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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION		D Employer identification number 42-6053860
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 324 3RD ST SE	Room/suite	E Telephone number (319) 366-2862
	City or town, state or country, and ZIP + 4 CEDAR RAPIDS, IA 52401		G Gross receipts \$ 22,455,861
	F Name and address of principal officer LESLIE H GARNER JR 324 3RD ST SE CEDAR RAPIDS, IA 52401		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.GCRCF.ORG	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION IS TO HELP DONORS GIVE IN MEANINGFUL WAYS, TO STRENGTHEN NONPROFITS, AND TO PROVIDE LEADERSHIP THAT SUPPORTS A VIBRANT COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	65
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	23,338
b Net unrelated business taxable income from Form 990-T, line 34	7b	1,359	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,388,979	Current Year 6,980,461
	9 Program service revenue (Part VIII, line 2g)	94,638	60,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,205,257	8,599,599
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,385	46,118
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,697,259	15,686,178
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,639,807
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		953,507	973,292
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 447,513			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,243,256	936,882
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,836,570	7,555,404
19 Revenue less expenses Subtract line 18 from line 12		2,860,689	8,130,774
Net Assets or Fund Balances		Beginning of Current Year	
	20 Total assets (Part X, line 16)	111,655,824	123,375,167
	21 Total liabilities (Part X, line 26)	23,477,242	27,769,684
	22 Net assets or fund balances Subtract line 21 from line 20	88,178,582	95,605,483

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-11-14 Date	
	LESLIE H GARNER JR PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name KAY HEGARTY		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN P00091057	
	Firm's name ▶ MCGLADREY LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 221 THIRD AVENUE SE STE 300 CEDAR RAPIDS, IA 524011512			Phone no (319) 298-5333	

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

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

THE MISSION OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION IS TO HELP DONORS GIVE IN MEANINGFUL WAYS, TO STRENGTHEN NONPROFITS, AND TO PROVIDE LEADERSHIP THAT SUPPORTS A VIBRANT COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 6,057,511 including grants of \$ 5,645,230) (Revenue \$ 21,051)

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS NEARLY 700 FUNDS BUILT WITH GIFTS AND BEQUESTS IN 2012, THE FOUNDATION RECEIVED MORE THAN \$9.9 MILLION FROM 1,215 INDIVIDUALS AND BUSINESSES. ALSO IN 2012, THE COMMUNITY FOUNDATION AWARDED \$6 MILLION IN GRANTS TO LOCAL NONPROFITS.

4b

(Code) (Expenses \$ 22,021 including grants of \$) (Revenue \$ 100)

THE NONPROFIT WORK, FORMERLY CALLED THE LINN COUNTY NONPROFIT RESOURCE CENTER, IS A PROGRAM OF THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION. THE NONPROFIT NETWORK SERVES AS A POINT OF CONNECTION AND RESOURCES FOR LOCAL NONPROFIT ORGANIZATIONS AND PROFESSIONALS, WITH A FOCUS ON PEER ENGAGEMENT, LEARNING OPPORTUNITIES, AND NONPROFIT INFORMATION.

4c

(Code) (Expenses \$ 104,699 including grants of \$) (Revenue \$ 60,000)

THE COMMUNITY DEVELOPMENT GRANT PROGRAM WAS ESTABLISHED IN JULY 2011 AND IS JOINTLY FUNDED BY THE CITY OF CEDAR RAPIDS, LINN COUNTY, AND THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION. THE INITIATIVE CONVENES AGENCIES TO FACILITATE COLLABORATION ON LARGE PROJECTS, PROVIDE PROJECT MANAGEMENT, AND LEAD OR ASSIST GRANT EFFORTS INCLUDING RESEARCH, WRITING AND MANAGEMENT. SINCE ITS INCEPTION, THE PROGRAM HAS BEEN SUCCESSFUL IN FACILITATING \$6 MILLION IN GRANT FUNDING AND HAS CONVENED OVER 100 AGENCIES WITH DIFFERENT INTERESTS TO COLLABORATIVELY DEVELOP COHESIVE FUNDING REQUESTS AND INNOVATIVE PROJECTS.

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)






















4e

Total program service expenses

6,184,231

Form 990 (2012)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II 	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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV 	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 United States? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
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 United States? If "Yes," complete Schedule F, Parts III and IV 	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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 11b 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

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	26			
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	Yes			
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	17			
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	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions?	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				
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. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	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	21	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	21	
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	No
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) GARY BARTLETT DIRECTOR	2 00	X						0	0	0
(2) JOHN BICKEL DIRECTOR	2 00	X						0	0	0
(3) LYDIA BROWN DIRECTOR	2 00	X						0	0	0
(4) KARL CASSELL DIRECTOR	2 00	X						0	0	0
(5) JOHN CHAIMOV DIRECTOR	2 00	X						0	0	0
(6) LOREN COPPOCK DIRECTOR	2 00	X						0	0	0
(7) CHRIS DEWOLF CHAIR	2 00	X		X				0	0	0
(8) GREG DUNN DIRECTOR	2 00	X						0	0	0
(9) TIFFANY ANN EARL DIRECTOR	2 00	X						0	0	0
(10) SARA FITZGERALD DIRECTOR	2 00	X						0	0	0
(11) RUTH HAIRSTON DIRECTOR	2 00	X						0	0	0
(12) NANCY KASPAREK DIRECTOR	2 00	X						0	0	0
(13) MAUREEN KENNEY DIRECTOR	2 00	X						0	0	0
(14) CHERYLE MITVALSKY CHAIR	2 00	X		X				0	0	0
(15) THOMAS MOORE DIRECTOR	2 00	X						0	0	0
(16) KATIE OBERBROECKLING TREASURER	2 00	X		X				0	0	0
(17) JOHN OSAKO DIRECTOR	2 00	X						0	0	0

Part VII

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			
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>	3		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>	4	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>	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Form 990 (2012)

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	2,340			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	377,876			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,600,245			
	g	Noncash contributions included in lines 1a-1f \$		1,822,429			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	GRANT WRITING	Business Code	900099	60,000	60,000	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			60,000		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,554,117		23,338
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		(i) Real		(ii) Personal			
		24,967					
		0					
		24,967					
d		Net rental income or (loss)		24,967			24,967
7a		(i) Securities		(ii) Other			
		10,809,539		5,626			
		6,764,287		5,396			
		4,045,252		230			
d		Net gain or (loss)		4,045,482			4,045,482
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
b		Less direct expenses		b			
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19		a			
b		Less direct expenses		b			
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances		a			
b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code		21,151			
11a	OTHER INCOME	900099					
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			15,686,178	81,151	23,338	8,601,228

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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.	5,582,377	5,582,377		
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.	62,853	62,853		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	269,134		211,742	57,392
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.	537,173	218,531	172,142	146,500
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	54,716	18,720	22,695	13,301
9	Other employee benefits.	56,194	21,882	21,633	12,679
10	Payroll taxes.	56,075	19,474	23,076	13,525
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	7,255		7,255	
c	Accounting.	45,531		45,531	
d	Lobbying.	2,580			2,580
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	256,312		256,312	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	122,063	107,393	6,762	7,908
12	Advertising and promotion.	85,082	1,693		83,389
13	Office expenses.	27,066	6,366	10,311	10,389
14	Information technology.	84,481	24,921	37,552	22,008
15	Royalties.				
16	Occupancy.	127,134	67,796	41,014	18,324
17	Travel.	5,737	872	272	4,593
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	14,940	8,082	4,655	2,203
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	98,982	29,456	43,835	25,691
23	Insurance.	8,828	2,604	3,924	2,300
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	DUES & SUBSCRIPTIONS	25,904	3,460	3,894	18,550
b	CA FRANCHISE TAX	800	800		
c					
d					
e	All other expenses	24,187	6,951	11,055	6,181
25	Total functional expenses. Add lines 1 through 24e.	7,555,404	6,184,231	923,660	447,513
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		411,442	1	
	2	Savings and temporary cash investments		8,975,112	2	5,873,200
	3	Pledges and grants receivable, net		34,300	3	384,300
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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		17,983	9	17,496
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a2,004,200			
	b	Less: accumulated depreciation	10b216,294	1,887,200	10c	1,787,906
	11	Investments—publicly traded securities		75,030,795	11	86,472,315
	12	Investments—other securities. See Part IV, line 11.		24,977,996	12	27,493,609
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		320,996	15	1,346,341
	16	Total assets. Add lines 1 through 15 (must equal line 34).		111,655,824	16	123,375,167
Liabilities	17	Accounts payable and accrued expenses		29,208	17	29,122
	18	Grants payable		741,404	18	77,753
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		20,310,949	21	25,755,902
	22	Loans and other 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.		2,395,681	25	1,906,907
	26	Total liabilities. Add lines 17 through 25.		23,477,242	26	27,769,684
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		85,500,229	27	93,375,816
	28	Temporarily restricted net assets		2,678,353	28	2,229,667
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		88,178,582	33	95,605,483
	34	Total liabilities and net assets/fund balances		111,655,824	34	123,375,167

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	15,686,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,555,404
3	Revenue less expenses Subtract line 2 from line 1	3	8,130,774
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,178,582
5	Net unrealized gains (losses) on investments	5	1,385,061
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,088,934
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,605,483

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	No
3b	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	3b	

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

2012

Open to Public Inspection

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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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 described in **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 33¹/₃% 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 33¹/₃% 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 See **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19,276,474	11,625,492	12,454,956	6,388,979	6,980,461	56,726,362
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	19,276,474	11,625,492	12,454,956	6,388,979	6,980,461	56,726,362
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)						18,569,322
6 Public support. Subtract line 5 from line 4						38,157,040

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	19,276,474	11,625,492	12,454,956	6,388,979	6,980,461	56,726,362
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,257,858	1,233,007	1,832,364	2,845,684		14,168,913
9 Net income from unrelated business activities, whether or not the business is regularly carried on			7,277			7,277
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	28,382	111,145	234,596	8,385		382,508
11 Total support (Add lines 7 through 10)						71,285,060

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

12

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 2012 (line 6, column (f) divided by line 11, column (f))

14

53 530 %

15 Public support percentage for 2011 Schedule A, Part II, line 14

15

60 440 %

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

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, Part V, 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 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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(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)?		No	
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		2,580
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			2,580
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE FOUNDATION PAYS A LOBBYIST TO DISCUSS THE ENDOW IOWA CREDIT WITH THE STATE LEGISLATURE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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	191	0
2 Aggregate contributions to (during year)	4,069,246	0
3 Aggregate grants from (during year)	2,474,835	0
4 Aggregate value at end of year	19,998,725	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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	80,312,002	84,326,973	69,693,044	50,877,918	66,191,363
b Contributions	5,394,012	2,671,999	10,906,373	11,678,959	7,084,983
c Net investment earnings, gains, and losses	9,209,790	-443,475	7,967,085	11,771,761	-19,022,709
d Grants or scholarships	3,054,513	4,614,950	2,873,157	3,684,159	3,302,118
e Other expenditures for facilities and programs				4	
f Administrative expenses	1,496,055	1,628,545	1,366,372	951,431	73,601
g End of year balance	90,365,236	80,312,002	84,326,973	69,693,044	50,877,918

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(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

4

Describe in Part XIII 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		1,539,960	94,272	1,445,688
c Leasehold improvements				
d Equipment		394,240	122,022	272,218
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,787,906

Schedule D (Form 990) 2012

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	16,814,927
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,385,061
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,385,061
3	Subtract line 2e from line 1	3	15,429,866
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	256,312
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	256,312
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	15,686,178

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,057,001
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-242,091
e	Add lines 2a through 2d	2e	-242,091
3	Subtract line 2e from line 1	3	7,299,092
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	256,312
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	256,312
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,555,404

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES. CERTAIN INVESTMENTS OF THE FOUNDATION ARE SUBJECT TO THE UNRELATED BUSINESS INCOME TAX REGULATIONS, AND OCCASIONALLY WILL REQUIRE THE FOUNDATION TO PAY TAX ON THIS UNRELATED BUSINESS INCOME. THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN ACCORDANCE WITH THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT TO ITS FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES FOR YEARS PRIOR TO 2009, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS -242,091

1

3

Enter total number of other organizations or entities ►

Part III

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

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Supplemental Information

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

[illegible]

Schedule I
(Form 990)

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

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to 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. Part II can be duplicated 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 ▶

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

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 FOR COMPETITIVELY AWARDED GRANTS, THE ORGANIZATION REQUIRES 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
AFRICAN AMERICAN HERITAGE FOUNDATION INC55 12TH AVE SE CEDAR RAPIDS,IA 52401	42-1415305	501(C)(3)	36,162				WESTERN AFRICA BEFORE THE BOATS, ANNUAL DESIGNATED DISTRIBUTION, JOURNEY TO FREEDOM, ANNUAL SUPPORT FROM DR ROBERT NICHOLSON AND MS MARY TARBOX, GENERAL SUPPORT, IMMIGRANT STEW AT THE CHAT N' CHEW, CONTINUED ACCESS TO AFRICAN AMERICAN HISTORY & CULTURE, 2012 JUNETEENTH A CELEBRATION OF FREEDOM
AGING SERVICES INC317 7TH AVE SE STE 302B CEDAR RAPIDS,IA 52401	23-7085316	501(C)(3)	16,698				MILESTONES IN MARION, ANNUAL DESIGNATED DISTRIBUTION, MILESTONES IN MARION EXPANSION PROJECT, TECHNOLOGY CHANGING OUR LIVES / CHANGING OUR BRAINS

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 1ST AVE NE STE 101 CEDAR RAPIDS,IA 52402	13-1788491	501(C)(3)	48,098				LINN COUNTY RELAY FOR LIFE, ANNUAL DESIGNATED DISTRIBUTION, LICENSE TO CURE, AMERICAN CANCER SOCIETY LINN GALA 2012, FUND A NEED PROGRAM, RELAY FOR LIFE AT DRAKE
AMERICAN HEART ASSOCIATION1035 N CENTER POINT RD STE B HIAWATHA,IA 52233	13-5613797	501(C)(3)	10,229				HEARTI GRAS-PATRON SUPPORT, GO RED FOR WOMEN, MATCHING DONATION FOR FUNDS KIM WAUTERS TEAM, EMPLOYEE FUND-RAISING EVENT FOR GENERAL FUNDATTN ANI KRUSE ANNUAL DESIGNATED DISTRIBUTION ANNUAL HEART BALL

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

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AMERICAN LEGION POST 0674 TODDVILLE3770 TULL LN CENTER POINT,IA 52213	42-6067379	501(C)(19)	15,000				CAPITAL IMPROVEMENTS
AMERICAN NATIONAL RED CROSSPO BOX 97089 WASHINGTON,DC 20090	53-0196605	501(C)(3)	18,126				HURRICANE SANDY RELIEF, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, DISASTER RESPONSE, PROP TO THE RED CROSS PARTY ON THE RUNWAY

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ARC OF EAST CENTRAL IOWA680 SECOND STREET SE CEDAR RAPIDS,IA 52401	42-0805377	501(C)(3)	19,831				SENSORY INTEGRATION FOR INDIVIDUALS WITH DISABILITIES, COMMUNITY INTEGRATION FOR TEENAGERS WITH DISABILITIES - UTILIZING TO LEARN SOCIAL SKILLS AND PRACTICING THEM IN COMMUNITY SETTINGS, BUILDING COMMUNITY CAPACITY BY ACHIEVING ACCREDITATION, ANNUAL DESIGNATED DISTRIBUTION, 15TH ANNUAL ARC MARCH, EMPLOYMENT MATTERS
AREA SUBSTANCE ABUSE COUNCIL3601 16TH AVE SW CEDAR RAPIDS,IA 52404	42-1114396	501(C)(3)	18,750				GENERAL OPERATING SUPPORT, PREVENTION PROGRAMMING, 2012 RURAL LINN COUNTY SUBSTANCE ABUSE PREVENTION, RECREATIONAL ACTIVITIES FOR ADOLESCENTS IN RESIDENTIAL DRUG TREATMENT

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BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA INC3150 E AVE NW STE 103 CEDAR RAPIDS,IA 52405	42-1170475	501(C)(3)	68,650				MENTORING, BOWL FOR KIDS SAKE, GENERAL SUPPORT,STRATEGIC TECHNOLOGY SYSTEM DESIGN AND ACQUISITION, MENTORING YOUTH FACING ADVERSITY
BOYS AND GIRLS CLUB OF CEDAR RAPIDS420 6TH STREET SE SUITE 240 CEDAR RAPIDS,IA 52401	42-1434056	501(C)(3)	46,928				YOUTH DEVELOPMENT, DUCK RACE SUPPORT, SWIM SAFE CR, FISH-O-RAMA, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, TORCH CLUB, HEALTH & LIFE SKILLS PROGRAM, THE GALA 2012

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BRIDGE VIEW CENTER INC PO BOX 1673 OTTUMWA,IA 52501	42-1474145	501(C)(3)	8,528				ANNUAL DESIGNATED DISTRIBUTION, EXPLORE GREATER OTTUMWA VISITOR CENTER
BRUCEMORE INC2160 LINDEN DR SE CEDAR RAPIDS,IA 52403	42-1170531	501(C)(3)	10,127				GENERAL SUPPORT, GRANT WOOD PORCH CONSERVATION, TAHITIAN PARTY SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, AGENCY DISTRIBUTION, MINNIE RUBECK AWARD TO ROGER JOHNSON FOR STAFF DEVELOPMENT

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

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CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO,IA 52310	23-7210932	501(C)(3)	20,195				PINEAPPLE GALA, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, ANNUAL SUPPORT FROM DR ROBERT NICHOLSON AND MS MARY TARBOX, SPONSORSHIP OF T-SHIRTS FOR CAMPERS, CAMP COURAGEOUS SPRINT TRIATHLON 8/5/12
CATHERINE MCAULEY CENTER INC 866 4TH AVE SE CEDAR RAPIDS,IA 52403	42-1342872	501(C)(3)	50,788				GENERAL SUPPORT

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

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CEDAR RAPIDS CITY MARKET INC1100 THIRD STREET SE CEDAR RAPIDS,IA 52401	27-0600567	501(C)(3)	117,495				GENERAL SUPPORT, CAPITAL CAMPAIGN, MARKET OPERATIONS MANAGER, ROTARY SIGNAGE
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS,IA 52405	42-1197912	501(C)(3)	34,528				STRATEGIC PLANNING, A P GHOSH ADVANCED PLACEMENT SCHOLARSHIPS, SPORTS, ACADEMICS, FINE ARTS & ENRICHMENT FOR KIDS (SAFE), SCHOLARSHIP FOR WASHINGTON HIGH SCHOOL STUDENT, AGENCY DISTRIBUTION, LACE UP FOR LEARNING 2012, \$100 TO EACH ELEMENTARY SCHOOL FOR MUSIC TEACHER USE

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CEDAR RAPIDS METRO ECONOMIC ALLIANCE501 1ST ST SE CEDAR RAPIDS,IA 52401	42-0172900	501 C 6 BUSINESS	246,958				FIVE SEASONS PLAZA RENOVATION
CEDAR RAPIDS MUSEUM OF ART410 3RD AVE SE CEDAR RAPIDS,IA 52401	42-0680248	501(C)(3)	239,527				LURE OF THE LOCAL, EXHIBITION SUPPORT "LOOKING FORWARD, LOOKING BACK ARCHITECTURE OF DOWNTOWN CEDAR RAPIDS, THEN AND NOW", AGENCY DISTRIBUTION, DESIGNATED DISTRIBUTION, MARVIN CONE AN AMERICAN MASTER, GENERAL SUPPORT

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

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CEDAR RAPIDS OPERA THEATRE1120 2ND AVE SE CEDAR RAPIDS,IA 52403	42-1476568	501(C)(3)	29,575				YOUNG ARTIST PROGRAM/SCHOOL OUTREACH OPERAS 2013-2015,WORLD PREMIERE OF NEWLY COMMISSIONED CHILDREN'S OPERA BY ROBERT LINDSEY-NASSIF AT CSPS, GENERAL SUPPORT, FRANKENBOY TOUR
CEDAR RAPIDS PARKS AND RECREATION DEPARTMENT4900 COUNCIL ST NE CEDAR RAPIDS,IA 52402	42-6004336	GOVERNMENT	56,578				CEDAR RAPIDS RIVERFRONT AMPHITHEATER

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CEDAR RAPIDS PUBLIC LIBRARY2600 EDGEWOOD RD SW STE 330 CEDAR RAPIDS,IA 52404	23-7292786	GOVERNMENT	26,140				ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND, WEST SIDE STORY, GENERAL SUPPORT, DESIGNATED DISTRIBUTION
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 2600 EDGEWOOD RD SW STE 330 CEDAR RAPIDS,IA 52404	23-7292786	501(C)(3)	170,694				COMMUNITY OUTCOME STRATEGIC PLANNING, ANNUAL DESIGNATED DISTRIBUTION, LIBRARY 3 0 THE CAMPAIGN TO BUILD YOUR NEW CEDAR RAPIDS PUBLIC LIBRARY

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CEDAR RAPIDS SCIENCE CENTER INC4444 1ST AVE NE STE 410B CEDAR RAPIDS,IA 52402	20-5838514	501(C)(3)	8,300				GENERAL SUPPORT, SUPPORT OF ROBOT FOR LEGO LEAGUE, THE FUTURE IS OURS! STRATEGIC PLANNING FOR THE SCIENCE CENTER, ROBOTS FOR CLASS PROJECTS
CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION INC119 3RD AVE SE CEDAR RAPIDS,IA 52401	42-0772544	501(C)(3)	163,029				GENERAL SUPPORT, OPUS HALL CAPITAL PROJECT, FIFTH GRANDE FIDDLES ENRICHMENT PROGRAM, ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, PARAMOUNT GRAND RE-OPENING GALA, ANNUAL DESIGNATED DISTRIBUTION THE SYMPHONY CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR ENDOWED CHAIR FOR FIRST TRUMPET, OPUS 2011, INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ORCHESTRA IOWA'S FINE ARTS SERIES AT THE PARAMOUNT, CEDAR RAPIDS SYMPHONY SCHOOL, OPERATIONAL SUPPORT FOR THE 2012 FISCAL YEAR

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

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CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC119 THIRD AVENUE SE CEDAR RAPIDS,IA 52401	42-1335662	501(C)(3)	25,370				ANNUAL DESIGNATED DISTRIBUTION
CEDAR RAPIDS THURSDAY NOON LIONS CHARITIES INCPO BOX 1881 CEDAR RAPIDS,IA 52406	42-1299206	501(C)(3)	14,895				VISION AND HEARING, PROCURE A NEW DIGITAL SCREENING CAMERA FOR THE KIDSIGHT PROGRAM

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

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CHICAGO SYMPHONY ORCHESTRA220 S MICHIGAN AVE CHICAGO,IL 60604	36-2167823	501(C)(3)	27,582				ANNUAL DESIGNATED DISTRIBUTION
CITY OF CEDAR RAPIDS 101 FIRST STREET SE CEDAR RAPIDS,IA 52401	42-6004336	GOVERNMENT	5,865				DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM AT BEVER PARK

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

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CITY OF EDDYVILLEPO BOX 518 EDDYVILLE,IA 52553	42-6004620	GOVERNMENT	15,000				CENTRAL PARK
CITY OF ELDONPO BOX 367 ELDON,IA 52554	42-6004622	GOVERNMENT	18,667				DES MOINES RIVER OVERLOOK, SIGNAGE AND TRASH RECEPTACLES

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CITY OF LISBON115 N WASHINGTON ST LISBON,IA 52253	42-6004886	GOVERNMENT	8,000				THE CITY OF LISBON PARKS AND RECREATION DEPARTMENT IS SEEKING FUNDS TO PURCHASE PLAYGROUND EQUIPMENT FOR VERNON STUDT PARK THE PARK IS LOCATED ON THE EAST END OF TRUMAN STREET ON THE WEST SIDE OF LISBON WE ARE PLANNING TO REDEVELOP VERNON STUDT PARK
CITY OF OTTUMWA105 EAST 3RD STREET OTTUMWA,IA 52501	42-6005094	GOVERNMENT	10,000				RETRACTABLE SIDE CURTAINS

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CLOTHE-A-CHILD INCPO BOX 592 MARION,IA 52302	43-2007940	501(C)(3)	10,000				THE GOAL FOR CLOTHE-A-CHILD IS TO PROVIDE CLOTHING FOR UNDERPRIVILEGED CHILDREN IN THE CEDAR RAPIDS/MARION AREA IN CONJUNCTION WITH SEARS, LINDALE MALL AND PAYLESS SHOES OUR GOAL IS TO PROVIDE APPROXIMATELY 200 CHILDREN WITH NEW CLOTHING
COE COLLEGE1220 1ST AVE NE CEDAR RAPIDS,IA 52402	42-0686467	501(C)(3)	321,952				SCHOLARSHIPS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION,ANNUAL FUND, PETERSON HALL RENOVATION

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COMMUNITY HEALTH FREE CLINIC947 14TH AVE SE CEDAR RAPIDS,IA 52401	13-4228071	501(C)(3)	200,770				EMERGENCY DENTAL CARE FOR THE UNINSURED, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PROVIDING FINANCIAL SECURITY, HEALTHCARE FOR THE UNINSURED AND UNDERSERVED, LICENSED PHARMACY
COMMUNITY THEATRE OF CEDAR RAPIDS INC102 3RD ST CEDAR RAPIDS,IA 52401	42-0890913	501(C)(3)	63,373				THEATRE ACTIVATED DESTINATION PROJECT, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, 'HAIRSPRAY' SHOW SUPPORTER, CAPITAL CAMPAIGN, 'ALICE IN WONDERLAND' SHOW CO-SUPPORTER

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CORNELL COLLEGE600 1ST ST SW MOUNT VERNON,IA 52314	42-0680335	501(C)(3)	108,535				ANNUAL FUND, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, PRESIDENT'S HOUSE RENOVATION
COUNCIL ON FOUNDATIONS2121 CRYSTAL DRIVE SUITE 700 ARLINGTON,VA 22202	13-6068327	501(C)(3)	9,840				CHARITABLE PORTION OF COUNCIL ON FOUNDATIONS MEMBERSHIP

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DES MOINES AREA COMMUNITY COLLEGE FINANCIAL AID OFFICE 2006 SOUTH ANKENY BLVD ANKENY,IA 50021	42-0926354	GOVERNMENT	15,500				ENDOWED SCHOLARSHIP, SCHOLARSHIP
DIAKONOS MISSION INC 1006 2ND STREET SW CEDAR RAPIDS,IA 52404	13-4347750	501(C)(3)	5,363				ENDOWED SCHOLARSHIP, SCHOLARSHIP

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EASTERN IOWA ARTS ACADEMY1841 E AVE NE CEDAR RAPIDS,IA 52402	26-0557542	501(C)(3)	37,750				GENERAL SUPPORT, EXTENDED OUTREACH PROGRAM, HARVESTING THE ARTS EVENT, ARTS FOR LIFE PROGRAM FOR 2012-2013, STRATEGIC PLANNING AND BUSINESS PLAN CONSULTATION
ECUMENICAL COMMUNITY CENTER FOUNDATION601 2ND AVE SE STE 2 CEDAR RAPIDS,IA 52401	42-1456338	501(C)(3)	22,967				FIRST MONTH'S RENT PROGRAM, COMPUPLACE

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EMMANUEL EVANGELICAL LUTHERAN CHURCH777 MOORING LINE DR NAPLES,FL 34102	59-1377616	501(C)(3)	6,000				ANNUAL MINISTRY, CAPITAL APPEAL
FAMILIES HELPING FAMILIES OF IOWA INCORPORATED (FHF)PO BOX 10493 CEDAR RAPIDS,IA 52410	71-0985937	501(C)(3)	8,500				THE BACK TO SCHOOL RALLY, PROGRAM SUPPORT

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FAMILY PROMISE OF LINN COUNTY310 5TH ST SE PO BOX 1443 CEDAR RAPIDS,IA 52406	27-3296139	501(C)(3)	20,000				THE FIRST STEP, HELPING FAMILIES ACHIEVE SUSTAINABLE INDEPENDENCE
FEED IOWA FIRST1622 42ND ST NE CEDAR RAPIDS,IA 52402	45-4058376	501(C)(3)	5,850				BUILD INFRASTRUCTURE NEEDED FOR INCREASED VEGETABLE PRODUCTION, START-UP EXPENSES

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FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS,IA 52403	42-0752621	501(C)(3)	11,429				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL CONTRIBUTION, CAMPAIGN SUPPORT
FIRST UNITED METHODIST CHURCH MARION1298 SEVENTH AVENUE MARION,IA 52302	42-0772550	CHURCH	8,838				MARION FLY (FEEDING LUNCHES TO YOUTH)

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FOUNDATION 2 INC1714 JOHNSON AVE NW CEDAR RAPIDS,IA 52405	42-1078444	501(C)(3)	28,389				ANNUAL DESIGNATED DISTRIBUTION, SUPPORTING RECREATION OPPORTUNITIES FOR FOUNDATION 2 SHELTER YOUTH, HEALTH NEEDS OF FOUNDATION 2 SHELTER YOUTH, CRISIS PREVENTION AND RESPONSE
FOUR OAKS INC5400 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	42-0998726	501(C)(3)	64,672				CEDAR VALLEY AFTER SCHOOL PROGRAM FOR KIDS, DUCK RACE SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HONORARIUM FOR HOSTING GCRCF/RIVER PARTNERSHIP SITE VISIT, CEDAR VALLEY RESOURCE CENTER HOLIDAY PARTY, GOLF CLASSIC TOURNAMENT SUPPORT, SUPERVISED MILIEU AT A RISKY TIME (SMART)

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GLOBAL COMMUNITY SERVICE FOUNDATION 3907 LARO CT FAIRFAX,VA 22031	54-1722588	501(C)(3)	15,000				SUSTAINABLE SOCIETY PROJECT PROVIDING SCHOOLING FOR CHILDREN IN NORTH VIETNAM
GOODWILL INDUSTRIES OF THE HEARTLAND--CEDAR RAPIDS1441 BLAIRS FERRY ROAD NE CEDAR RAPIDS,IA 52402	42-0923563	501(C)(3)	10,750				ANNUAL BANQUET, BOOKER FUND, PAID-INTERNSHIPS TOWARDS EMPLOYMENT

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H D YOUTH CENTERPO BOX 74273 CEDAR RAPIDS,IA 52407	39-1907548	501(C)(3)	7,500				ELIMINATE HUNGER, STRENGTHEN FAMILIES, ENHANCE NEIGHBORHOODS, GENERAL SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL INC350 6TH AVE SE CEDAR RAPIDS,IA 52401	42-1320296	501(C)(3)	85,853				GENERAL SUPPORT, FLOOD IMPACTED HOME REHABILITATIONS, 2011/2012 CVHFH REHABILITATION PROGRAM, 2013 CVHFH/AHNI WELLINGTON HEIGHTS ABWK INITIATIVE, ANNUAL DESIGNATED DISTRIBUTION, PROJECT AT 623 H AVENUE NW, EMBRACE IOWA 2008 DISASTER FUND, FOR UNMET COMMUNITY NEEDS

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HAWKEYE AREA COMMUNITY ACTION PROGRAM INCPO BOX 490 HIAWATHA,IA 52233	42-0898405	501(C)(3)	20,592				ANNUAL DESIGNATED DISTRIBUTION, OPERATION BACKPACK, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, FOOD RESERVOIR
HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA 660 32ND AVE SW CEDAR RAPIDS,IA 52404	42-0680304	501(C)(3)	17,112				TRAILBLAZERS SCOUTING INITIATIVE, DICK EYEMAN RECOGNITION, GENERAL PURPOSE, AGENCY DISTRIBUTION, LEADERSHIP FOR FIVE SEASONS HOWARD H CHERRY SCOUT RESERVATION, VETERANS MEMORIAL CAMPFIRE RING, ANNUAL DESIGNATED DISTRIBUTION, TRAILBLAZER UNIT UNIFORMS

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

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HAWKEYE COMMUNITY COLLEGEPO BOX 8015 WATERLOO,IA 50704	42-0925362	GOVERNMENT	15,000				ENDOWED SCHOLARSHIP
HEIGHTS FOUNDATION INC15570 HAGIE DRIVE FORT MEYERS,FL 33908	65-1003872	501(C)(3)	15,000				SUMMER CAMP

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HERBERT HOOVER PRESIDENTIAL LIBRARY ASSOCIATION INCPO BOX 696 WEST BRANCH,IA 52358	42-0848288	501(C)(3)	70,976				ANNUAL DESIGNATED DISTRIBUTION
HIS HANDS MINISTRIESPO BOX 339 CEDAR RAPIDS,IA 52406	39-1878606	501(C)(3)	7,300				THE HEALTHY LIVING PROJECT A CHALLENGE TOWARDS BETTER HEALTH WILL ADDRESS MORBIDITY ISSUES IN OUR PATIENT POPULATION (OBESITY, HYPERTENSION, DIABETES, ECT) THE HEALTHY LIVING PROJECT WOULD INCORPORATES THE 100 DAY CHALLENGE FOR WEIGHT LOSS

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HLV COMMUNITY SCHOOL 402 HARRISON BOX B VICTOR,IA 52347	42-6037189	GOVERNMENT	30,387				ANNUAL DESIGNATED DISTRIBUTION
HORIZONS - A FAMILY SERVICE ALLIANCE819 5TH ST SE CEDAR RAPIDS,IA 52401	42-1135083	501(C)(3)	11,863				PSYCHOLOGICAL TESTING PROGRAM, TRANSPORTATION EXPENSE FOR ANAMOSA RESIDENTS, GENERAL PURPOSE, MEALS ON WHEELS

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HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA317 7TH AVE SE STE 401 CEDAR RAPIDS,IA 52401	27-0487331	501(C)(3)	10,000				HUMAN SERVICES CAMPUS
INDIAN CREEK NATURE CENTER6665 OTIS RD SE CEDAR RAPIDS,IA 52403	23-7260197	501(C)(3)	59,766				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, ENHANCING SAFETY AND EFFICIENCY THROUGH THE ACQUISITION OF APPROPRITATE TOOLS, MINNIE RUBECK AWARD TO NANCY LACKNER FOR STAFF DEVELOPMENT, CREATING EFFICIENCIES AND ENHANCING EFFECTIVENESS WITH A NEW DONOR MANAGEMENT SYSTEM, FOREST FRIEND LEVEL GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION TO HOST CHILDREN AND CARE FOR THE LAND, AGENCY FUND DISTRIBUTIONS, LABRYRINTH FUND, OPERATING EXPENSES, ENHANCING SERVICE TO PEOPLE AND THE ENVIRONMENT THROUGH COLLABORATION

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IOWA ART WORKS INC329 10TH AVE SE SUITE 117 CEDAR RAPIDS,IA 52401	42-1112539	501(C)(3)	10,110				CUSTOMER RELATIONS MANAGEMENT SOFTWARE AND SUPPORT
IOWA BROADCASTERS ASSOCIATION FOUNDATIONPO BOX 71186 DES MOINES,IA 50325	45-4574664	501(C)(3)	256,910				DESIGNATED DISTRIBUTION

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IOWA COLLEGE FOUNDATION505 5TH AVE STE 1034 DES MOINES,IA 50309	42-0745995	501(C)(3)	12,100				ICF ANNUAL FUNDS REQUEST, GENERAL SUPPORT
IOWA JOBS FOR AMERICA'S GRADUATES INCGRIMES STATE OFFICE BUILDING 400 E 14TH STREET--3RD FLOOR DES MOINES,IA 50319	42-1492988	501(C)(3)	10,000				GUARANTEEING GRADUATION AND PREPARING STUDENTS FOR SUCCESS

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IOWA LAKES COMMUNITY COLLEGE300 S 18TH ST ESTHERVILLE, IA 51334	42-0929936	GOVERNMENT	5,250				SCHOLARSHIPS
IOWA LEGAL AID317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	25,408				GENERAL SUPPORT, FORECLOSURE DEFENSE PROJECT, DISASTER RELIEF PROJECT

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IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES,IA 50011	42-6004224	501(C)(3)	20,650				SCHOLARSHIPS
JANE BOYD COMMUNITY HOUSE943 14TH AVE SE CEDAR RAPIDS,IA 52401	42-0680359	501(C)(3)	6,434				ANNUAL DESIGNATED DISTRIBUTION, BASKETBALL PROGRAM- 2 HOOPS

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JONES COUNTY500 W MAIN ST ANAMOSA,IA 52205	42-6004230	GOVERNMENT	23,655				ROUND TABLES TO PROMOTE SOCIALIZATION AND CONVERSATION FOR THE ANAMOSA AND MONTICELLO SENIOR CENTERS, REPLACE THE GENERATOR STATIONED AT THE JONES COUNTY COURTHOUSE THAT SUPPLIES EMERGENCY POWER FOR COUNTY DISPATCH AND THE EMERGENCY OPERATIONS CENTER, NATURE CENTER RENOVATION PROJECT
JONES COUNTY EXTENSION SERVICE AND 4-H605 E MAIN ST ANAMOSA,IA 52205	80-0143333	GOVERNMENT	20,000				TABLES AND CHAIRS FOR JONES COUNTY YOUTH DEVELOPMENT CENTER

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JUNIOR ACHIEVEMENT OF EASTERN IOWA INC324 3RD ST SE STE 200 CEDAR RAPIDS,IA 52401	42-0919209	501(C)(3)	42,827				JA ECONOMICS FOR SUCCESS, ANNUAL SUPPORT, 2011 HALL OF FAME EVENT, PROGRAMS AND OPERATIONS, IN HONOR OF NANCY KASPAREK, 2011 GCRCF BOARD PRESIDENT, DESIGNATED DISTRIBUTION, GENERAL SUPPORT, FINANCIAL LITERACY EDUCATION FOR RURAL SCHOOL DISTRICTS, LANE SUPPORT AT JA'S BOWL-4-EDUCATION EVENT, BRIDGE BUILDER AWARD TO CHRISTINE LANDA FOR STAFF DEVELOPMENT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL1026 A AVE NE STE 113 CEDAR RAPIDS,IA 52406	23-1907729	501(C)(3)	5,500				TEAM ANNIKA 2012 WALK, JDRF WALK, FUND A CURE, MATT NEWUMEYER WALK TEAM

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KENNEDY HIGH SCHOOL 4545 WENIG RD NE CEDAR RAPIDS,IA 52402	42-6023551	GOVERNMENT	5,500				KENNEDY HIGH SCHOOL FOOTBALL KINGSTON STADIUM AD/SUPPORT, MARSHALL FUND ONE-TIME ALLOCATION FOR SCHOOL NEWSPAPER, BOYER/VAN METER JOURNALISM GRANT, FOR KHS BOOSTER CLUB GOLF OUTING 7 20 2012
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS,IA 52401	20-2199649	501(C)(3)	59,865				GENERAL SUPPORT, CHILD ADVOCATES CREATE STABILITY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, MINNIE RUBECK AWARD TO LAURA EBINGER FOR STAFF DEVELOPMENT, EDUCATION WORKSHOPS FOR CHILDREN OF DIVORCE

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KINGSTON HILL202 12TH ST NW CEDAR RAPIDS,IA 52405	42-0681101	501(C)(3) PRIVATE OP	6,709				CONNECTING UP
KIRKWOOD COMMUNITY COLLEGE FOUNDATIONPO BOX 2068 CEDAR RAPIDS,IA 52406	23-7076632	501(C)(3)	101,709				JAZZ EDUCATION PROGRAMS, KIRKWOOD PATHWAYS FOR ACADEMIC CAREER EDUCATION AND EMPLOYMENT SCHOLARSHIP, GENERAL SUPPORT, SCHOLARSHIPS FOR STUDENT IN CULINARY ARTS PROGRAM, DESIGNATED FOR SCHOLARSHIP PROGRAM, PROJECT FINISH SCHOLARSHIPS, 2012 BROADCASTING SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION TO THE AREA OF GREATEST NEED FOR UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS, AGENCY DISTRIBUTION, THIS CHANGES EVERYTHING CAMPAIGN, WORKPLACE LEARNING CONNECTION, WORKPLACE LEARNING CONNECTION STRATEGIC ADVISING

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LBA FOUNDATIONPO BOX 544 CEDAR RAPIDS,IA 52401	27-5343988	501(C)(3)	10,000				2012-2013 LINN COUNTY PROGRAM
LEGION ARTS INC1103 3RD ST SE CEDAR RAPIDS,IA 52401	42-1154136	501(C)(3)	7,366				ANNUAL DESIGNATED DISTRIBUTION, RESTORATION OF CSPS HALL, HONORARIUM FOR HOSTING GCRCF/RIVER PARTNERSHIP SITE VISIT

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LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRYPO BOX 1322 CEDAR RAPIDS,IA 52406	20-0647905	501(C)(3)	25,000				EMERGENCY EXPENDITURE GED PROGRAM FUNDING
LINN COUNTY FAIRPO BOX 329 CENTRAL CITY,IA 52214	42-1231967	501(C)(3)	15,000				LDM BUILDING FUND PROJECT

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LINN COUNTY HISTORICAL SOCIETY615 FIRST AVENUE SE CEDAR RAPIDS,IA 52401	23-7311415	501(C)(3)	51,631				EVALUATION AND DEVELOPMENT OF ANNUAL GIVING AND COMMUNICATIONS PLANS, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
LINN-MAR SCHOOL FOUNDATION2999 N 10TH STREET MARION,IA 52302	42-1267125	501(C)(3)	11,057				ANNUAL DISTRIBUTION

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LYRIC OPERA OF CHICAGO20 N WACKER DR CHICAGO,IL 60606	36-6008929	501(C)(3)	27,582				ANNUAL DESIGNATED DISTRIBUTION
MARION CARES INC766 13TH STREET MARION,IA 52302	26-0585390	501(C)(3)	11,000				GENERAL SUPPORT

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MARION CHURCHES SENIOR LIVING COMMUNITY FOUNDATION PO BOX 572 MARION,IA 52302	42-1427156	501(C)(3)	8,600				PLANNING FOR A SUCCESSFUL FUTURE
MATTHEW 25 MINISTRY HUB225 K AVE NW STE G CEDAR RAPIDS,IA 52405	26-0467321	501(C)(3)	54,076				HONORARIUM FOR HOSTING GCRCF/RIVER PARTNERSHIP SITE VISIT, GENERAL SUPPORT, CULTIVATE HOPE CSA SHARES, EMBRACE IOWA 2008 DISASTER FUND, UNMET COMMUNITY NEEDS, NATURAL PLAYGROUND, WEB PLATFORM REDESIGN

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MERCY MEDICAL CENTER 701 TENTH STREET SE CEDAR RAPIDS,IA 52403	42-0698295	501(C)(3)	11,557				ESPECIALLY FOR YOU RACE 10/07/12
MERCY MEDICAL CENTER FOUNDATION701 10TH ST SE CEDAR RAPIDS,IA 52403	51-0233180	501(C)(3)	59,666				GENERAL SUPPORT, CRYSTAL HERITAGE HISTORY WALL, HALL-PERRINE CANCER CENTER, HOSPICE OF MERCY, ANNUAL DESIGNATED DISTRIBUTION

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METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS,IA 52405	42-0838541	501(C)(3)	25,770				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
MONTICELLO ATHLETIC BOOSTER CLUB850 EAST OAK ST MONTICELLO,IA 52310	42-1205366	501(C)(3)	10,000				MONTICELLO SPORTS COMPLEX PRESS BOX AND STORAGE BUILDING

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MOUNT MERCY UNIVERSITY1330 ELMHURST DR NE CEDAR RAPIDS,IA 52402	42-0681046	501(C)(3)	163,246				GENERAL SUPPORT, CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION FOR THE GROTTO RECONSTRUCTION PROJECT, DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, SCHOLARSHIP, UNITY CAMPAIGN, CHEMYSTERY4KIDS
MT ZION MISSIONARY BAPTIST CHURCH6621 C AVE NE CEDAR RAPIDS,IA 52402	42-0957223	501(C)(3)	6,780				MAKING OUR COMMUNITY HEALTHIER

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NATIONAL COUNCIL ON YOUTH LEADERSHIP533 E POST RD SE CEDAR RAPIDS,IA 52403	43-1252781	501(C)(3)	8,000				TWO-DAY LEADERSHIP SEMINARS FOR 250 HIGH SCHOOL STUDENTS, STUDENT SCHOLARSHIPS
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY1400 INSPIRATION PLACE SW CEDAR RAPIDS,IA 52404	51-0189030	501(C)(3)	47,568				BREWNOSTI 2012 TABLE TASTING SUPPORT, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, REBUILDING THE FUTURE CAMPAIGN, HONORARIUM FOR HOSTING GCRCF/RIVER PARTNERSHIP SITE VISIT, PROVIDING FREE ADMISSION TO THE NCSML

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NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES,IA 50309	53-0242652	501(C)(3)	15,900				CEDAR RIVER RESTORATION AND FLOOD REDUCTION
NEIGHBORHOOD ASSOCIATIONS INC625 1ST AVE SE CEDAR RAPIDS,IA 52401	42-1487431	501(C)(3)	14,680				MIDNIGHT HOOPS

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NEIGHBORHOOD MEAL & ENRICHMENT PROGRAM 4032 VINE AVE SE CEDAR RAPIDS,IA 52403	42-1422494	501(C)(3)	10,000				SUMMER NOON MEALS
NEIGHBORHOOD TRANSPORTATION SERVICE INC317 7TH AVE SE STE 205 CEDAR RAPIDS,IA 52401	26-1306253	501(C)(3)	19,955				EMERGENCY REQUEST SHUTTLE SERVICE CR TO UIHC & VA, MOBILITY MANAGER MATCHING FUNDING

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NEW COVENANT BIBLE CHURCH3090 N CENTER POINT RD CEDAR RAPIDS,IA 52411	51-0139200	501(C)(3)	12,699				SHORT TERM MISSION TRIPS
OAK HILL JACKSON NEIGHBORHOOD ASSOCIATION1230 5TH ST SE CEDAR RAPIDS,IA 52401	39-1906031	501(C)(3)	13,538				BASIC PROGRAM AND NEEDS FULFILLMENT

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OLD OPERA HOUSE COMMUNITY ARTS COUNCIL INCPO BOX 121 COGGON,IA 52218	42-1354260	501(C)(3)	6,080				THE COGGON PUBLIC LIBRARY AND THE OLD OPERA HOUSE ARTS COUNCIL ARE IN NEED OF ADDITIONAL SPACE THE LIBRARY HAS OUTGROWN THE BUILDING IT HAS OCCUPIED SINCE 1985 THE OLD OPERA HOUSE IS IN NEED OF SPACE FOR STORAGE AND MEETING/WORK SPACE
OLIVET NEIGHBORHOOD MISSION230 10TH ST NW CEDAR RAPIDS,IA 52405	42-0757412	501(C)(3)	21,855				AFTER SCHOOL SUMMER REC, ANNUAL DESIGNATED DISTRIBUTION, OLIVET MISSION FULL YEAR YOUTH PROGRAM, CLOTHING CLOSET

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OLIVET PRESBYTERIAN CHURCH237 10TH ST NW CEDAR RAPIDS,IA 52405	42-0757412	CHURCH	5,887				ANNUAL DESIGNATED DISTRIBUTION
OMPRAKASH FOUNDATION112 ROSEBROOK RD NEW CANAAN,CT 06840	20-8655418	501(C)(3)	10,000				FUNDING FOR COMPASS GREEN EDUCATIONAL PROJECT

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OTTUMWA COMMUNITY SCHOOL DISTRICT422 MCCARROLL DRIVE OTTUMWA,IA 52501	42-6037985	GOVERNMENT	23,330				BAND INSTRUMENTS FOR EVANS MIDDLE SCHOOL, FOOTBALL HELMETS FOR HIGH SCHOOL PROGRAM
PLANNED PARENTHOOD OF THE HEARTLAND INC 1171 7TH ST DES MOINES,IA 50314	42-0727488	501(C)(3)	28,177				ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, HEALTH SERVICES TO LOW-INCOME WOMEN IN LINN COUNTY WHO ARE UNINSURED OR UNDERINSURED, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION TO BE USED IN EAST CENTRAL IOWA, EXPAND/CONTINUE SEXUALITY EDUCATION PROGRAMS IN LINN COUNTY

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RED CEDAR CHAMBER MUSICPO BOX 154 MARION,IA 52302	42-1473672	501(C)(3)	17,037				MUSIC IN RURAL LINN COUNTY LIBRARIES, GENERAL SUPPORT, CLOSE RED CEDAR CHAMBER MUSIC QUASI-ENDOWED FUND, MUSIC FOR SENIORS AND KIDS, ANNUAL DESIGNATED DISTRIBUTION
RIDERS CLUB OF AMERICA 222 THIRD AVENUE SE SUITE 220 CEDAR RAPIDS,IA 52401	27-0832680	501(C)(3)	7,500				RIDE SHARE PROGRAM

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SALVATION ARMY NATIONAL CORPORATION 1000 C AVE NW CEDAR RAPIDS,IA 52405	22-2406433	501(C)(3)	33,054				ANNUAL DESIGNATED DISTRIBUTION, THE SALVATION ARMY KIDS IGNITE SUMMER DAY CAMP PROGRAM, COMMUNITY GARDEN PROJECT UW DAY OF CARING
SCOTT COMMUNITY COLLEGE FOUNDATION 500 BELMONT RD BETTENDORF,IA 52722	42-1255106	501(C)(3)	15,000				ENDOWED SCHOLARSHIP

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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
SPT THEATRE COMPANY 115 THIRD STREET SE STE 500 CEDAR RAPIDS,IA 52401	20-0644595	501(C)(3)	14,240				TALES FROM THE WRITER'S ROOM SEASON V, VI, AND VII
ST LUKE'S HEALTH CARE FOUNDATION855 A AVENUE NE CEDAR RAPIDS,IA 52402	42-1106819	501(C)(3)	32,966				GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, CHILD PROTECTION CENTER, COOK CANCER WELLNESS CENTER, SPIRIT FUND, EMBRACING LIFE- A CAPITAL CAMPAIGN FOR ST LUKE'S HOSPICE INPATIENT UNIT

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
ST MARK'S LUTHERAN CHURCH8300 C AVE MARION,IA 52302	42-0810662	501(C)(3)	5,587				CAPITAL CAMPAIGN IMAGINE CAPITAL APPEAL
ST MATTHEW'S CATHOLIC CHURCH2310 1ST AVE NE CEDAR RAPIDS,IA 52402	42-0730342	501(C)(3)	8,190				ANNUAL DESIGNATED DISTRIBUTION, PARISH CAPITAL CAMPAIGN, 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
ST PIUS X CHURCH4949 COUNCIL ST NE CEDAR RAPIDS,IA 52402	42-0859572	CHURCH	13,000				GENERAL SUPPORT
SUMMIT SCHOOLS INC 1010 REGENT ST NE CEDAR RAPIDS,IA 52402	41-1472874	501(C)(3)	40,425				GARDEN PROJECTS, DIRECTOR OF ADMISSIONS AND SUMMER PROGRAMMING SALARY OFFSET FOR TWO YEARS

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
TANAGER PLACE2309 C ST SW CEDAR RAPIDS,IA 52404	42-0688079	501(C)(3)	16,600				ENVIRONMENTAL EDUCATOR FOR THE 2013 SUMMER CAMPING SEASON, ANNUAL DESIGNATED DISTRIBUTION, RESTORE COTTAGE BATHROOMS, 2012 TANAGER GOLF INVITATIONAL HOLE SUPPORTER, EXPRESSIVE ARTS GALA, GENERAL SUPPORT, CHILDREN IN ART
TREES FOREVER INC770 7TH AVE STE B MARION,IA 52302	42-1419181	501(C)(3)	13,212				AGENCY DISTRIBUTION, WEBSITE UPGRADE PROJECT, BRAND REVIEW AND IMPLEMENTATION PROJECT, ANNUAL DESIGNATED DISTRIBUTION, RECOVER, REPLANT & RESTORE CAMPAIGN

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
TROY MILLS HISTORICAL SOCIETYPO BOX 4 TROY MILLS,IA 52344	20-5341268	501(C)(3)	12,786				TROY MILLS ODDFELLOW'S HALL BUILDING RESTORATION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3451 WALNUT ST P-221 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	100,000				RESEARCH ON DENSE DEPOSIT DISEASE

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
UNITED WAY OF EAST CENTRAL IOWA317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS,IA 52403	42-0861239	501(C)(3)	60,872				GENERAL SUPPORT, ANNUAL CAMPAIGN, KIDS ON COURSE, WHEELS UNITED, PACE SETTER YOUTH CAMP, ANNUAL DESIGNATED DISTRIBUTION
UNIVERSITY OF CHICAGO FINANCIAL AID OFFICE 5801 SOUTH ELLIS AVE CHICAGO,IL 60637	36-2177139	501(C)(3)	63,439				ANNUAL DESIGNATED DISTRIBUTION 43 5% TO COLLEGE FUND, 43 5% GRADUATE BUSINESS SCHOOL, 13% TO MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER

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
UNIVERSITY OF COLORADO BOULDER FINANCIAL AID OFFICE FINANCIAL AID OFFICE 556 UCB BOULDER,CO 80309	84-6000555	GOVERNMENT	51,000				RESEARCH ON DENSE DEPOSIT DISEASE, SCHOLARSHIP
UNIVERSITY OF IOWA FINANCIAL AID OFFICE 208 CALVIN HALL IOWA CITY,IA 52242	42-6004813	GOVERNMENT	9,834				SCHOLARSHIPS, MARSHALL JOURNALISM TEACHER AND STUDENT SCHOLARSHIPS

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
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	26,862				CHILDREN'S MIRACLE NETWORK TOUCHDOWNS FOR KIDS, UNIVERSITY OF IOWA COLLEGE OF LAW, KHAK RADIOTHON TO BENEFIT THE U OF I CHILDREN'S HOSPITAL THROUGH CHILDREN'S MIRACLE NETWORK, ANNUAL DESIGNATED DISTRIBUTIONS FOR BRADLEY LECTURE SERIES, UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, THE INTERNATIONAL WRITING PROGRAM, SILVER LINING FUND AT UI CHILDREN'S HOSPITAL, UNIVERSITY OF IOWA CHILDREN'S HOSPITAL
UNIVERSITY OF NORTHERN IOWAOFFICE OF STUDENT FINANCIAL AID 105 GILCHRIST HALL CEDAR FALLS,IA 50614	42-6004333	GOVERNMENT	18,900				SCHOLARSHIPS

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
UNIVERSITY OF NORTHERN IOWA FOUNDATION205 COMMONS CEDAR FALLS,IA 50614	42-6058591	501(C)(3)	112,000				ELECTRONIC MEDIA SCHOLARSHIP, ELECTRONIC MEDIA WORKSHOP, FUND FOR EXCELLENCE
VISIONS OF SUGARPLUMS 501 SPUR 316 SUITE 104 POTTSBORO,TX 75076	68-0606973	501(C)(3)	10,000				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
WAPELLO COUNTY HISTORICAL SOCIETY210 WEST MAIN STREET OTTUMWA,IA 52501	42-1043823	501(C)(3)	20,000				ELECTRICAL PANELS
WASHINGTON HIGH SCHOOL2205 FOREST DR SE CEDAR RAPIDS,IA 52403	42-6023551	GOVERNMENT	54,835				ANNUAL DESIGNATED DISTRIBUTION, MARSHALL FUND ONE-TIME ALLOCATION FOR SCHOOL NEWSPAPER, AP SCHOLARSHIPS, PLAGMAN SCHOLARSHIPS AND PUBLICITY

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
WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES318 5TH ST SE CEDAR RAPIDS,IA 52401	42-0680307	501(C)(3)	69,011				ANNUAL DESIGNATED DISTRIBUTION, RENOVATION OF 1911 YWCA BUILDING, TRIBUTE TO WOMEN OF ACHIEVMENT EVENT, GENERAL SUPPORT, SCHOOL AND ART SUPPLIES, CHILD CARE FOR UPTOWN KIDS, OPERATIONS OF THE WAYPOINT MADGE PHILLIPS CENTER FOR HOMELESS WOMEN AND CHILDREN
WILLIS DADY EMERGENCY SHELTER INC1247 4TH AVE SE CEDAR RAPIDS,IA 52403	42-1311668	501(C)(3)	12,400				5K SUPPORT, GENERAL SUPPORT, FACILITATING A NEW START, BOARD DEVELOPMENT

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 INC317 7TH AVE SE STE 302A CEDAR RAPIDS,IA 52401	42-1153156	501(C)(3)	16,653				BRIDGING THE ORGANIZATIONAL DIVIDE - A NON-PROFIT MERGER BETWEEN WITWER CENTER & AGING SERVICES, ANNUAL DESIGNATED DISTRIBUTION
YMCA OF CEDAR RAPIDS 207 7TH AVE SE CEDAR RAPIDS,IA 52401	42-0680306	501(C)(3)	22,804				YMCA SWITCH PROGRAM, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION, 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 PARENTS NETWORK INC420 6TH ST SE STE 260 CEDAR RAPIDS,IA 52401	42-1355480	501(C)(3)	44,500				BROADWAY MAYBIES, BUILDING FUTURES TOGETHER CAPITAL CAMPAIGN, YPN DAYTIME PROGRAM OFFERINGS, YOUTH DEVELOPMENT PROGRAM
ZACH JOHNSON FOUNDATIONPO BOX 2336 CEDAR RAPIDS,IA 52406	27-2683100	PRIVATE NONOPERATING	5,250				BIRDIES THAT CARE CLASSIC HOLE SUPPORT, KIDS ON COURSE

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
WALKER HISTORICAL SOCIETYPO BOX 173 WALKER,IA 52352	56-2634730	501(C)(3)	7,500				THE VETERANS' MEMORIAL PROJECT WAS STARTED IN MARCH 2011 BY A GROUP OF VETERANS WHO WANTED TO ENRICH THE WALKER COMMUNITY'S INVOLVEMENT WITH LOCAL VETERANS OUR GOAL IS TO DESIGN AND BUILD A MONUMENT WORTHY OF THE HIGH ESTEEM FELT TOWARD LOCAL VETERANS
ABBE CENTER FOR COMMUNITY MENTAL HEALTH520 11TH ST NW CEDAR RAPIDS,IA 52405	42-1045257	501(C)(3)	15,770				ANNUAL DESIGNATED DISTRIBUTION, SAME DAY ACCESS-INCREASING CAPACITY FOR MENTAL HEALTH TREATMENTANNUAL DESIGNATED DISTRIBUTION, SAME DAY ACCESS-INCREASING CAPACITY FOR MENTAL HEALTH TREATMENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number
42-6053860

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>		No
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LESLIE H GARNER JR. PRESIDENT & CEO	(i) (ii)	175,202 0	1,000 0	6,379 0	12,831 0	23,085 0	218,497 0	0 0

Part III Supplemental Information

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

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

2012

Open to Public Inspection

►Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	619,168	STOCK EXCHANGE
10 Securities—Closely held stock	X	1	250,012	APPRAISAL
11 Securities—Partnership, LLC, or trust interests	X	1	184,025	APPRAISAL
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	193,224	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other	X	1	576,000	APPRAISAL
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

4

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?

30a

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 noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2012

Open to Public Inspection

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.

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number

42-6053860

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE COMMUNITY DEVELOPMENT GRANT PROGRAM WAS ESTABLISHED IN JULY 2011 AND IS JOINTLY FUNDED BY THE CITY OF CEDAR RAPIDS, LINN COUNTY , AND THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION THE INITIATIVE CONVENES AGENCIES TO FACILITATE COLLABORATION ON LARGE PROJECTS, PROVIDE PROJECT MANAGEMENT, AND LEAD OR ASSIST GRANT EFFORTS INCLUDING RESEARCH, WRITING AND MANGEMENT SINCE ITS INCEPTION, THE PROGRAM HAS BEEN SUCCESSFUL IN FACILITATING \$6 MILLION IN GRANT FUNDING AND HAS CONVENED OVER 100 AGENCIES WITH DIFFERENT INTERESTS TO COLLABORATIVELY DEVELOP COHESIVE FUNDING REQUESTS AND INNOVATIVE PROJECTS
	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 15	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATIONS CEO/EXECUTIVE DIRECTOR/TOP MANAGEMENT OFFICIAL INCLUDED AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S PERFORMANCE REVIEW, ORGANIZATION'S PERFORMANCE AND FINANCIALS, AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE FULL BOARD IN A CLOSED-DOOR EXECUTIVE SESSION THE PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS INCLUDED AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S PERFORMANCE, ORGANIZATION'S PERFORMANCE AND FINANCIALS AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS THE PROCESS IS CONDUCTED BY THE PRESIDENT AND CEO
	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 9	ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS 242,091 PRIOR PERIOD ADJUSTMENT OF GAAP FINANCIAL STATEMENTS -2,331,025

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						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" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

1s

No

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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]

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

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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