line 137,358,263	
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 7b4a478,307	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c478,307	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)57,836,570	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE 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 A LIABILITY ON THE STATEMENT OF FINANCIAL POSITION. ON THE STATEMENT OF ACTIVITIES, THE FOUNDATION REPORTS THE GROSS AMOUNT OF SUPPORT, REVENUE AND EXPENSES WITH THE AMOUNT RAISED AND EXPENDED ON BEHALF OF OTHERS BEING SHOWN AS A REDUCTION IN THE GROSS AMOUNTS OF SUPPORT, REVENUE AND EXPENSES.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ASSISTS NONPROFIT ORGANIZATIONS IN THE FIELD OF COMMUNITY AFFAIRS, HUMAN SERVICES, ARTS/HUMANITIES, HEALTH, EDUCATION HISTORICAL PRESERVATION & ENVIRONMENTAL PROTECTION IN THE LINN COUNTY GEOGRAPHICAL AREA.
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT OF ANNUITIES 41,900 DISTRIBUTION TO DONORS -293,900 OTHER ADJUSTMENT -4,931 TOTAL TO SCHEDULE D, PART XI, LINE 8 -256,931
PART XII, LINE 4B - OTHER ADJUSTMENTS		DISPOSITION OF ASSETS -11,599
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DISTRIBUTION TO DONORS 293,900 OTHER ADJUSTMENT 4,931 ACTUARIAL ADJUSTMENT -41,900

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
42-6053860

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 137

3 Enter total number of other organizations listed in the line 1 table 2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WE REQUIRE AN AUDIT COVERING THE TIME PERIOD OF THE GRANT AWARD FOR COMPETITIVELY AWARDED GRANTS, WE ALSO REQUIRE A FINAL REPORT

Software ID:
Software Version:
EIN: 42-6053860
Name: THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBE CENTER FOR COMMUNITY MENTAL HEALTH 520 11TH STREET NW CEDAR RAPIDS, IA 52405	42-1045257	501(C)(3)	10,788				ELECTRONIC HEALTH RECORD CONVERSION, EMERGENCY REQUEST ESSENTIAL ITEMS FOR EXPANDING TRANSITIONAL LIVING SERVICES, DESIGNATED DISTRIBUTION
AFRICAN AMERICAN HERITAGE FOUNDATION INC 55 12TH AVENUE SE CEDAR RAPIDS, IA 52401	42-1415305	509(A)(1)	8,120				DESIGNATED DISTRIBUTION, A CELEBRATION OF FREEDOM, ANNUAL BANQUET - LEARNING SAFARI PROGRAM, GENERAL SUPPORT, ANNUAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING SERVICES INC317 7TH AVENUE SE SUITE 302 CEDAR RAPIDS, IA 52401	23-7085316	509(A)(1)	12,427				DESIGNATED DISTRIBUTION, MILESTONES IN MARION EXPANSION PROJECT, SPONSORSHIP OF THE MAYOR'S CHALLENGE-FIELD GOAL KICK, EASTERN IOWA SENIOR OLYMPICS MAY 13, 2011
AMANA ARTS GUILD704 12TH AVENUE PO BOX 114 AMANA, IA 52203	42-1102150	501(C)(3)	7,650				AGENCY DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC4080 FIRST AVE NE SUITE 101 CEDAR RAPIDS, IA 52402	41-0724036	509(A)(1)	42,879				RELAY FOR LIFE, CELEBRATING 20 YEARS, 2011 GALA, 2012 GALA, DESIGNATED DISTRIBUTION, PATIENT FUEL CARD PROGRAM, GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT ROAD SUITE B HIAWATHA, IA 52233	13-5613797	509(A)(1)	7,340				LINN COUNTY HEART WALK, DESIGNATED DISTRIBUTION, GO RED FOR WOMEN, IN CONJUNCTION WITH ST LUKE'S, FUNDRAISER/MATCHING FRONTIER EMPLOYEE DONATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS24480 NETWORK PLACE CHICAGO, IL 60675	53-0196605	509(A)(1)	7,250				JAPAN DISASTER RELIEF, MISSOURI FLOODS & TORNADOES FUND
AMERICAN RED CROSS GRANT WOOD AREA CHAPTER6300 ROCKWELL DRIVE CEDAR RAPIDS, IA 52402	53-0196605	509(A)(1)	67,226				BATTERY UP, JOPLIN, MISSOURI RELIEF, DISASTER RESPONSE, 6TH ANNUAL BIG B*A*S*H, GENERAL SUPPORT, JAPAN RELIEF, DESIGNATED DISTRIBUTION, EMERGENCY REQUEST ROOF, GENERATOR, WATER HEATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION321 NORRISTOWN RD STE 260 AMBLER,PA 19002	23-2387205	501(C)(3)	7,613				SEASIDE WALK, GENERAL SUPPORT
ARC OF IOWA EAST CENTRAL IOWA680 SECOND STREET SE CEDAR RAPIDS,IA 52401	42-0805377	509(A)(2)	17,049				GENERAL SUPPORT, MUSIC THERAPY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, COMMUNITY OUTINGS AND ADAPTIVE EQUIPMENT, SUMMER DAY PROGRAM FOR CHILDREN FROM MARION, DESIGNATED DISTRIBUTION, BASICS - BEFORE & AFTER SCHOOL INCLUSIVE CHILDCARE SERVICES, RECOVERY FROM 2008 FLOODS, ARC MARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42- 1114396	509(A)(2)	45,632				SUBSTANCE ABUSE TREATMENT FOR FLOOD AFFECTED INDIVIDUALS AND FAMILIES, MULTICULTURAL SUBSTANCE ABUSE COUNSELING, BED BUG PROTECTION, HEART OF IOWA, DRUG-FREE ACTIVITIES FOR YOUTH IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT, PERSONAL CARE ITEMS FOR ASAC'S YOUTH RESIDENTIAL CLIENTS, PREVENTING SUBSTANCE ABUSE IN RURAL LINN COUNTY, JONES COUNTY SAFE & HEALTHY YOUTH COALITION YOUTH RECREATION PROJECTSUBSTANCE ABUSE TREATMENT FOR FLOOD AFFECTED INDIVIDUALS AND FAMILIES, MULTICULTURAL SUBSTANCE ABUSE COUNSELING, BED BUG PROTECTION, HEART OF IOWA, DRUG-FREE ACTIVITIES FOR YOUTH IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT, PERSONAL CARE ITEMS FOR ASAC'S YOUTH RESIDENTIAL CLIENTS, PREVENTING SUBSTANCE ABUSE IN RURAL LINN COUNTY, JONES COUNTY SAFE & HEALTHY YOUTH COALITION YOUTH RECREATION PROJECT
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA INC3150 E AVENUE NW SUITE 103 CEDAR RAPIDS, IA 52405	42- 1170475	509(A)(1)	36,979				MENTORING AT-RISK YOUTH, FUND- RAISING, VOLUNTEER RECOGNITION, BOWL FOR KIDS' SAKE, POLK/TAYLOR COMMUNITIES MENTORING PROJECT, AGENCY DISTRIBUTION, MENTORING YOUTH FOR POSITIVE DEVELOPMENT, THE CHARACTER BUILDING PROJECT, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG K FAMILY CHARITABLE FOUNDATION7471 COMMUNE CT CEDAR RAPIDS, IA 52411	27-2406708	509(A)(1)	31,212				PEDIATRIC TRAMA KIT PROGRAM
BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403	42-1170531	509(A)(3), TYPE I	73,741				LORD & BURNHAM GREENHOUSE REHABILITATION, GROWING WITH BRUCEMORE FROM THE LAB TO THE LAND, MINNIE RUBECK AWARD TO ROGER JOHNSON FOR STAFF DEVELOPMENT, AGENCY DISTRIBUTION, ANNUAL SUPPORT, THE SUMMER MUSIC & THEATRE SERIES AT BRUCEMORE, GENERAL SUPPORT, TAHITIAN EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP COURAGEOUS OF IOWA12007 190TH ST PO BOX 418 MONTICELLO,IA 52310	23-7210932	509(A)(1)	12,858				DESIGNATED DISTRIBUTION, CAMP COURAGEOUS LAKE PROPERTY FENCE, SPONSORSHIP OF T-SHIRTS FORCAMPERS, AGENCY DISTRIBUTION
CEDAR RAPIDS CITY MARKET INC PO BOX 667 CEDAR RAPIDS,IA 52406	27-0600567	509(A)(1)	35,500				NEW BO CITY MARKET, NEWBO CITY MARKET INTERIM PROJECT DIRECTOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT EDUCATIONAL SERVICE CENTER 907 15TH STREET SW CEDAR RAPIDS, IA 52403	42-6023551	GOVERNMENT	65,555				APPLICATION FOR 501C3 STATUS, METRO CARE CONNECTION SCHOOL BASED HEALTH CLINICS- EMERGENCY HEALTH FUND, SCHOOL-BASED MENTAL HEALTH SERVICES, DESIGNATED DISTRIBUTION FOR FIELD TRIPS TO ORCHESTRA IOWA CONCERT ON 11/9/11
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATIONESC 907 15TH STREET SW CEDAR RAPIDS, IA 52404	42-1197912	509(A)(1)	25,005				AGENCY DISTRIBUTION, SPORTS, ACADEMIC, FINE ARTS AND ENRICHMENT ACTIVITIES FOR KIDS(SAFE), DESIGNATED DISTRIBUTION \$100 FOREACH ELEMENTARY SCHOOL FOR THE SOLE USE OF THE CLASSROOM MUSICTEACHER (S)

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CEDAR RAPIDS FREEDOM FESTIVAL226 SECOND STREET SE CEDAR RAPIDS, IA 52401	42- 1329035	509(A)(1)	20,250				WHITE LEVEL SPONSORSHIP, AGENCY DISTRIBUTION
CEDAR RAPIDS GARDEN CLUB 3575 COTTAGE GROVE AVE SE CEDAR RAPIDS, IA 52403	42- 6072708	509(A)(2)	16,250				CEDAR RAPIDS GARDEN CLUB FLOOD FUND, CEDAR RAPIDS PUBLIC LIBRARY GREEN ROOF PROJECT

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CEDAR RAPIDS MUSEUM OF ART 410 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0680248	509(A)(1)	277,093				DESIGNATED DISTRIBUTION, SIGHT & SOUND, EXHIBITION & EDUCATIONAL PROGRAMMING, GENERAL SUPPORT, ANNUAL SUPPORT, POP-UP BOOK EXHIBITION, SPECIAL EXHIBITION AN AMERICAN MASTERPIECE CHARLES WILLSON PEALE'S 1776 PORTRAIT OF GEORGE WASHINGTON, AGENCY DISTRIBUTION
CEDAR RAPIDS OPERA THEATRE 1120 2ND AVENUE SE CEDAR RAPIDS, IA 52403	42-1476568	509(A)(2)	44,380				YOUNG ARTIST PRODUCTION OF "CANDIDE" BY LEONARD BERNSTEIN, AGENCY DISTRIBUTION, PRODUCTION SPONSORSHIP, GENERAL SUPPORT, 14TH SEASON SPONSOR, WEBSITE REDESIGN

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CEDAR RAPIDS PARKS AND RECREATION DEPARTMENT 2000 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	42-6004336	GOVERNMENT	105,000				CEDAR RAPIDS RIVERFRONT AMPHITHEATER
CEDAR RAPIDS PUBLIC LIBRARY 2600 EDGEWOOD ROAD SW CEDAR RAPIDS, IA 52404	23-7292786	GOVERNMENT	10,999				DESIGNATED DISTRIBUTION

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CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION2600 EDGEWOOD ROAD SW SUITE 330 CEDAR RAPIDS, IA 52404	23-7292786	509(A)(3), TYPE III	219,686				LIBRARY 3 0 THE CAMPAIGN TO BUILD YOUR NEW CEDAR RAPIDS PUBLIC LIBRARY, GENERAL SUPPORT, ACQUISITION OF PUBLIC ART FOR THE NEW LIBRARY, FLOOD RECOVERY ASSISTANCE FROM RSM MCGLADREY, INC
CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION INC 119 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0772544	509(A)(2)	321,902				DESIGNATED DISTRIBUTION, GENERAL SUPPORT, MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, AGENCY DISTRIBUTION, ANNUAL SUPPORT, SIGHT & SOUND 2011 MASQUERADE, BALL, SYMPHONY CENTER, OPUS CAMPAIGN, CAPITAL CAMPAIGN, FLOOD RECOVERY AND REBUILD, POPS III - GOOD VIBRATIONS - MUSIC OF THE BEACH BOYS, CLASSICAL CONCERT - MUSSORGSKY, SHOSTAKOVICH, AND TCHAIKOVSKY, CHAIR FOR FIRST TRUMPET

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CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC 119 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	7,074				DESIGNATED DISTRIBUTION
CEDAR VALLEY HUMANE SOCIETY 7411 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	42-0814023	509(A)(2)	12,687				LOW-COST SPAY/NEUTER CLINIC, SUPPORT OF FLOOD AFFECTED ANIMALS, GENERAL SUPPORT

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CENTER POINT AMBULANCE SERVICE INC CENTER POINT AMBULANCE CENTER POINT, IA 52213	42- 1433960	509(A)(2)	10,000				STRONGER EMERGENCY MEDICAL CARE GIVEN NEW REALITIES FOR RURAL LINN COUNTY RESIDENTS SERVED BY CENTER POINT AMBULANCE SERVICE (C-PAS)
CHICAGO SYMPHONY ORCHESTRA220 SOUTH MICHIGAN AVE CHICAGO, IL 60604	36- 2167823	501(C)(3)	27,268				DESIGNATED DISTRIBUTION

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CITY OF ANAMOSA600 E MAIN STREET ANAMOSA,IA 52205	42-6004229	GOVERNMENT	11,021				LAWRENCE COMMUNITY CENTER EXPANSION PROJECT
CITY OF CEDAR RAPIDS101 FIRST ST SE CEDAR RAPIDS, IA 52401	42-6004336	GOVERNMENT	7,590				OLD MCDONALD'S FARM AT BEVER PARK, TREE OF FIVE SEASONS

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CITY OF OTTUMWA105 EAST 3RD STREET OTTUMWA, IA 52501	42-6005094	GOVERNMENT	7,000				AUTOMATIC POOL VACUUM
COE COLLEGE 1220 FIRST AVE NE CEDAR RAPIDS, IA 52402	42-0686467	509(A)(1)	211,358				DESIGNATED DISTRIBUTION, GENERAL FUND, CAPITAL CAMPAIGN, BACKPACK PROGRAM FOR POLK ELEMENTARY, SCHOLARSHIPS

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COMMUNITY CORRECTIONS IMPROVEMENT ASSOCIATION951 29TH AVE SW CEDAR RAPIDS, IA 52404	42-1382341	509(A)(1)	86,968				POST-FLOOD COMMUNITY ASSESSMENT, FAMILY TEAM MEETING COORDINATION, CHILDREN OF PROMISE LEADERSHIP RESILIENCY PROGRAM (LRP), INTERNET RADIO STATION START-UP EXPENSES
COMMUNITY HEALTH FREE CLINIC947 14TH AVENUE SE CEDAR RAPIDS, IA 52401	13-4228071	509(A)(2)	167,577				GENERAL SUPPORT, EMERGENCY DENTAL CARE FOR THE UNINSURED, FLOOD RECOVERY, DESIGNATED DISTRIBUTION, PROSTATE CANCER SCREENINGS FOR MEN WHO ARE UNINSURED OR UNDERSERVED, STOCK MEDICATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY THEATRE OF CEDAR RAPIDS INC102 THIRD STREET SE CEDAR RAPIDS, IA 52401	42-0890913	509(A)(2)	114,260				GENERAL OPERATING SUPPORT, "THEATRE ACTIVATED DESTINATION" PROJECT, "THE WEDDING SINGER" SPONSORSHIP, 2011-12 STUDIO THEATRE SEASON, DESIGNATED DISTRIBUTION, "GUYS & DOLLS" SHOW SPONSOR, CAPITAL CAMPAIGN, THE NEXT ACT, ANNUAL SUPPORT
CORNELL COLLEGE600 FIRST STREET WEST MOUNT VERNON, IA 52314	42-0680335	509(A)(1)	111,937				GENERAL SUPPORT, DESIGNATED DISTRIBUTION

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COUNCIL ON FOUNDATIONS INC 2121 CRYSTAL DRIVE SUITE 700 ARLINGTON,VA 22202	13-6068327	501(C)(3)	10,290				CHARITABLE PORTION OF COUNCIL ON FOUNDATION MEMBERSHIP
CZECH VILLAGENEW BOHEMIA URBAN MAIN STREET DISTRICT101 16TH AVE SW SUITE A CEDAR RAPIDS,IA 52404	27-1416767	501(C)(3)	5,500				BREWNOST CELEBRATION / CZECH VILLAGE FALL FESTIVAL ACCORDION SYMPOSIUM

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EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS700 16TH ST NE SUITE 301 CEDAR RAPIDS, IA 52402	42-1023296	GOVERNMENT	49,186				BUSINESS ASSISTANCE REVOLVING LOAN FUND
EASTERN IOWA ARTS ACADEMYPO BOX 2511 CEDAR RAPIDS, IA 52406	26-0557542	509(A)(1)	35,405				ARTS FOR LIFE PROJECT, DATABASE REDESIGN, ARTS ENRICHMENT PROGRAM FOR CEDAR RAPIDS NEIGHBORHOODS, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ECUMENICAL COMMUNITY CENTER FDN601 2ND AVENUE SE 1 CEDAR RAPIDS,IA 52401	42-1456338	509(A)(1)	15,000				CAPITAL CAMPAIGN
ECUMENICAL COMMUNITY CENTER FOUNDATION601 2ND AVENUE SE 1 CEDAR RAPIDS,IA 52401	42-1456338	509(A)(1)	31,516				ASSISTING INDIVIDUALS AND FAMILIES, FLOOD RECOVERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ELDON FIRE AND RESCUE INC101 ELM ST PO BOX 12 ELDON,IA 52554	42-1274635	501(C)(3)	8,944				REPLACEMENT ATV
FAIR & EXPOSITION SOCIETY OF JONES COUNTY INCPO BOX 150 700 N MAPLE MONTICELLO,IA 52310	42-1294397	501(C)(3)	25,000				JONES COUNTY YOUTH DEVELOPMENT CENTER

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FAMILIES HELPING FAMILIES OF IOWA INCORPORATED (FHF)PO BOX 10493 CEDAR RAPIDS, IA 52410	71-0985937	509(A)(1)	14,500				"SPREAD YOUR WINGS" PROGRAM, SHOE VOUCHER PROGRAM, LOVES CLOSET
FIRST LUTHERAN CHURCH1000 THIRD AVENUE SE CEDAR RAPIDS, IA 52403	42-0752621	CHURCH	10,492				GENERAL SUPPORT, DESIGNATED DISTRIBUTION

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FOUNDATION 2 INC1714 JOHNSON AVE NW CEDAR RAPIDS,IA 52405	42- 1078444	509(A)(1)	20,796				FOUNDATION 2 JUVENILE AND FAMILY ASSISTANCE AND STABILIZATION TRACK (J-FAST), GENERAL SUPPORT, LEADERSHIP FOR FIVE SEASONS PROJECT, DESIGNATED DISTRIBUTION
FOUR OAKS INC 5400 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	42- 0998726	509(A)(1)	44,071				GENERAL SUPPORT, BEDS, GOLF CLASSIC TOURNAMENT SPONSOR, DESIGNATED DISTRIBUTION

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FRATERNAL ORDER OF EAGLESC/O MICHAEL DUEHR 102 LINDER CT MONTICELLO,IA 52310	20-0490777	501(C)(8)	8,493				KITCHEN ADDITION
FRIENDS OF THE LINN COUNTY CONSERVATION BOARD1890 COUNTY HOME ROAD MARION,IA 52302	42-1394251	509(A)(1)	36,414				WICKIUP HILL OUTDOOR LEARNING CENTER EXPANSION

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GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC GIRL SCOUT LEADERSHIP CEDAR RAPIDS, IA 52401	42-1008848	509(A)(1)	27,220				STEM-BASED LEADERSHIP PROGRAMMING FOR GIRLS (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH)
GLOBAL COMMUNITY SERVICE FOUNDATION 3907 LARO CT FAIRFAX, VA 22031	54-1722588	501(C)(3)	15,000				SCHOOLING FOR CHILDREN IN NORTH VIETNAM

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GREEN SQUARE MEALS INCPO BOX 5303 CEDAR RAPIDS, IA 52406	42-1307429	509(A)(1)	5,300				GENERAL SUPPORT, EMERGENCY REQUEST UTILITY COSTS INCREASING / FUNDING CUT
HABITAT FOR HUMANITY INTERNATIONAL INC350 6TH AVENUE SE CEDAR RAPIDS, IA 52401	42-1320296	509(A)(1)	134,647				DESIGNATED DISTRIBUTION, 2011 ETAPESTRY FUNDRAISING SOFTWARE, CVVHFH 2011 FLOOD-IMPACTED HOME REHABILITATIONS, FLOOD RECOVERY, 2012 CVVHFH CORPORATE HOPE BUILDERS PARTNERSHIP, 2011 CVVHFH NEW HOME CONSTRUCTION, EMERGENCY REQUEST WATER RUNOFF DIVERSION PROJECT

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HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA660 32ND AVE SW CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	10,914				SCOUTING FOR SPECIAL NEEDS YOUTH /TRAILBLAZERS PROGRAM, EMERGING OPPORTUNITY 'EACH ONEREACH ONE' MENTOR, ANNUAL SUPPORT, AGENCY DISTRIBUTION, DESIGNATED DISTRIBUTION
HEIGHTS FOUNDATION INC 15570 HAGIE DRIVE FORT MEYERS, FL 33908	65-1003872	509(A)(1)	10,000				SUMMER CAMP 2012

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HERBERT HOOVER PRESIDENTIAL LIBRARY ASSOCIATION INC PO BOX 696 WEST BRANCH, IA 52358	42- 0848288	501(C)(3)	75,156				DESIGNATED DISTRIBUTION
HLV COMMUNITY SCHOOL402 HARRISON BOX B VICTOR,IA 52347	42- 6037189	GOVERNMENT	32,199				DESIGNATED DISTRIBUTION

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HORIZONS - A FAMILY SERVICE ALLIANCE819 5TH STREET SE CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	25,000				RISING ABOVE EXPANDING HORIZONSCAMPAIGN, HORIZONS JONES COUNTY EXPANSION (MONTICELLO), MEALS ON WHEELS MORE THAN JUST A MEAL, ANNUAL SUPPORT
HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA1030 5TH AVENUE SE 100 CEDAR RAPIDS, IA 52403	27-0487331	501(C)(3)	20,000				HUMAN SERVICES CAMPUS

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INDIAN CREEK ELEMENTARY PARENT TEACHER ORGANIZATION 2900 INDIAN CREEK ROAD MARION,IA 52302	27-0572257	501(C)(3)	6,000				RAINBOW PLAYGROUND FOR INDIAN CREEK ELEMENTARY
INDIAN CREEK NATURE CENTER 6665 OTIS ROAD SE CEDAR RAPIDS,IA 52403	23-7260197	509(A)(1)	89,735				DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HOST CHILDREN AND CARE FOR THE LAND, AGENCY DISTRIBUTION, RESTORING A PRAIRIE POTHOLE

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INTERNATIONAL ASSOCIATION OF LIONS CLUBS/O KEVIN ADAMS 2928 335TH ST HOPKINTON,IA 52237	42-6066578	501C(4)	18,750				REMODEL PAVILION
IOWA ANNUAL CONFERENCE UNITED METHODIST CHURCHPO BOX 41006 DES MOINES,IA 50311	31-1813333	501(C)(3)	40,000				IOWA JUSTICE FOR OUR NEIGHBORS, CEDAR RAPIDS SITE

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IOWA ART WORKS INC329 10TH AVE SE SUITE 117 CEDAR RAPIDS, IA 52401	42- 1112539	509(A)(2)	8,000				THE BRIDGE GOES TO CERAMICS CAMP
IOWA CENTRAL COMMUNITY COLLEGE1 TRITON CIR FORT DODGE,IA 50501	41- 0906391	GOVERNMENT	5,469				2011 BROADCASTING SCHOLARSHIPS, SCHOLARSHIP

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IOWA COLLEGE FOUNDATION505 5TH AVENUE SUITE 1034 DES MOINES,IA 50309	42-0745995	501(C)(3)	107,600				ANNUAL FUNDS, ICF SPECIAL REQUEST-CORNERSTONE SCHOLARSHIP PROGRAM CHALLENGE PROJECT, GENERAL SUPPORT, ANNUAL SUPPORT
IOWA LEGAL AID 317 7TH AVENUE SE SUITE 404 CEDAR RAPIDS,IA 52401	42-1079227	509(A)(1)	31,577				FORECLOSURE DEFENSE PROJECT, DISASTER RECOVERY PROJECT, GENERAL SUPPORT

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IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES, IA 50011	42-6004224	GOVERNMENT	24,163				SCHOLARSHIPS
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52403	42-0680359	509(A)(1)	81,745				MAKING ACHIEVEMENT A DAILY EXPECTATION (MADE), DESIGNATED DISTRIBUTION, 7TH ANNUAL GOLF CLASSIC HOLE SPONSORSHIP, ACHIEVEMENT BEYOND THE CLASSROOM (ABC), GENERAL SUPPORT

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JONES COUNTY CONSERVATION BOARD12515 CENTRAL PARK RD CENTER JUNCTION, IA 52212	42-6004230	GOVERNMENT	9,725				CENTRAL PARK NATURE CENTER RENOVATION PROJECT
JONES COUNTY GENEALOGICAL SOCIETY112 SOUTH SALES STREET ANAMOSA, IA 52205	42-1253705	501(C)(3)	15,984				MICROFILM/DIGITIZE LOCAL NEWSPAPERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 324 THIRD STREET SE SUITE 200 CEDAR RAPIDS, IA 52401	42-0919209	509(A)(1)	24,275				HALL OF FAME EVENT, LANE SPONSORSHIP AT JA BOWL - 4 - EDUCATION, JUNIOR ACHIEVEMENT PROGRAMS AND OPERATIONS, DESIGNATED DISTRIBUTION, JUNIOR ACHIEVEMENT FINANCIAL LITERACY PROGRAMS FOR RURAL SCHOOL DISTRICTS
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL CEDAR RAPIDS BRANCH CEDAR RAPIDS, IA 52406	23-1907729	509(A)(1)	8,500				WALK TO CURE DIABETES

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KEOKUK AREA COMMUNITY FOUNDATIONPO BOX 367 KEOKUK,IA 52632	20-1838372	509(A)(1)	17,425				AGENCY DISTRIBUTION
KIDS AGAINST HUNGER4401 PRESERVE LANE CEDAR RAPIDS,IA 52411	20-8971364	509(A)(1)	15,000				SUPPORT FIRST ANNUAL HUNGER RUN IN CEDAR RAPIDS TO RAISE MONEY FOR MEALS FOR CHILDREN, EMERGENCY FOOD RELIEF FOR HAITI

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KIDS FIRST LAW CENTER420 6TH STREET SE SUITE 160 CEDAR RAPIDS, IA 52401	20-2199649	509(A)(1)	49,191				GENERAL SUPPORT, CHILD ADVOCATES CREATE STABILITY FOR CHILDREN OF DIVORCE, REBUILDING KIDS FIRST, WORKSHOPS TO HELP KIDS COPE WITH DIVORCE
KIRKWOOD COMMUNITY COLLEGE FOUNDATION1030 FIFTH AVE SE SUITE 2700 CEDAR RAPIDS, IA 52403	23-7076632	509(A)(1)	57,693				CURRICULUM AND FINANCIAL LITERACY FAIR, PROJECT FINISH SCHOLARSHIP FUND, GENERAL SUPPORT, THIS CHANGES EVERYTHING CAMPAIGN, 2011 BROADCASTING SCHOLARSHIPS, ATHERTON SCHOLARSHIP, CONNECTING TODAY'S YOUTH IN TOMORROW'S CAREERS, VAN METER SCHOLARSHIP, GENERAL SUPPORT, STRATEGIC ADVISING, KIRKWOOD PATHWAYS FOR ACADEMIC CAREER EDUCATION AND EMPLOYMENT (KPACE), HORTICULTURAL SCHOLARSHIP

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LEGION ARTS INC 1103 THIRD ST SE CEDAR RAPIDS,IA 52401	42- 1154136	509(A)(1)	25,123				AGENCY DISTRIBUTION, ARTS INCUBATOR AT CSPS HALL, GENERAL SUPPORT, DESIGNATED DISTRIBUTION, RESTORATION OF CSPS HALL
LINN COUNTY CONSERVATION BOARD1890 COUNTY HOME ROAD MARION,IA 52302	42- 6004338	GOVERNMENT	7,700				WAPSIPINICON RIVER BRIDGE OVERLOOK PLAZA, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LINN COUNTY HISTORICAL SOCIETY615 FIRST AVENUE SE CEDAR RAPIDS, IA 52401	23-7311415	501(C)(3)	96,229				DESIGNATED DISTRIBUTIONANNUAL SUPPORTAGENCY DISTRIBUTIONEVALUATION OF HISTORY CENTEROPERATIONSENHANCING EDUCATIONAL PROGRAMS& SUPPORTING EXHIBITS
LINN-MAR SCHOOL FOUNDATION2999 NORTH 10TH STREET MARION,IA 52302	42-1267125	509(A)(1)	23,222				AGENCY DISTRIBUTION, CAPITAL CAMPAIGN

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LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 60606	36-6008929	501(C)(3)	27,268				DESIGNATED DISTRIBUTION
MARION CARES INC 766 13TH STREET MARION, IA 52302	26-0585390	509(A)(2)	10,000				GENERAL SUPPORT

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MATTHEW 25 MINISTRY HUB 225 K AVE NW SUITE G CEDAR RAPIDS, IA 52405	26- 0467321	509(A)(1)	86,614				TOOL LENDING LIBRARY, GROUNDSWELL YOUTH COURSES, BASIC NEEDS ASSISTANCE, YOUTH DEVELOPMENT, AND NEIGHBORHOOD ADVOCACY, CULTIVATE HOPE, MATTHEW 25 STUDENT EDUCATION INNOVATION & SUPPORT PROGRAM, MATTHEW 25 DATABASE IMPLEMENTATION
MERCY MEDICAL CENTER701 TENTH STREET SE CEDAR RAPIDS, IA 52403	42- 0698295	509(A)(1)	12,239				CANCER TREATMENT CENTER, ESPECIALLY FOR YOU RACE AGAINST BREAST CANCER, HALLMAR CARE CENTER

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MERCY MEDICAL CENTER FOUNDATION701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	509(A)(3), TYPE II	17,319				DESIGNATED DISTRIBUTION, OLDORF HOSPICE HOUSE, AGENCY DISTRIBUTION, SR MARY LAWRENCE FUND, CANCER CENTER
METH-WICK COMMUNITY1224 13TH STREET NW CEDAR RAPIDS, IA 52405	42-0838541	501(C)(3)	8,385				DESIGNATED DISTRIBUTION, TOWN CENTER CAPITAL CAMPAIGN, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MIDLAND COMMUNITY AMBULANCE SERVICEC/O CINDY DIRKS 406 W SUMMIT WYOMING, IA 52362	23-7121299	501(C)(3)	8,625				ELECTRONIC COT
MIRACLES IN MOTION THERAPEUTIC EQUESTRIAN CENTER INCPO BOX 14 CEDAR RAPIDS, IA 52406	42-1324801	501(C)(3)	5,230				GENERAL SUPPORT, ON-LINE DATABASE PROJECT, PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MOUNT MERCY UNIVERSITY 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402	42-0681046	509(A)(1)	132,109				MOUNT MERCY LIBRARY, GENERAL SUPPORT, CAPITAL CAMPAIGN, UNITY CAMPAIGN, SCHOLARSHIPS, GROTTO RECONSTRUCTION PROJECT, MOUNT MERCY UNIVERSITY CENTER
MOUNT VERNON COMMUNITY SCHOOL DISTRICT 525 PALISADES RD MOUNT VERNON, IA 52314	42-6025675	GOVERNMENT	10,664				EARLY CHILDHOOD PROGRAMS, PROJECT HOPE - COMMUNITY RESILIENCY PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MOUNT VERNON MIDDLE SCHOOL 525 PALISADES ROAD MOUNT VERNON, IA 52253	42-6025675	GOVERNMENT	10,000				MIDDLE SCHOOL TECHNOLOGY UPDATES- MATH & SCIENCE INTERACTIVE WHITE BOARDS
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY 87 16TH AVENUE SW CEDAR RAPIDS, IA 52404	51-0189030	509(A)(1)	167,473				CAPITAL CAMPAIGN SUPPORT, DESIGNATED DISTRIBUTION, THE NCSML OLD PRAGUE CHRISTMAS MARKET, GENERAL SUPPORT, AGENCY DISTRIBUTION, REBUILDING THE FUTURE CAMPAIGN, RECORDING VOICES & DOCUMENTING MEMORIES OF CZECH & SLOVAK AMERICANS, NCSML CHANGING EXHIBITION PROGRAM, ANNUAL SUPPORT, BRIDGE BUILDER AWARD TO GAIL NAUGHTON FOR STAFF DEVELOPMENT, AGENCY DISTRIBUTION

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NEIGHBORHOOD MEAL & ENRICHMENT PROGRAMC/O JOANNE KRIZ 4032 VINE CEDAR RAPIDS, IA 52403	42-1422494	501(C)(3)	10,000				SUMMER NOON MEALS
NEW COVENANT BIBLE CHURCH1800 46TH ST NE CEDAR RAPIDS, IA 52402	51-0139200	501(C)(3)	12,861				MISSIONS PROGRAM

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NORTHWEST NEIGHBORS NEIGHBORHOOD ASSOCIATIONPO BOX 9266 CEDAR RAPIDS, IA 52409	42-1436418	501(C)(3)	26,605				SUMMER ADVENTURES IN FUN, NORTHWEST NEIGHBORHOOD RESOURCE CENTER
OAK HILL JACKSON NEIGHBORHOOD ASSOCIATION1230 5TH STREET SE CEDAR RAPIDS, IA 52401	39-1906031	501(C)(3)	18,625				OAK HILL JACKSON NEIGHBORHOOD RESOURCE CENTER

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OLD CREAMERY THEATRE COMPANY INC39 38TH AVENUE AMANA, IA 52203	42-0985212	509(A)(2)	6,172				THEATRE FOR YOUNG AUDIENCES TOURING PRODUCTION "WHAT A DIFFERENCE A PLAY MAKES", AGENCY DISTRIBUTION
OLIN HISTORICAL COMMISSION303 JACKSON ST PO BOX 301 OLIN, IA 52320	42-6005062	GOVERNMENT	7,680				BUILDING REPAIR

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OLIN PUBLIC LIBRARY301 PARKWAY PO BOX 318 OLIN,IA 52320	42-6005062	GOVERNMENT	12,000				SAVING MONEY, SAVING TIME IMPROVING ACCESS TO INFORMATION & RESOURCE SHARING
OTTUMWA COMMUNITY SCHOOL DISTRICT422 MCCARROLL DRIVE OTTUMWA,IA 52501	42-6037985	GOVERNMENT	29,480				WRESTLING MATS, TRAILER FOR OHS BAND PROGRAM

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OTTUMWA SYMPHONY ORCHESTRAPO BOX 173 OTTUMWA, IA 52501	42-1320132	501(C)(3)	7,000				SPRING CONCERT AT BRIDGE VIEW CENTER
PLANNED PARENTHOOD OF THE HEARTLAND INC1171 7TH STREET DES MOINES, IA 50314	42-0727488	509(A)(1)	12,645				AGENCY DISTRIBUTION, DESIGNATED DISTRIBUTION, GENERAL SUPPORT

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PRESBYTERIAN CHURCH USA237 10TH ST NW CEDAR RAPIDS, IA 52405	23-6393377	509(A)(1)	58,210				AFTER SCHOOL AND SUMMER RECREATION PROGRAM, FOOD ASSISTANCE AND NUTRITION EDUCATION EMPHASIZED FOR FAMILIES WITH CHILDREN, DESIGNATED DISTRIBUTION, CLOTHING CLOSET & FOOD PANTRY
REBUILDING PALO FUND INCPO BOX 345 PALO,IA 52324	80-0216696	509(A)(1)	10,000				PALO DEPOT BUILDING

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RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 52302	42-1473672	509(A)(1)	15,612				DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, MUSIC FOR SENIORS AND KIDS, MUSIC IN LIBRARIES OF RURAL LINN COUNTY, GENERAL SUPPORT
RIDERS CLUB OF CEDAR RAPIDS 222 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	27-0912051	501(C)(3)	30,000				RIDE SHARE PROGRAM

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SALVATION ARMY NATIONAL CORPORATION 1000 C AVENUE NW CEDAR RAPIDS, IA 52405	22-2406433	501(C)(3)	17,591				DESIGNATED DISTRIBUTION, KIDS IGNITE SUMMER DAY CAMP, GENERAL SUPPORT
SCIENCE STATION 4444 FIRST AVE NE SUITE 200 CEDAR RAPIDS, IA 52402	42-1261821	501(C)(3)	7,250				ANNUAL SUPPORT, SUMMER CAMP 2011, FRESH EXHIBITS FOR OUR EARLY CHILDHOOD GALLERY

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ST GEORGE ANTIOCHIAN ORTHODOX CHURCH3650 COTTAGE GROVE AVENUE CEDAR RAPIDS, IA 52403	90-0189439	CHURCH	6,260				AGENCY DISTRIBUTION
ST LUKE'S HEALTH CARE FOUNDATION855 A AVENUE NE SUITE 105 CEDAR RAPIDS, IA 52402	42-1106819	509(A)(1)	12,551				OPENING THE DOORS CAMPAIGN, AGENCY DISTRIBUTION, DESIGNATED DISTRIBUTION, CHILD PROTECTION CENTER, ASSISTANCE FOR LOW-INCOME WOMEN AND CHILDREN, COOK CANCER WELLNESS CENTER

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ST MATTHEW'S CATHOLIC CHURCH2310 1ST AVENUE NE CEDAR RAPIDS, IA 52402	42-0730342	501(C)(3)	18,950				RENOVATE & RENEW CAPITAL CAMPAIGN, GENERAL SUPPORT, DESIGNATED DISTRIBUTION
ST PIUS X CHURCH4949 COUNCIL STREET NE CEDAR RAPIDS, IA 52402	42-0859572	CHURCH	13,000				GENERAL SUPPORT

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STARLIGHTERS II INC136 E MAIN ST ANAMOSA, IA 52205	42- 1125849	501(C)(3)	16,400				TUCKPOINTING, GENERAL SUPPORT / AIR CONDITIONING UNIT FOR THEATRE BUILDING
STATE UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY, IA 52242	42- 0796760	509(A)(1)	17,973				MATCHING GIFT OF FRONTIER FOODS EMPLOYEE, IOWA LADIES FOOTBALL ACADEMY FUND, UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, BRADLEY LECTURE SERIES, KHAK RADIOTHON, TOUCHDOWN FOR KIDS - FALL 2011, TIPPIE COLLEGE OF BUSINESS, INTERNATIONAL WRITING PROGRAM, U OF I COLLEGE OF LAW

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TANAGER PLACE 2309 C STREET SW CEDAR RAPIDS, IA 52404	42-0688079	509(A)(2)	13,131				2011 TANAGER PLACE GOLF INVITATIONAL SPONSOR, DIABETES CAMP, GENERAL SUPPORT, EXPRESSIVE ARTS PROGRAM, DESIGNATED DISTRIBUTION, RENOVATION OF BATHROOMS
TAYLOR AREA NEIGHBORHOOD ASSOCIATION TAYLOR ELEMENTARY CEDAR RAPIDS, IA 52404	42-1426784	501(C)(3)	25,000				TIGER CUB CLUB

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TAYLOR ELEMENTARY SCHOOL720 7TH AVENUE SW CEDAR RAPIDS, IA 52404	42-6023551	GOVERNMENT	15,000				TAYLOR SCHOOL OUTDOOR CLASSROOM
THE CATHERINE MCAULEY CENTER INC866 4TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	509(A)(1)	53,239				GENERAL SUPPORT, DESIGNATED DISTRIBUTION, ADULT BASIC EDUCATION PROGRAM(ABEP) AND TRANSITIONAL HOUSINGPROGRAM (THP), CURRICULUM MATERIALS AND TRANSPORTATION SERVICES FOR TRANSITIONAL HOUSING PROGRAM

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TREES FOREVER INC770 7TH AVENUE MARION,IA 52302	42-1419181	509(A)(1)	13,121				RECOVER, REPLANT & RESTORE CAMPAIGN, BRAND REVIEW AND IMPLEMENTATION PROJECT, TAYLOR SCHOOL OUTDOOR CLASSROOM, GENERAL SUPPORT, DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION
UNITED WAY OF EAST CENTRAL IOWA317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS, IA 52403	42-0861239	509(A)(1)	112,996				WHEELS UNITED, SPONSORSHIP, GENERAL SUPPORT, AGENCY DISTRIBUTION, LINN COUNTY "PROJECT SPACE" AT HEARTH ACADEMY, CAMPAIGN SUPPORT, DESIGNATED DISTRIBUTION

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UNIVERSITY OF CHICAGO OFFICE OF GIFT PLANNING 401 N MICHIGAN AVE STE 900 CHICAGO, IL 60611	36-2177139	501(C)(3)	62,716				UNIVERSITY OF CHICAGO GRADUATE BUSINESS SCHOOL, MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER, UNIVERSITY OF CHICAGO COLLEGE FUND
UNIVERSITY OF CHICAGO UNIVERSITY RESEARCH ADMINISTRATION 6030 S ELLIS AVE ROOM 114 CHICAGO, IL 60637	36-2177139	501(C)(3)	50,000				ROLE OF COMPLEMENT FACTOR H IN MPGN

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UNIVERSITY OF IOWA FINANCIAL AID OFFICE 208 CALVIN HALL IOWA CITY, IA 52242	42-6004813	GOVERNMENT	13,524				SCHOLARSHIPS, SUMMER JOURNALISM WORKSHOP, WOMEN'S LEADERSHIP CONFERENCE PATRON LEVEL SPONSOR
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID 105 GILCHRIST CEDAR FALLS, IA 50614	42-6004333	GOVERNMENT	50,611				SCHOLARSHIPS

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UNIVERSITY OF NORTHERN IOWA FOUNDATION205 COMMONS CEDAR FALLS,IA 50614	42-6058591	509(A)(1)	107,000				2011 UNI ELECTRONIC MEDIA WORKSHOP, FUND FOR EXCELLENCE
WAPELLO COUNTY FOUNDATIONPO BOX 878 OTTUMWA,IA 52501	42-1212642	501(C)(3)	174,151				AGENCY DISTRIBUTION

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WAPELLO COUNTY TRAILS COUNCIL33 BROOKWOOD CT OTTUMWA, IA 52501	20-8195837	501(C)(3)	15,000				FUNDING A CONNECTING TRAIL
WASHINGTON HIGH SCHOOL 2205 FOREST DRIVE SE CEDAR RAPIDS, IA 52403	42-6023551	GOVERNMENT	45,451				IMAC COMPUTER FOR NEWSPAPER LAB, ADVANCED PLACEMENT SCHOLARSHIP PROGRAM, ASTROPHOTOGRAPHY, DESIGNATED DISTRIBUTION

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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 FAMILIES318 5TH STREET SE CEDAR RAPIDS, IA 52401	42-0680307	509(A)(1)	17,740				DESIGNATED DISTRIBUTION, ANNUAL SUPPORT, HONORARY LEVEL SPONSOR, WAYPOINT FOOD PANTRY, MATCHING GIFT OF FRONTIER EMPLOYEE, GENERAL SUPPORT, MADGE PHILLIPS CENTER, AGENCY DISTRIBUTION
WILLIS DADY EMERGENCY SHELTER INC1247 4TH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	509(A)(1)	36,723				A LEARNERS' RESOURCE LIBRARY, ENHANCING CLIENT CONNECTIONS, A WAY HOME EXTENDING CASE MANAGEMENT TO THE NEAR-HOMELESS AND THOSE MOVING FROM SHELTER TO PERMANENT HOUSING, GENERAL SUPPORT, BUILDING A DEVELOPMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WITWER SENIOR CENTER INC605 SECOND AVE SE CEDAR RAPIDS, IA 52401	42-1153156	501(C)(3)	14,973				DESIGNATED DISTRIBUTION, GENERAL SUPPORT, TECHNOLOGY CHANGING OUR LIVES/CHANGING OUR BRAINS
YMCA OF CEDAR RAPIDS207 7TH AVENUE SE CEDAR RAPIDS, IA 52401	42-0680306	501(C)(3)	31,851				BUILDING YMCA TECHNOLOGY SYSTEMS FOR THE FUTURE, DESIGNATED DISTRIBUTION, CAMP WAPSIE, STRONG KIDS CAMPAIGN, CONTINUING THE QUEST CAPITAL CAMPAIGN, CAMP WAPSIE CABIN RENOVATION, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MENS CHRISTIAN ASSOCIATION OF OTTUMWA IOWA 611 NORTH HANCOCK OTTUMWA, IA 52501	42-0725202	501(C)(3)	16,293				TIMING EQUIPMENT AND SCOREBOARD
YOUNG PARENTS NETWORK INC420 6TH STREET SE CEDAR RAPIDS, IA 52401	42-1355480	509(A)(1)	29,000				PREGNANCY PREVENTION PROGRAM, YPN DAYTIME PROGRAM OFFERINGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZACH JOHNSON FOUNDATIONPO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	PRIVATE NONOPERATING	21,000				PRESENTING SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE 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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<input type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in 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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1B	THERE IS NO WRITTEN POLICY, HOWEVER THE BOARD APPROVED THE PAYMENT OF THE DUES AS PART OF THE PRESIDENT'S OVERALL COMPENSATION PACKAGE

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
THE 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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	20	773,899	FMV
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 ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?			31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			32a	Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF DONORS IN EACH CATEGORY
THIRD PARTY USE	PART I, LINE 32B	CHARLES SCHWAB SELLS NON CASH CONTRIBUTIONS RECEIVED IN THE FORM OF STOCK FOR THE ORGANIZATION

SCHEDULE O

(Form 990 or 990-EZ)

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number

42-6053860

Identifier	Return Reference	Explanation
FIN 48 EXPLANATION	FORM 990, PART IV, LINE 11F	THE ORGANIZATION CONSIDERED UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) AND DETERMINED THAT NO LIABILITY FOR UNCERTAIN TAX POSITIONS SHOULD BE RECORDED AS OF DECEMBER 31, 2011 THEREFORE, THERE IS NO FOOTNOTE REGARDING SUCH LIABILITY IN THE ORGANIZATION'S FINANCIAL STATEMENTS
	FORM 990, PART VI	FORM 990, PART VI, SECTION A, LINE 8B MINUTES ARE KEPT FOR COMMITTEE MEETINGS HOWEVER, DETAIL MINUTES ARE NOT KEPT DURING EXECUTIVE SESSIONS EXECUTIVE SESSIONS ARE OPEN TO ALL BOD AND ARE HELD ONLY WHEN NEEDED, TYPICALLY AS A PORTION OF THE BOD OR EXECUTIVE COMMITTEE MEETING
	FORM 990, PART VI, SECTION A, LINE 4	THE BY-LAWS WERE AMENDED TO UPDATE THE FOUNDATION'S ADDRESS AND CHANGES WERE MADE TO THE TERM LIMITS OF THE BOARD OF DIRECTORS THE ARTICLES OF INCORPORATION WERE AMENDED TO REFLECT THE FOUNDATION'S NEW ADDRESS AND PRESIDENT & CEO
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED IN DETAIL BY THE ORGANIZATION AFTER THE RETURN HAS BEEN REVIEWED, A COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES), AS ULTIMATELY FILED WITH THE IRS, WILL BE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BODY OF THE ORGANIZATION, IN ELECTRONIC FORM, PRIOR TO ITS FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	GCRCF BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST DECLARATION AT THE BEGINNING OF EACH YEAR IN ADDITION, CONFLICT OF INTEREST DECLARATIONS ARE COMPLETED AND SIGNED BEFORE VOTING ON GRANT APPROVALS AT EACH BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR/TOP MANAGEMENT OFFICIAL INCLUDED AN ANNUAL REVIEW PROCESS BASED ON A PERFORMANCE REVIEW AND ECONOMIC CONDITIONS FORM 990, PART VI, SECTION B, LINE 15B THE ORGANIZATION DOES NOT HAVE OTHER EMPLOYEES WHO FIT THE FORM 990 DEFINITION OF OFFICER OR KEY EMPLOYEE, THEREFORE A PROCESS FOR DETERMINING COMPENSATION IS NOT NECESSARY
	FORM 990, PART VI, SECTION C, LINE 19	THE FOLLOWING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST - ARTICLES OF INCORPORATION - BY-LAWS - CONFLICT OF INTEREST POLICY - FINANCIAL STATEMENTS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,273,538 ACTUARIAL ADJUSTMENT OF ANNUITIES 41,900 DISTRIBUTION TO DONORS -293,900 OTHER ADJUSTMENT -4,931 TOTAL TO FORM 990, PART XI, LINE 5 -4,530,469
AUDIT OVERSIGHT COMMITTEE	FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GREATER CEDAR RAPIDS COMMUNITY FOUNDATION REAL ESTATE FUND 324 3RD ST SE CEDAR RAPIDS, IA 52401 42-1511300	SUPPORT GCRCF	IA	501(C)(3)	LINE 11B, II	GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NO TRANSACTION WITH RELATED OR CONTROLLED ENTITIES DURING THE YEAR			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 42-6053860

Name: THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	58,796	including grants of \$) (Revenue \$ 55,000)
GRANT WRITING				