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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Doing Business As

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

324 3RD ST SE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CEDAR RAPIDS, IA 52401

D Employer identification number

42-6053860

E Telephone number

(319) 366-2862

G Gross receipts \$ 24,866,398

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 subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW GCRCF ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1987

M State of legal domicile

IA

Part I	Summary																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO HELP DONORS MAKE A LASTING DIFFERENCE IN THEIR COMMUNITIES THROUGH GRANTS TO NONPROFITS</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>21</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>21</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>18</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>75</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>-4,168</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>-6,929</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	21	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	18	6	Total number of volunteers (estimate if necessary)	75	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-4,168	7b	Net unrelated business taxable income from Form 990-T, line 34	-6,929																								
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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

2014-11-05

Date

LESLIE H GARNER JR PRESIDENT/CEO

Type or print name and title

Print/Type preparer's name

KAY HEGARTY

Preparer's signature

Date

Check ☐ 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 5,428,550 including grants of \$ 5,107,912 ) (Revenue \$ 7,024 )

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 2013, THE FOUNDATION RECEIVED \$10 75 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES AND BUSINESSES ALSO IN 2013, THE COMMUNITY FOUNDATION AWARDED \$5 MILLION IN GRANTS TO LOCAL NONPROFITS

4b

(Code ) (Expenses \$ 96,512 including grants of \$ ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 124,329 including grants of \$ ) (Revenue \$ 80,000 )

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 TO BENEFIT OUR COMMUNITIES

(Code ) (Expenses \$ 91,808 including grants of \$ ) (Revenue \$ )

REACT CENTER

4d

Other program services (Describe in Schedule O )



















(Expenses \$ 91,808 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

5,741,199

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 <b>Section 501(c)(3) organizations.</b> 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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 or other assistance to any domestic organization or government 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 or 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	Yes	
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 25a</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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Yes	
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	18	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		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)?			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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			No
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			No
9b Did the organization make a distribution to a donor, donor advisor, or related person?			No
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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 or note to any line 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			
b	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CA
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. ☑ Own website    ☐ Another's website    ☑ Upon request    ☐ 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 52401 (319) 366-2862

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See 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) LYDIA BROWN DIRECTOR	2 00	X						0	0	0
(3) KARL CASSELL DIRECTOR	2 00	X						0	0	0
(4) JOHN CHAIMOV DIRECTOR	2 00	X						0	0	0
(5) TERRI CHRISTOFFERSEN DIRECTOR	2 00	X						0	0	0
(6) BRENT COBB DIRECTOR	2 00	X						0	0	0
(7) LOREN COPPOCK CHAIR-ELECT	2 00	X		X				0	0	0
(8) CHRIS DEWOLF DIRECTOR	2 00	X						0	0	0
(9) GREG DUNN DIRECTOR	2 00	X						0	0	0
(10) TIFFANY ANN EARL DIRECTOR	2 00	X						0	0	0
(11) SARA FISETTE DIRECTOR	2 00	X						0	0	0
(12) MAUREEN KENNEY DIRECTOR	2 00	X						0	0	0
(13) CHERYLE MITVALSKY CHAIR	2 00	X		X				0	0	0
(14) THOMAS MOORE DIRECTOR	2 00	X						0	0	0
(15) KATIE OBERBROECKLING TREASURER	2 00	X		X				0	0	0
(16) JOHN OSAKO DIRECTOR	2 00	X						0	0	0
(17) ELIZABETH SCHOTT DIRECTOR	2 00	X						0	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (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			
(18) CHRIS SKOGMAN DIRECTOR	2 00	X						0	0	0
(19) OATHER TAYLOR DIRECTOR	2 00	X						0	0	0
(20) FRED TIMKO DIRECTOR	2 00	X						0	0	0
(21) KEVIN WELU DIRECTOR	2 00	X						0	0	0
(22) LESLIE H GARNER JR PRESIDENT & CEO	40 00			X				202,746	0	30,690
(23) JEAN BRENNEMAN CFO	40 00			X				80,043	0	13,874
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								282,789	0	44,564

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 E 5TH STREET SUITE 1600 CINCINNATI OH 45202	INVESTMENT CONSULTING	124,394
TECHNICAL CONSULTING SERVICES 21768 15TH STREET LISBON IA 52253	GRANT RESEARCH, MGMT & WRITING	110,200

2

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a4,783				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e264,655				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f9,052,555				
	g	Noncash contributions included in lines 1a-1f \$	721,631				
	h	Total. Add lines 1a-1f . . . . .		9,321,993			
Program Service Revenue	2a	GRANT WRITING	Business Code 900099	80,000	80,000		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		80,000			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,292,296		3,292,296
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
			34,520				
			0				
			34,520				
d		Net rental income or (loss) . . . . .		34,520		34,520	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			11,852,852	3,525			
			6,568,970	6,519			
			5,283,882	-2,994			
d		Net gain or (loss) . . . . .		5,280,888		5,280,888	
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					
11a	STATE HISTORIC TAX CREDIT	900099	278,356			278,356	
b	OTHER INCOME	900099	7,024	7,024			
c	PARTNERSHIP UBIT	900099	-4,168		-4,168		
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		281,212				
12	Total revenue. See Instructions . . . . .		18,290,909	87,024	-4,168	8,886,060	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,076,022	5,076,022		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	28,890	28,890		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,000	3,000		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	313,939	44,010	185,136	84,793
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.	578,936	221,671	147,578	209,687
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	39,262	15,033	10,008	14,221
9	Other employee benefits.	51,218	19,611	13,056	18,551
10	Payroll taxes.	61,677	23,616	15,722	22,339
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	9,469		9,469	
c	Accounting.	48,282		48,282	
d	Lobbying.	5,406			5,406
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	313,755		313,755	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	138,640	114,551	20,471	3,618
12	Advertising and promotion.	56,845	13,298	10,221	33,326
13	Office expenses.	40,926	16,075	10,161	14,690
14	Information technology.	61,520	25,772	18,149	17,599
15	Royalties.				
16	Occupancy.	190,504	84,034	64,653	41,817
17	Travel.	16,396	4,696	4,278	7,422
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	14,781	8,412	3,924	2,445
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	103,376	36,182	34,114	33,080
23	Insurance.	8,748	3,062	2,887	2,799
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	ADJ TO CSV LIFE INS	142,364		142,364	
b	DUES & SUBSCRIPTIONS	27,132	3,264	4,335	19,533
c					
d					
e	All other expenses.	4,505		4,505	
25	Total functional expenses. Add lines 1 through 24e.	7,335,593	5,741,199	1,063,068	531,326
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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		5,873,200	2	10,007,527
	3	Pledges and grants receivable, net		384,300	3	390,600
	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		17,496	9	12,252
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,987,136		
	b	Less: accumulated depreciation	10b	302,684	1,787,906	10c1,684,452
	11	Investments—publicly traded securities		86,472,315	11	97,055,587
	12	Investments—other securities. See Part IV, line 11.		27,493,609	12	28,624,115
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		1,346,341	15	1,386,846
	16	Total assets. Add lines 1 through 15 (must equal line 34).		123,375,167	16	139,161,379
Liabilities	17	Accounts payable and accrued expenses		29,122	17	27,928
	18	Grants payable		77,753	18	220,121
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		25,755,902	21	28,628,479
	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.		1,906,907	25	2,031,642
	26	Total liabilities. Add lines 17 through 25.		27,769,684	26	30,908,170
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		93,375,816	27	106,065,719
	28	Temporarily restricted net assets		2,229,667	28	2,187,490
	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		95,605,483	33	108,253,209
	34	Total liabilities and net assets/fund balances		123,375,167	34	139,161,379

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	18,290,909
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	7,335,593
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	10,955,316
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	95,605,483
5	Net unrealized gains (losses) on investments . . . . .	5	1,870,075
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	-177,665
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,253,209

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		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	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	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?		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		

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
2013  
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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,625,492	12,454,956	6,388,979	6,980,461	9,321,993	46,771,881
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	11,625,492	12,454,956	6,388,979	6,980,461	9,321,993	46,771,881
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)						15,457,497
6 Public support. Subtract line 5 from line 4						31,314,384

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	11,625,492	12,454,956	6,388,979	6,980,461	9,321,993	46,771,881
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,233,007	1,832,364	2,845,684	4,555,746	3,322,648	13,789,449
9 Net income from unrelated business activities, whether or not the business is regularly carried on		7,277		23,338		30,615
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	111,145	234,596	8,385	21,151	285,380	660,657
11 Total support (Add lines 7 through 10)						61,252,602
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 2013 (line 6, column (f) divided by line 11, column (f))	14	51 120 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	53 530 %
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2013**

Attachment  
Sequence No **179**

Name(s) shown on return THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 10	<b>Identifying number</b>  42-6053860
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**Part I**

**Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

<b>1</b> Maximum amount (see instructions)	<b>1</b>	500,000
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	2,000,000
<b>4</b> Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	

<b>6</b>	<b>(a)</b> Description of property	<b>(b)</b> Cost (business use only)	<b>(c)</b> Elected cost	
<b>7</b>	Listed property Enter the amount from line 29	<b>7</b>		
<b>8</b>	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>		
<b>9</b>	Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>		
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	<b>10</b>		
<b>11</b>	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>		
<b>12</b>	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>		
<b>13</b>	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	<b>13</b>		

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	103,376
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

<b>(a)</b> Classification of property	<b>(b)</b> Month and year placed in service	<b>(c)</b> Basis for depreciation (business/investment use only—see instructions)	<b>(d)</b> Recovery period	<b>(e)</b> Convention	<b>(f)</b> Method	<b>(g)</b> Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year			40 yrs	MM	S/L	

**Part IV** Summary (see instructions.)

<b>21</b> Listed property Enter amount from line 28	<b>21</b>	
<b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	<b>22</b>	103,376
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 <b>Form 1120-POL</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		5,406
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			5,406
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

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.

Return Reference	Explanation
PART II-B, LINE 1	THE FOUNDATION PAYS A LOBBYIST TO DISCUSS THE ENDOW IOWA TAX CREDIT WITH THE STATE LEGISLATURE AND FOUNDATION ISSUES WITH THE FEDERAL LEGISLATURE

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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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	192	3
2 Aggregate contributions to (during year)	4,628,222	
3 Aggregate grants from (during year)	2,061,868	20,700
4 Aggregate value at end of year	21,245,247	464,833
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 ▶ \$ \_\_\_\_\_



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	
- 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	90,365,236	80,312,002	84,326,973	69,693,044	50,877,918
b Contributions	7,107,815	5,394,012	2,671,999	10,906,373	11,678,959
c Net investment earnings, gains, and losses	9,592,629	9,209,790	-443,475	7,967,085	11,771,761
d Grants or scholarships	2,449,694	3,054,513	4,614,950	2,873,157	3,684,159
e Other expenditures for facilities and programs					4
f Administrative expenses	1,723,313	1,496,055	1,628,545	1,366,372	951,431
g End of year balance	102,892,673	90,365,236	80,312,002	84,326,973	69,693,044

- 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

c

Temporarily restricted endowment

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

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,000		70,000
b Buildings		1,539,960	132,768	1,407,192
c Leasehold improvements				
d Equipment		182,176	98,416	83,760
e Other		195,000	71,500	123,500
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,684,452



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	19,847,229
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,870,075
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	1,870,075
3	Subtract line 2e from line 1 . . . . .	3	17,977,154
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	313,755
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	313,755
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	18,290,909

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	7,199,503
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	177,665
e	Add lines 2a through 2d . . . . .	2e	177,665
3	Subtract line 2e from line 1 . . . . .	3	7,021,838
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	313,755
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	313,755
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	7,335,593

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.
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 2010, 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 342,578 ADJUSTMENT FOR TRANSFER OF FUNDS FROM AMOUNTS HELD ON BEHALF OF OTHERS - 164,913

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
42-6053860

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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 . . . . .

109

3

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

1

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
(1) REIMBURSEMENT TO STUDENTS WHO RECEIVED A SCORE OF 3 OR HIGHER ON ADVANCED PLACEMENT TESTS	572	28,180			
(2) CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	23	710			

Part IV

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

Return Reference	Explanation
PART I, LINE 2	FOR COMPETITIVELY AWARDED GRANTS AND FOR DONOR-ADVISED PROJECT GRANTS OF \$5,000 OR MORE, THE ORGANIZATION REQUIRES A FINAL REPORT

Additional Data

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 INC 55 12TH AVE SE CEDAR RAPIDS,IA 52401	42-1415305	501(C)(3)	33,994				ANNUAL DESIGNATED DISTRIBUTION, JOURNEY TO FREEDOM 2013, ENSURING ACCESS TO AFRICAN AMERICAN HISTORY, BEHIND THE BEAT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING SERVICES INC 317 7TH AVE SE STE 302B CEDAR RAPIDS,IA 52401	23-7085316	501(C)(3)	5,867				ANNUAL DESIGNATED DISTRIBUTION, MILESTONES IN MARION THE NEXT STEP



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 INC 4080 1ST AVE NE STE 101 CEDAR RAPIDS, IA 52402	13-1788491	501(C)(3)	46,894				MILESTONES IN MARION THE NEXT STEP, GALA SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, RELAY FOR LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS PO BOX 97089 WASHINGTON,DC 20090	53-1096605	501(C)(3)	28,600				ANNUAL DESIGNATED DISTRIBUTION, OKLAHOMA TORNADO RELIEF FUND, BIG BASH SUPPORT, PHILIPPINES RELIEF

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
ARC OF EAST CENTRAL IOWA 680 SECOND STREET SE CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	21,688				INCLUSION MATTERS, ARC MARCH, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, GOLDEN ANGEL CONTRIBUTION, DOCUMENTATION & BILLING AUTOMATION PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	19,892				YOUTH RESIDENTIAL BATHROOM RENOVATION PROJECT, YOUTH RESIDENTIAL CLIENT SAFETY PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA INC 3150 E AVE NW STE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	52,990				GREATAMERICA LEASING VOLUNTEERS MENTORING YOUTH FACING ADVERSITY, GENERAL SUPPORT, CEDAR RAPIDS METRO YOUTH MENTORING PROJECT, BOWL FOR KID'S SAKE 2014 SUPPORT, CARE EDUCATION INITIATIVE

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
BOYS AND GIRLS CLUB OF CEDAR RAPIDS 420 6TH STREET SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	18,760				GALA 2013, ANNUAL DESIGNATED DISTRIBUTION, FISH O' RAMA TROUT SUPPORT, TORCH CLUB, GENERAL PURPOSE FOR SOUTH SIDE FACILITY, IT JUST TAKES ONE FUND DEVELOPMENT PLANNING

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
BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	29,218				GRANT WOOD PORCH CONSERVATION, ANNUAL DESIGNATED DISTRIBUTION, TAHITIAN PARTY SUPPORT, 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
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO,IA 52310	23-7210932	501(C)(3)	38,111				SUPPORT OF SPRINT TRIATHLON (PLATINUM LEVEL), ANNUAL DESIGNATED DISTRIBUTION, PINEAPPLE GALA



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
CATHERINE MCAULEY CENTER INC 866 4TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	91,500				EXPANDING TRANSITIONAL HOUSING PROGRAM STAFF CONTACT AND PROGRAMMING TO MEET CLIENT NEEDS, MEDICAL ASSISTANCE FOR TRANSITIONAL HOUSING PROGRAM CLIENTS, GENERAL SUPPORT, ADDRESSING FOOD INSECURITY AT CMC IN FY14, IMPROVING TECHNOLOGY FOR COLLABORATION, EFFICIENCY AND SECURITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS CITY MARKET INC 1100 THIRD STREET SE CEDAR RAPIDS, IA 52401	27-0600567	501(C)(3)	177,000				ROTARY SUPPORT OF THE NEW BO MARKET, GENERAL SUPPORT, CAPITAL CAMPAIGN, MEET ME AT THE MARKET

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 524051015	42-6023551	GOVERNMENT	55,534				SCHOOL-BASED MENTAL HEALTH SERVICES-CONSULTATIONS AND EDUCATION, DESIGNATED DISTRIBUTION FOR FIELD TRIPS TO ORCHESTRA IOWA CONCERTS, HARDING MIDDLE SCHOOL GLBTQ RESOURCE DEVELOPMENT AND BIBLIO-THERAPY FOR GLBTQ YOUTH, HARDING MIDDLE SCHOOL AFRICA THE LAND, HISTORY AND PEOPLE, REPLACE THE MCKINLEY MIDDLE SCHOOL PIANO, MCKINLEY MIDDLE SCHOOL BEAR WALK-FIELD IMPROVEMENTS, MCKINLEY MIDDLE SCHOOL BAND INSTRUMENTS, A P GHOSH SCHOLARS SHIRTS, CERTIFICATES AND MEDALLIONS, HIAWATHA ELEMENTARY RAINBOW SUMMER CAMP, HOOVER CULTURE CAMP, JACKSON ELEMENTARY WORLD DRUMMING, JEFFERSON HIGH SCHOOL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL SCHOLARSHIP PROGRAMS, JEFFERSON HIGH SCHOOL FAB FIVE EVENT SUPPORT, JOHN HEGARTY JR AWARD SCHOLARSHIP FUND, TAYLOR ELEMENTARY READING IS FUN WITH THE ROUGHRIDERS PROGRAM, METRO NORTH ROTARY ZOMBIE PROM SPONSORSHIP, METRO HIGH SCHOOL STEM CLASSROOM CAMERA TECHNOLOGY, KENNEDY TRAP CLUB

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	13,265				LACE UP FOR LEARNING, 2012 SCHOLARSHIP FEE, \$100 TO EACH ELEMENTARY SCHOOL FOR MUSIC TEACHER USE, GENERAL FUND, SAFE PROGRAM, KENNEDY FOOTBALL PARENT GROUP FOR KINGSTON STADIUM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS FREEDOM FESTIVAL 609 1ST AVE SW CEDAR RAPIDS, IA 524053931	42-1329035	501(C)(3)	10,000				FREEDOM FESTIVAL WEBSITE ENHANCEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS METRO ECONOMIC ALLIANCE 501 1ST ST SE CEDAR RAPIDS, IA 52401	42-0172900	501(C)(6)	25,000				TREE OF FIVE SEASONS CONSTRUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 524011606	42-0680248	501(C)(3)	260,939				MARTINI MADNESS 2013, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, BRIAN SELZNICK, CURRENT FUND RAISING PROJECT IN THE NAME OF BONNIE AND ROGER SCHMIDT, GENERAL SUPPORT, PROGRAM GRANT JULY 2013, 3RD CAPITAL CAMPAIGN TO ENHANCE THE CEDAR RAPIDS MUSEUM OF ART ON THIRD AVENUE, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF DEANNA CLEMENS PEDERSEN, BUILDING PROJECT, PROJECT MANAGER FOR GREENE SQUARE COLLABORATION

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 THEATRE 1120 2ND AVE SE CEDAR RAPIDS, IA 524032406	42-1476568	501(C)(3)	42,403				15TH ANNIVERSARY SEASON SPONSOR, FURTHER THE MISSION OF CROTI, GENERAL SUPPORT, YOUNG ARTIST PROGRAM/SCHOOL OUTREACH OPERAS 2013-2015



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

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CEDAR RAPIDS PARKS AND RECREATION DEPARTMENT 500 15TH AVE SW CEDAR RAPIDS, IA 52404	42-6004336	GOVERNMENT	20,000				CEDAR RAPIDS RIVERFRONT AMPHITHEATER

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

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CEDAR RAPIDS PUBLIC LIBRARY 450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	23-7292786	GOVERNMENT	10,767				ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND

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

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CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	117,006				GENERAL ENHANCEMENT OF NEW DOWNTOWN LIBRARY, ANNUAL DESIGNATED DISTRIBUTION, TOUR SUPPORT (GRAND OPENING EVENT), MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF THE CLASSICS, GREEN ROOF PLANTERS, GENERAL SUPPORT, LIBRARY 3 0 THE CAMPAIGN TO BUILD YOUR NEW CEDAR RAPIDS PUBLIC LIBRARY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS SCIENCE CENTER INC 5824 COUNCIL ST NE CEDAR RAPIDS, IA 52402	20-5838514	501(C)(3)	30,300				GENERAL SUPPORT, RUN FOR SHELTER 5K, PREVENTION CASE MANAGEMENT

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 INC 119 THIRD AVENUE SE CEDAR RAPIDS,IA 52401	42-1335662	501(C)(3)	204,935				ANNUAL DESIGNATED DISTRIBUTION FOR ENDOWED CHAIR FOR FIRST TRUMPET, ORCHESTRA IOWA'S FINE ARTS SERIES, MUSICAL INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ANNUAL DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, ANNUAL DESIGNATED DISTRIBUTION THE SYMPHONY CENTER, DOORS CAMPAIGN, CRST PARAMOUNT GALA (10OCT12 NM), OPUS CR SYMPHONY SCHOOL, MUSIC IN THE SCHOOLS, FIFTH GRADE FIDDLES ENRICHMENT PROGRAM, SIGHT AND SOUND, ONLINE TICKETING CAPACITY BUILDING, ANNUAL CONTRIBUTION TO ORCHESTRA IOWA, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR VALLEY UNITED WAY 425 CEDAR ST STE 300 WATERLOO,IA 507011351	42-0801846	501(C)(3)	5,500				GENERAL SUPPORT

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

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CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO,IL 606042596	36-2167823	501(C)(3)	30,500				ANNUAL DESIGNATED DISTRIBUTION

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

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CITY OF CEDAR RAPIDS 101 FIRST STREET SE CEDAR RAPIDS, IA 52401	42-6004336	GOVERNMENT	70,568				DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM AT BEVER PARK, DESIGNATED DISTRIBUTION FOR MURAL EXPENSES, CITY OF 5 SEASONS AD 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
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 524025092	42-0686467	501(C)(3)	307,910				ANNUAL DESIGNATED DISTRIBUTION, CAMPAIGN-LAB, GENERAL FUND, SCHOLARSHIPS

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

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COMMUNITY CORRECTION IMPROVEMENT ASSOCIATION 951 29TH AVE SW CEDAR RAPIDS, IA 524043414	42-1382341	501(C)((3)	20,000				CHILDREN OF PROMISE

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

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COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 524012610	13-4228071	501(C)((3)	168,390				ANNUAL DESIGNATED DISTRIBUTION, DENTAL CARE, HIAWATHA COLOR RUN, GENERAL SUPPORT, TO BE USED FOR THE HEALTH CARE NEEDS OF CHILDREN

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
COMMUNITY THEATRE OF CEDAR RAPIDS INC 102 3RD ST SE CEDAR RAPIDS, IA 524011246	42-0890913	501(C)((3)	91,394				BROADWAY SERIES SPONSORSHIP, LEGALLY BLONDE, SPONSORSHIP FOR WIZARD OF OZ, ANNUAL DESIGNATED DISTRIBUTION, SPRING AWAKENING SHOW SUPPORT, SEASON SUPPORT, GENERAL SUPPORT, LES MISERABLE GALA SPONSORSHIP, ANNUAL MEMBERSHIP, MONTY PYTHON'S SPAMALOT SHOW 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
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON,IA 523141006	42-0680335	501(C)((3)	168,014				ANNUAL DESIGNATED DISTRIBUTION, PRESIDENT'S HOUSE RENOVATION, GENERAL SUPPORT

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

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CORNELL UNIVERSITY- THE JOHNSON SCHOOL 130 E SENECA STREET SUITE 400 ITHACA,NY 14850	15-0532082	501(C)((3)	10,000				ANNUAL SUPPORT JOHNSON SCHOOL

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

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COUNCIL ON FOUNDATIONS INC 2121 CRYSTAL DR STE 700 ARLINGTON, VA 222023706	13-6068327	501(C)(3)	9,840				CHARITABLE PORTION OF MEMBERSHIP DUES

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

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DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES,IA 503114505	42-0680460	501(C)(3)	10,500				SCHOLARSHIP, DRAKE UNIVERSITY SCIENCE COLLABORATIVE INSTITUTE SUMMER UNDERGRADUATE RESEARCH FELLOWSHIPS



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

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EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	48,250				ARTS FOR LIFE CENTER RENOVATIONS, GENERAL SUPPORT, ARTS FOR LIFE CENTER PROGRAMMING FY2014, EXTENDED OUTREACH PROGRAM

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

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ECUMENICAL COMMUNITY CENTER FOUNDATION-HELPING HANDS MINISTRY 601 2ND AVE SE STE 2 CEDAR RAPIDS,IA 52401	42-1456338	501(C)(3)	12,883				SUPPORT TO HELPING HANDS MINISTRY FOR 2013, COMPUPLACE OCT 2013

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

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FAMILIES HELPING FAMILIES OF IOWA INCORPORATED (FHF) 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	8,000				CAR SEAT FOR KIDS, FHF PROGRAM SUPPORT

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

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FAMILY PROMISE OF LINN COUNTY 310 5TH ST SE PO BOX 1443 CEDAR RAPIDS, IA 52406	27-3296139	501(C)(3)	6,000				MOBILIZE OUR COMMUNITY TO HELP HOMELESS FAMILIES

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

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FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 524032481	42-0752621	501(C)(3)	20,073				SATURDAY EVENING MEAL PROGRAM (SEMP), ANNUAL DESIGNATED DISTRIBUTION, ANNUAL CONTRIBUTION

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

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FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS 310 5TH ST SE CEDAR RAPIDS, IA 524011676	42-0680489	501(C)(3)	10,957				ANNUAL DISTRIBUTION, GENERAL SUPPORT FOR SUNDAY EVENING MEALS PROGRAM

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

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FOUNDATION 2 INC 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 524054865	42-1078444	501(C)(3)	26,795				ANNUAL DESIGNATED DISTRIBUTION, AFTER HOURS FOOD PANTRY SUPPORT, PROGRAMMATIC SUPPORT, HEALTH NEEDS OF FOUNDATION 2 SHELTER YOUTH, RECREATION OPPORTUNITIES FOR FOUNDATION 2 SHELTER YOUTH

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

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FOUR OAKS FAMILY & CHILDREN'S SERVICES 5400 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	145,410				CRISIS PREVENTION AND RESPONSE, TO BE USED TO HELP THOSE WITH MENTAL ILLNESSES, ANNUAL DESIGNATED DISTRIBUTION, GOLF CLASSIC SUPPORT, SCHOOL SUPPLIES, HOLIDAY PARTY- CEDAR VALLEY & HAWTHORNE HILLS, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF DEB KNAKE, TOTAL CHILD CAPACITY CAMPAIGN, GENERAL SUPPORT



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

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FRIENDS OF MCHENRY COUNTY FOUNDATION 8900 US HIGHWAY 14 CRYSTAL LAKE,IL 60012	23-4418071	501(C)(3)	15,000				ENDOWMENT SCHOLARSHIP FUND

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

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GENEALOGICAL SOCIETY OF LINN COUNTY PO BOX 175 CEDAR RAPIDS, IA 524060175	23-7332728	501(C)(3)	7,500				UPDATE THE GENEALOGY LIBRARY COMPUTER USED FOR INDEXING OF MATERIALS, GENERAL SUPPORT, REPLACEMENT OF THE GENEALOGY LIBRARY MICROFILM READER/PRINTER

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

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GIRLS ON THE RUN OF JOHNSON COUNTY IOWA PO BOX 3222 IOWA CITY, IA 52244	45-1294227	501(C)(3)	15,500				2013 SUPPORT, LINN COUNTY PROGRAM DEVELOPMENT

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

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HABITAT FOR HUMANITY INTERNATIONAL INC 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	77,487				2013 CRST WALL PANEL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, 2013 GREATAMERICA LEASING FRONT DOOR SUPPORT, 2013 WORLD CLASS INDUSTRIES FRONT DOOR SUPPORT, 2013 WOMEN BUILD PROJECT, CVHFH/AHNI WELLINGTON HEIGHTS ABWK INITIATIVE, 2014 MCGRATH AUTOMOTIVE GROUP HOME SUPPORT

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

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HAWKEYE AREA COMMUNITY ACTION PROGRAM INC PO BOX 490 HIAWATHA, IA 522330490	42-0898405	501(C)(3)	73,811				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, FY2013 COMMUNITY FAMILY CONNECTIONS LIBRARY COLLABORATIVE PROJECT , FY2013 FOOD RESERVOIR PANTRY ASSISTANCE PROJECT, OPERATION BACKPACK, FOOD RESERVOIR FOR FOOD PURCHASE

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

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HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA 660 32ND AVE SW CEDAR RAPIDS, IA 524043910	42-0680304	501 (C)((3)	18,095				ANNUAL DESIGNATED DISTRIBUTION, MATCHING EMPLOYEE DONATION, CARLA DEWALT, FOS, ARLO MEYER NAME ADDED TO CAMPFIRE RING, TRAILBLAZERS OUTREACH SCOUTING, TRAILBLAZERS SCOUTING INITIATIVE, GENERAL SUPPORT

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

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HERBERT HOOVER PRESIDENTIAL LIBRARY ASSOCIATION INC PO BOX 696 WEST BRANCH, IA 523580696	42-0848288	501(C)(3)	68,173				ANNUAL DESIGNATED DISTRIBUTION, HOOVER'S HOMETOWN DAYS, QUARTON GALLERY TEMPORARY EXHIBIT

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

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HLV COMMUNITY SCHOOL 402 HARRISON BOX B VICTOR,IA 52347	42-6037189	GOVERNMENT	29,521				ANNUAL DESIGNATED DISTRIBUTION



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

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HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 524012007	27-0487331	501(C)(3)	10,000				HUMAN SERVICES CAMPUS

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

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INDIAN CREEK NATURE CENTER 6665 OTIS RD SE CEDAR RAPIDS, IA 524037134	23-7260197	501(C)(3)	54,443				ANNUAL DESIGNATED DISTRIBUTION TO HOST CHILDREN AND CARE FOR THE LAND, ANNUAL DESIGNATED DISTRIBUTION, YOUNG CHILDREN AND THEIR FAMILIES, ENHANCING AN AMAZING SPACE, GENERAL SUPPORT

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

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IOWA ART WORKS INC 329 10TH AVE SE SUITE 117 CEDAR RAPIDS, IA 524012339	42-1112539	501(C)(3)	11,000				MAKING A DIFFERENCE FOR AT-RISK KIDS COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH SUMMER ACTIVITIES, MOBILE CLAY LAB_2013

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

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IOWA BROADCASTERS ASSOCIATION FOUNDATION PO BOX 71186 DES MOINES,IA 50325	45-4574664	501(C)(3)	135,094				ANNUAL DESIGNATED DISTRIBUTION

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

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IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES,IA 503092396	42-0745995	501(C)(3)	14,250				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
IOWA LEGAL AID 317 7TH AVE SE STE 404 CEDAR RAPIDS, IA 524012003	42-1079227	501(C)(3)	10,290				VOLUNTEER RECRUITMENT & COORDINATION PROJECT, GENERAL SUPPORT

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

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IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES, IA 500112028	42-6004224	GOVERNMENT	30,248				SCHOLARSHIPS, SUPPORT SCHOLARSHIPS FOR BUSINESS STUDENTS

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

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JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 524012610	42-0680359	501(C)(3)	7,492				ANNUAL DESIGNATED DISTRIBUTION



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

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JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 524011841	42-0919209	501(C)(3)	28,716				DESIGNATED DISTRIBUTION, ECONOMICS FOR SUCCESS 2012, FINANCIAL LITERACY PROGRAMS AND OPERATIONS, BOWL 4 EDUCATION, GENERAL SUPPORT, WORK READINESS, ENTREPRENEURSHIP, AND FINANCIAL LITERACY EDUCATION PROGRAMMING

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

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KEOKUK AREA COMMUNITY FOUNDATION PO BOX 367 KEOKUK, IA 526320367	20-1838372	501(C)(3)	6,171				GENERAL SUPPORT

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

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KIDS AGAINST HUNGER 4401 PRESERVE LANE CEDAR RAPIDS, IA 524117733	20-8971364	501(C)((3)	10,000				MEALS FOR KIDS TO BE PACKAGED BY FRONTIER EMPLOYEES

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

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KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS,IA 52401	20-2199649	501(C)(3)	41,730				GENERAL SUPPORT, CHILD ADVOCATES CREATE STABILITY FOR CHILDREN OF HIGH-CONFLICT DIVORCE

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

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KIRKWOOD COMMUNITY COLLEGE FOUNDATION-SCHOLARSHIPS PO BOX 2068 CEDAR RAPIDS,IA 52406	23-7076632	501(C)(3)	138,503				KCKK-FM JAZZ EDUCATION PROGRAMS, ANNUAL DISTRIBUTION TO SUPPORT SCHOLARSHIPS FOR SUDENTS IN FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, ANNUAL DESIGNATED DISTRIBUTION TO THE AREA OF GREATEST NEED FOR UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS, ANNUAL DESIGNATED DISTRIBUTION, SCHOLARSHIPS FOR STUDENT IN CULINARY ARTS PROGRAM, SCHOLARSHIPS, SCHOLARSHIPS FOR STUDENTS IN ADN PROGRAM, PROJECT FINISH SCHOLARSHIP, REAL WORLD SUCCESS, GENERAL SUPPORT, CAPITAL CAMPAIGN, WE READ, WE USE, WE MAKE! ENHANCING LIFELONG LITERACY IN LINN COUNTY, REAL WORLD SUCCESS SCHOLARSHIP CAMPAIGN

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

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LEGION ARTS INC 1103 3RD ST SE CEDAR RAPIDS, IA 524012305	42-1154136	501(C)(3)	27,910				THE FIREHOUSE RESIDENCIES, ANNUAL DESIGNATED DISTRIBUTION, RESTORATION OF CSPS HALL

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

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LINN COUNTY HISTORICAL SOCIETY 615 FIRST AVENUE SE CEDAR RAPIDS, IA 52401	23-7311415	501(C)(3)	39,090				ANNUAL DESIGNATED DISTRIBUTION, LOBBY RENOVATION, SPIRITS & VISIONS EVENT

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

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LINN-MAR SCHOOL FOUNDATION 2999 N 10TH STREET MARION,IA 52302	42-1267125	501(C)(3)	13,485				ANNUAL DISTRIBUTION, ATHLETICS, SUCCESS CENTER



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

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LUTHERAN SERVICES IN IOWA 106 16TH STREET SW WAVERLY,IA 50677	42-0698267	501(C)(3)	5,556				DISTRIBUTION FROM FRIENDS FUND

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

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LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 606062806	36-6008929	501(C)(3)	30,500				ANNUAL DESIGNATED DISTRIBUTION

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

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MAKE A WISH FOUNDATION OF IOWA 3024 104TH ST URBANDALE, IA 503223810	42-1310530	501(C)(3)	11,550				GENERAL FUND, WISH GRANTING 2013, SUNRISE ROTARY MAKE-A- WISH GOLF BENEFIT

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

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MARCH OF DIMES FOUNDATION 425 2ND ST SE STE 605 CEDAR RAPIDS, IA 524011824	13-1846366	501(C)(3)	5,725				MARCH FOR BABIES, GENERAL SUPPORT

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

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MARION CARES INC 766 13TH STREET MARION,IA 52302	26-0585390	501(C)(3)	14,000				GENERAL SUPPORT, NEW BRAND OUR CHILDREN OUR FAMILIES OUR COMMUNITY

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

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MATTHEW 25 MINISTRY HUB 201 THIRD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	38,872				GENERAL SUPPORT, CULTIVATE HOPE, FLOOD THE RUN

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

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MERCY MEDICAL CENTER 701 TENTH STREET SE CEDAR RAPIDS, IA 524031251	42-0698295	501(C)(3)	18,490				ESPECIALLY FOR YOU RACE

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

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MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 524031251	51-0233180	501(C)(3)	37,681				ESPECIALLY FOR YOU RACE, MERCY'S AREA OF GREATEST NEED, HALL-PERRINE CANCER CENTER, HOSPICE HOUSE OF MERCY, ANNUAL DESIGNATED DISTRIBUTION, MERCY AUXILIARY SCHOLARSHIP FUND, CRYSTAL HERITAGE HISTORY WALL, THE HOPE FUND, LOVE LIGHTS 2013-DENNIS & DONNA OLDORF HOSPICE HOUSE OF MERCY, GENERAL SUPPORT



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

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METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 524052404	42-0838541	501(C)(3)	24,788				GENERAL SUPPORT, DESIGNATED DISTRIBUTION

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

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MISSION OF HOPE 1537 1ST AVE SE CEDAR RAPIDS, IA 524025123	42-1514642	501(C)(3)	12,138				GENERAL SUPPORT

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

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MOUNT MERCY UNIVERSITY 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402	42-0681046	501(C)(3)	169,946				GENERAL SUPPORT, MOUNT MERCY UNIVERSITY GRADUATE CENTER, ANNUAL DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR THE GROTTO RECONSTRUCTION PROJECT, SCHOLARSHIPS, UNITY CAMPAIGN, MOUNT MERCY UNIVERSITY CRST INTERNATIONAL GRADUATE CENTER

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

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NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY 1400 INSPIRATION PLACE SW CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	84,645				ANNUAL DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, THE NCSML OLD PRAGUE CHRISTMAS MARKET, ACQUIRING FUNDRAISING COUNSEL FOR THE NCSML, CR2CR CEDAR RAPIDS TO CZECH REPUBLIC FLOOD RELIEF, ALBRIGHT CONFERENCE, GENERAL SUPPORT, BREWNOST 2013 SUPPORT

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

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NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES,IA 50309	53-0242652	501(C)(3)	50,500				CEDAR RIVER RESTORATION AND FLOOD REDUCTION, GENERAL SUPPORT

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

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NEIGHBORHOOD MEALS & ENRICHMENT PROGRAM 4032 VINE AVE SE CEDAR RAPIDS, IA 524034362	42-1422494	501(C)(3)	10,000				NEIGHBORHOOD MEAL AND ENRICHMENT PROGRAM

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NEIGHBORHOOD TRANSPORTATION SERVICE INC 317 7TH AVE SE STE 205 CEDAR RAPIDS, IA 524012007	26-1306253	501(C)(3)	48,386				GENERAL SUPPORT, OPEN SOURCE ROUTING/SCHEDULING SOFTWARE, MOBILITY MANAGER 2ND YEAR FUNDING, MATCHING FUNDING FOR NTS BUS

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

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OLD CREAMERY THEATRE COMPANY INC 39 38TH AVE STE 200 AMANA,IA 522038200	42-0985212	501(C)(3)	6,000				THEATRE FOR YOUNG AUDIENCES 2013 TOUR TOTALLY TERRIFICC



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

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OLIVET PRESBYTERIAN CHURCH 237 10TH ST NW CEDAR RAPIDS, IA 524053905	42-0757412	501(C)(3)	40,867				ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET NEIGHBORHOOD MISSION, FEEDING THE HUNGRY AND CLOTHING THE FAMILIES LIVING IN POVERTY, OLIVET NEIGHBORHOOD MISSION YOUTH PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION

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

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PLANNED PARENTHOOD OF THE HEARTLAND INC 1171 7TH ST DES MOINES, IA 503142505	42-0727488	501(C)(3)	29,876				ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, ANNUAL DESIGNATED DISTRIBUTION TO BE USED IN EAST CENTRAL IOWA, IN HONOR OF BEING SELECTED AS THE HONOREES FOR THE PLANNED PARENTHOOD EVENT HELD IN CEDAR RAPIDS, MAY 6TH, 2013, TEEN PREGNANCY AND STI PREVENTION EDUCATION PROGRAMS, REPRODUCTIVE HEALTH SERVICES FOR LOW-INCOME, UNINSURED PATIENTS WHO ARE NOT ON PUBLIC HEALTH PROGRAMS

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PRAIRIE CATHOLIC SCHOOLS 710 S WACOUTA AVE PRAIRIE DU CHIEN, WI 53821	39-1737458	501(C)(3)	40,420				TECHNOLOGY UPDATES, PRAIRIE CATHOLIC SCHOOLS BUILDING FUND

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

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PROSPECT MEADOWS BALL FIELDS 1890 COUNTY HOME ROAD MARION,IA 52402	45-1186453	501(C)(3)	10,000				GENERAL SUPPORT

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RED CEDAR CHAMBER MUSIC PO BOX 154 MARION,IA 523020154	42-1473672	501(C)(3)	31,006				DESIGNATED DISTRIBUTION, ANNUAL DSTRIBUTION, MUSIC ALIVE IN LINN COUNTY, OPERATING SUPPORT AND SCHOOLS IN MARION AND CR, GENERAL SUPPORT

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

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REGENTS OF THE UNIVERSITY OF COLORADO 13001 E 17T PL RM W1126 AURORA,CO 80045	84-6000555	501(C)(3)	50,000				RESEARCH ON DENSE DEPOSIT DISEASE

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

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RIDERS CLUB OF AMERICA 222 THIRD AVENUE SE SUITE 220 CEDAR RAPIDS, IA 52401	27-0832680	501(C)(3)	27,500				CIVIC ACCELERATOR TRAVEL COSTS, RIDE SHARE PROGRAM

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SALVATION ARMY NATIONAL CORPORATION 1000 C AVE NW CEDAR RAPIDS, IA 524053819	22-2406433	501(C)(3)	32,008				ANNUAL DESIGNATED DISTRIBUTION, KIDS IGNITE SUMMER DAY CAMP PROGRAM, 11/18 WILSON HY- VEE KETTLE MATCH



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

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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

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ST AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	501(C)(3)	10,000				THE ACADEMY FOR THE STUDY OF ST AMBROSE OF MILAN

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

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ST LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE CEDAR RAPIDS,IA 52402	42-1106819	501(C)(3)	22,911				ANNUAL DESIGNATED DISTRIBUTION, EMBRACING LIFE - A CAPITAL CAMPAIGN, DR RHYSTONES DENTAL HEALTH CENTER, HELEN G NASSIF COMMUNITY CANCER CENTER SPIRIT FUND, OUTPATIENT HOSPICE, ST LUKES HOSPITAL WOMEN'S HEALTH CARE FUND

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

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ST MATTHEW'S CATHOLIC CHURCH 2310 1ST AVE NE CEDAR RAPIDS, IA 524024935	42-0730342	501(C)(3)	6,695				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT

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ST PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 524022402	42-0859572	501(C)(3)	13,000				GENERAL SUPPORT

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

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TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 524043707	42-0688079	501(C)(3)	19,238				GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, HOLE SUPPORT, TANAGER PLACE CHILD FAMILY COMMUNITY PARTNERSHIP, TANAGER PLACE BOILER, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF GEORGE ESTLE, EXPRESSIVE ARTS GALA

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
THE HOMESTEAD 1625 ADVENTURELAND DR STE B ALTOONA, IA 50009	42-1377412	501(C)(3)	25,000				OPENING A CHILDREN'S AUSTISM PROJECT IN CEDAR RAPIDS

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
TREES FOREVER INC 770 7TH AVE STE B MARION,IA 523025773	20-5341268	501(C)(3)	28,636				ANNUAL DESIGNATED DISTRIBUTION, TRAINING VOLUNTEERS IN LOCAL FOOD PRODUCTION WITH FRUIT AND NUT TREES , TREES FOREVER TREEKEEPERS BECAUSE EVERY TREE NEEDS A LEADER, JAMES BOYER MEMORIAL FUND, ENHANCING THE BEAUTY OF INTERSTATE 380, 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
UNITED WAY OF CENTRAL ALABAMA INC 3600 8TH AVENUE SOUTH PO BXO 320189 320189 BIRMINGHAM,AL 352320189	63-0288846	501(C)(3)	5,715				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
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS, IA 524012007	42-0861239	501(C)(3)	162,791				RED AHEAD EMPOWERING FAMILIES TO INCREASE LITERACY FROM BIRTH, WHEELS UNITED FOR UNITED WAY, PACESETTER YOUTH CAMP, SUPPORT FOR 2013 LEADERSHIP EVENTS, DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, VAN METER COMPANY MATCH OF EMPLOYEE OWNER GIVING, KIDS ON COURSE, UNITED WAY'S PLAY & LEARN PROGRAM, 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
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS,FL 33908	59-1005169	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
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT RM 733 CHICAGO, IL 606154111	36-2177139	501(C)((3)	70,149				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 IOWA FINANCIAL AID OFFICE 208 CALVIN HALL IOWA CITY,IA 52242	42-6004813	GOVERNMENT	25,988				IOWA PHYSICIAN'S ASSISTANT SCHOLARSHIP, SUPPORT SCHOLARSHIPS FOR BUSINESS STUDENTS, SCHOLARSHIPS, MARSHALL JOURNALISM

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 FOUNDATION PO BOX 4550 IOWA CITY,IA 522444550	42-0796760	501(C)(3)	28,164				SPINE BIOMECHANICS RESEARCH LABORATORY FUND, UI CHILDREN'S HOSPITAL BUILDING FUND, ANNUAL DESIGNATED DISTRIBUTION-50% FOR BRADLEY LECTURE SERIES, 50% FOR UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL DESIGNATED DISTRIBUTION FOR THE INTERNATIONAL WRITING PROGRAM, BELIN, CHILDREN'S MIRACLE NETWORK GENERAL FUND, TOUCHDOWNS FOR KIDS, 98 1 RADIOTHON FOR CHILDREN'S MIRACLE NETWORK

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 OFFICE OF STUDENT FINANCIAL AID 105 GILCHRIST HALL CEDAR FALLS,IA 50614	42-6004333	GOVERNMENT	20,048				SCHOLARSHIPS, SUPPORT SCHOLARSHIPS FOR BUSINESS STUDENTS

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
THE CHILDRENS VARIETY CHARITY OF IOWA 505 5TH AVE STE 310 DES MOINES,IA 503092322	42-6077108	501(C)(3)	8,000				BIKES FOR KIDS PROGRAM



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES 318 5TH ST SE CEDAR RAPIDS, IA 524011601	42-0680307	501(C)(3)	47,353				ANNUAL DESIGNATED DISTRIBUTION, MADGE PHILLIPS CENTER SHELTER BED BUG PREVENTION JULY FY14, MADGE PHILLIPS CENTER, ACQUIRING THE PATH TO KNOWLEDGE, EFFICIENCY, AND SECURITY IN RAISERS EDGE, GENERAL SUPPORT, HOMELESSNESS

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
WILLIS DADY EMERGENCY SHELTER INC 1247 4TH AVE SE CEDAR RAPIDS, IA 524034020	42-1311668	501(C)(3)	12,550				GENERAL SUPPORT, RUN FOR SHELTER 5K, PREVENTION CASE MANAGEMENT

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
YMCA OF CEDAR RAPIDS 207 7TH AVE SE CEDAR RAPIDS, IA 524012001	42-0680306	501(C)(3)	27,488				TRIVYA NIGHT, LIVESTRONG AT THE YMCA, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, DESIGNATED DISTRIBUTION, ANNUAL SUPPORT, SWITCH PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG PARENTS NETWORK INC 420 6TH ST SE STE 260 CEDAR RAPIDS,IA 52401	42-1355480	501(C)(3)	25,500				BUILDING BRIGHT FUTURES, BROADWAY MAYBIES 2014

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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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>b</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>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<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><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><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</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>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</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>	4c	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>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	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>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	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>	7	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>	8	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>	9	

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

For each individual whose compensation must be reported 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)	178,693 0	17,300 0	6,753 0	14,274 0	16,416 0	233,436 0	0 0

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	PAYMENT OF SOCIAL CLUB DUES FOR THE PRESIDENT OF THE FOUNDATION IS PRIMARILY FOR BUSINESS USE THE PERSONAL USE PORTION OF DUES IS INCLUDED IN THE PRESIDENT'S TAXABLE WAGES
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)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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 . . . . .	X	1	328,000	APPRAISAL
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	28	393,631	STOCK EXCHANGE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				
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	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				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 III

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

Return Reference	Explanation
PART I, COLUMN (B)	REPORTING THE NUMBER OF CONTRIBUTIONS

2013

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
www.irs.gov/form990.

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	Employer identification number 42-6053860
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, INVESTMENT COMMITTEE MEMBERS, AND EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST DECLARATION AT THE BEGINNING OF EACH YEAR GRANT COMMITTEE MEMBERS COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS AT EACH GRANT COMMITTEE MEETING FOR GRANT APPROVAL S SENT ELECTRONICALLY TO THE EXECUTIVE COMMITTEE, CONFLICT OF INTEREST DECLARATIONS ARE MADE WHEN EACH MEMBER VOTES FOR GRANTS APPROVED AT BOARD MEETINGS, BOARD MEMBERS COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS BEFORE VOTING
FORM 990, PART VI, SECTION B, LINE 15	A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND REVIEWED BY THE FULL BOARD IN AN EXECUTIVE SESSION THE BOARD CHAIR EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON COMPENSATION THE EMAIL IS FILED IN THE PRESIDENT AND CEO'S PERSONNEL FILE B) THE PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS THE PROCESS IS CONDUCTED BY THE PRESIDENT AND CEO A YEAR-END REVIEW FORM IS COMPLETED AND SIGNED BY THE PRESIDENT AND CEO AND THE OFFICER BEING EVALUATED THE FORM IS FILED IN THE OFFICER'S PERSONNEL FILE
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 (ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE)
FORM 990, PART XI, LINE 9	ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS -342,578 ADJUSTMENT FOR TRANSFER OF FUNDS FROM AMOUNTS HELD ON BEHALF OF OTHERS 164,913

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number  
42-6053860

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

<b>1</b> 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?		Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity	<b>1a</b>		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>		No
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>		No
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>		No
<b>f</b> Dividends from related organization(s)	<b>1f</b>		No
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>		No
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>		No
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>		No
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>		No
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>		No
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>		No
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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