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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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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

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 2014 (Part V, line 2a)</td><td>20</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>60</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>9,987</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</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 2014 (Part V, line 2a)	20	6	Total number of volunteers (estimate if necessary)	60	7a	Total unrelated business revenue from Part VIII, column (C), line 12	9,987	7b	Net unrelated business taxable income from Form 990-T, line 34	0								
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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

2015-11-03

Date

LESLIE H GARNER JR PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CARLEY UMSTEAD

Preparer's signature

CARLEY UMSTEAD

Date

Check ☐ if self-employed

PTIN P00982177

Firm's name

RSM US LLP

Firm's EIN

42-0714325

Phone no

(319) 298-5333

Firm's address

221 THIRD AVENUE SE STE 300  
CEDAR RAPIDS, IA 524011512

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 (2014)

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 \$ 6,403,485 including grants of \$ 5,742,296 ) (Revenue \$ 45,826 )

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS OVER 700 FUNDS BUILT WITH GIFTS AND BEQUESTS IN 2014, THE FOUNDATION RECEIVED \$5.9 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES AND BUSINESSES ALSO IN 2014, THE COMMUNITY FOUNDATION AWARDED \$5.7 MILLION IN GRANTS TO LOCAL NONPROFIT ORGANIZATIONS

4b

(Code ) (Expenses \$ 117,310 including grants of \$ ) (Revenue \$ )

THE NONPROFIT NETWORK 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 \$ 101,417 including grants of \$ ) (Revenue \$ 40,000 )

THE COMMUNITY DEVELOPMENT GRANT PROGRAM CONVENED AGENCIES TO FACILITATE COLLABORATION ON LARGE PROJECTS, PROVIDED PROJECT MANAGEMENT, AND LED OR ASSISTED GRANT EFFORTS INCLUDING RESEARCH, WRITING AND MANAGEMENT THE INITIATIVE WAS JOINTLY FUNDED BY THE CITY OF CEDAR RAPIDS, LINN COUNTY, AND THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION THE PROGRAM WAS DISCONTINUED AS OF DECEMBER 31, 2014

4d

Other program services (Describe in Schedule O )

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



















4e

Total program service expenses

6,622,212

Form 990 (2014)

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<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.	42	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	20	
b. 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).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	No
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	No
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	No
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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 . . . . .		
	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 . . . . .		
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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records LESLIE H GARNER JR	

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) LOREN COPPOCK CHAIR	2 00	X		X				0	0	0
(2) CHRIS SKOGMAN CHAIR - ELECT	2 00	X		X				0	0	0
(3) KATIE OBERBROECKLING TREASURER	2 00	X		X				0	0	0
(4) KEVIN WELU SECRETARY	2 00	X		X				0	0	0
(5) GARY BARTLETT DIRECTOR	2 00	X						0	0	0
(6) LYDIA BROWN DIRECTOR	2 00	X						0	0	0
(7) KARL CASSELL DIRECTOR	2 00	X						0	0	0
(8) JOHN CHAIMOV DIRECTOR	2 00	X						0	0	0
(9) TERRI CHRISTOFFERSEN DIRECTOR	2 00	X						0	0	0
(10) BRENT COBB DIRECTOR	2 00	X						0	0	0
(11) CHRIS DEWOLF DIRECTOR	2 00	X						0	0	0
(12) GREG DUNN DIRECTOR	2 00	X						0	0	0
(13) TIFFANY ANN EARL DIRECTOR	2 00	X						0	0	0
(14) SARA FISETTE 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			
(15) MAUREEN KENNEY ..... DIRECTOR	2 00 .....	X						0	0	0
(16) CHERYLE MITVALSKY ..... DIRECTOR	2 00 .....	X						0	0	0
(17) THOMAS MOORE ..... DIRECTOR	2 00 .....	X						0	0	0
(18) JOHN OSAKO ..... DIRECTOR	2 00 .....	X						0	0	0
(19) ELIZABETH SCHOTT ..... DIRECTOR	2 00 .....	X						0	0	0
(20) OATHER TAYLOR ..... DIRECTOR	2 00 .....	X						0	0	0
(21) FRED TIMKO ..... DIRECTOR	2 00 .....	X						0	0	0
(22) LESLIE H GARNER JR ..... PRESIDENT & CEO	40 00 .....			X				199,608	0	32,338
(23) JEAN BRENNENMAN ..... CFO	40 00 .....			X				86,938	0	16,633

<b>1b</b>	<b>Sub-Total</b> . . . . .	▶			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d</b>	<b>Total (add lines 1b and 1c)</b> . . . . .	▶	286,546	0	48,971

**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
<b>3</b>	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
<b>4</b>	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	
<b>5</b>	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	131,540

**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 ▶1

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 . . . . .	1a4,321			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e258,846			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f5,670,404			
	g	Noncash contributions included in lines 1a-1f \$	1,423,978			
	h	Total. Add lines 1a-1f . . . . .	5,933,571			
Program Service Revenue	2a	GRANT WRITING	Business Code 900099	50,000	50,000	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	50,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	3,088,774			3,088,774
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real 25,317	(ii) Personal		
	b	Less rental expenses	0			
	c	Rental income or (loss)	25,317			
	d	Net rental income or (loss) . . . . .	25,317			25,317
	7a	Gross amount from sales of assets other than inventory	(i) Securities 8,610,332	(ii) Other 563,590		
	b	Less cost or other basis and sales expenses	1,885,715	545,053		
	c	Gain or (loss)	6,724,617	18,537		
	d	Net gain or (loss) . . . . .	6,743,154			6,743,154
	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	LIFE INSURANCE PROCEEDS	900099	40,250		40,250
	b	OTHER INCOME	900099	35,826	35,826	
	c	PARTNERSHIP UBIT	900099	9,987	9,987	
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	86,063			
	12	Total revenue. See Instructions . . . . .	15,926,879	85,826	9,987	9,897,495

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	5,736,291	5,736,291		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	1,505	1,505		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	4,500	4,500		
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	335,516	56,746	175,634	103,136
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 . . . . .	603,382	251,007	162,672	189,703
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	42,109	17,517	11,353	13,239
9	Other employee benefits . . . . .	46,632	19,399	12,572	14,661
10	Payroll taxes . . . . .	64,260	20,128	23,311	20,821
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	23,108		23,108	
c	Accounting . . . . .	39,160		39,160	
d	Lobbying . . . . .	6,161			6,161
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees . . . . .	269,355	269,355		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	115,449	101,698	9,114	4,637
12	Advertising and promotion . . . . .	57,725	19,041	10,065	28,619
13	Office expenses . . . . .	31,259	9,445	11,616	10,198
14	Information technology . . . . .	67,334	21,091	24,426	21,817
15	Royalties . . . . .				
16	Occupancy . . . . .	195,345	38,782	116,445	40,118
17	Travel . . . . .	16,793	7,678	2,162	6,953
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	17,361	9,031	3,867	4,463
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	102,361	31,994	37,271	33,096
23	Insurance . . . . .	11,007	3,448	3,993	3,566
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	SALE OF REAL ESTATE	26,035		26,035	
b	DUES & SUBSCRIPTIONS	21,905	3,556	4,122	14,227
c	LIFE INSURANCE EXPENSE	20,554		20,554	
d					
e	All other expenses	-859		-859	
25	Total functional expenses. Add lines 1 through 24e	7,854,248	6,622,212	716,621	515,415
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		10,007,527	2	4,774,390
	3	Pledges and grants receivable, net		390,600	3	720,051
	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		12,252	9	18,362
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,992,515		
	b	Less: accumulated depreciation	10b	385,640	1,684,452	10c1,606,875
	11	Investments—publicly traded securities		97,055,587	11	101,862,189
	12	Investments—other securities. See Part IV, line 11.		28,624,115	12	32,210,822
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		1,386,846	15	839,216
	16	Total assets. Add lines 1 through 15 (must equal line 34).		139,161,379	16	142,031,905
Liabilities	17	Accounts payable and accrued expenses		27,928	17	53,404
	18	Grants payable		220,121	18	4,985
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		28,628,479	21	29,757,776
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		2,031,642	25	1,974,743
	26	Total liabilities. Add lines 17 through 25.		30,908,170	26	31,790,908
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		106,065,719	27	107,880,776
	28	Temporarily restricted net assets		2,187,490	28	2,360,221
	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		108,253,209	33	110,240,997
	34	Total liabilities and net assets/fund balances		139,161,379	34	142,031,905

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	15,926,879
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	7,854,248
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	8,072,631
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	108,253,209
5	Net unrealized gains (losses) on investments . . . . .	5	-5,801,013
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	-283,830
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,240,997

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.  
▶ 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

2014

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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,454,956	6,388,979	6,980,461	9,321,993	5,933,571	41,079,960
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	12,454,956	6,388,979	6,980,461	9,321,993	5,933,571	41,079,960
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)						9,727,916
6 Public support. Subtract line 5 from line 4						31,352,044

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	12,454,956	6,388,979	6,980,461	9,321,993	5,933,571	41,079,960
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,832,364	2,845,684	4,555,746	3,322,648	3,114,091	15,670,533
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 VI )	234,596	8,385	21,151	285,380	76,076	625,588
11	<b>Total support</b> Add lines 7 through 10						57,406,696
12	Gross receipts from related activities, etc (see instructions)					12	284,638
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>54 610 %</td></tr></table>	14	54 610 %
14	54 610 %			
15	Public support percentage for 2013 Schedule A, Part II, line 14	<table><tr><td>15</td><td>51 120 %</td></tr></table>	15	51 120 %
15	51 120 %			
16a	<b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b	<b>33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b	<b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		6,161
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			6,161
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, lines 1 and 2 (see instructions), 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

▶ 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.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	203	3
2 Aggregate value of contributions to (during year)	3,315,245	50
3 Aggregate value of grants from (during year)	2,356,020	18,230
4 Aggregate value at end of year	22,407,804	452,586
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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

Cat No 52283D

Schedule D (Form 990) 2014

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 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, for escrow or custodial account liability?
- ☒ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .
- ☒

Part V

Endowment Funds. Complete if the organization answered "Yes" 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 . . . . .	102,892,673	90,365,236	80,312,002	84,326,973	69,693,044
b Contributions . . . . .	3,647,845	7,107,815	5,394,012	2,671,999	10,906,373
c Net investment earnings, gains, and losses	3,542,909	9,592,629	9,209,790	-443,475	7,967,085
d Grants or scholarships . . . . .	2,888,093	2,449,694	3,054,513	4,614,950	2,873,157
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	2,776,529	1,723,313	1,496,055	1,628,545	1,366,372
g End of year balance . . . . .	104,418,805	102,892,673	90,365,236	80,312,002	84,326,973

- 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                      | 171,264                      | 1,368,696      |
| c  | Leasehold improvements . . . . .     |                                |                              |                |
| d  | Equipment . . . . .                  | 178,215                        | 103,252                      | 74,963         |
| e  | Other . . . . .                      | 204,340                        | 111,124                      | 93,216         |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 1,606,875      |
- Schedule D (Form 990) 2014



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	9,816,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-5,801,013
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	-5,801,013
3	Subtract line 2e from line 1 . . . . .	3	15,617,274
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	269,355
b	Other (Describe in Part XIII ) . . . . .	4b	40,250
c	Add lines 4a and 4b . . . . .	4c	309,605
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	15,926,879

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	7,828,473
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	283,830
e	Add lines 2a through 2d . . . . .	2e	283,830
3	Subtract line 2e from line 1 . . . . .	3	7,544,643
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	269,355
b	Other (Describe in Part XIII ) . . . . .	4b	40,250
c	Add lines 4a and 4b . . . . .	4c	309,605
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	7,854,248

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 2011, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.
PART XI, LINE 4B - OTHER ADJUSTMENTS	LIFE INSURANCE PROCEEDS 40,250
PART XII, LINE 2D - OTHER ADJUSTMENTS	ADJUSTMENT FOR TRANSFER OF FUNDS FROM AMOUNTS HELD ON BEHALF OF OTHERS 105,873. ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS 177,957.
PART XII, LINE 4B - OTHER ADJUSTMENTS	LIFE INSURANCE PROCEEDS 40,250

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2014

Open to Public  
Inspection

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number  
42-6053860

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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 . . . . .

124

3

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

0

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

**Supplemental Information.** 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 Domestic Organizations and Domestic Governments.

(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
AFFORDABLE HOUSING NETWORK INC5400 KIRKWOOD BLVD CEDAR RAPIDS,IA 52404	20-8640691	501(C)(3)	15,000				STRENGTHENING EFFECTIVENESS THROUGH TECHNOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 DBA AFRICAN AMERICAN MUSEUM OF IOWA55 12TH AVE SE CEDAR RAPIDS,IA 524012202	42-1415305	501(C)(3)	47,068				PRODUCTS OF A CREATIVE MIND AFRICAN AMERICAN INVENTION & INNOVATION, BEHIND THE BEAT, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING SERVICES INC317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 524012009	23-7085316	501(C)(3)	54,990				ANNUAL DESIGNATED DISTRIBUTION, EMERGENCY EXPENSES DIFFICULT WINTER - SNOW REMOVAL COSTS IMPACTING LAWN MOWING BUDGET, GENERAL SUPPORT FOR MILESTONES, GENERAL SUPPORT, VAN PURCHASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER 317 7TH AVE SE STE 402 CEDAR RAPIDS,IA 52401	13-3039601	501(C)(3)	29,394				2014 WALK TO END ALZHEIMER'S - A WORLD WITHOUT ALZHEIMER'S, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, ROUND TO REMEMBER, NEIGHBORHOOD MEMORY CAFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - CEDAR RAPIDS 4080 1ST AVE NE STE 101 CEDAR RAPIDS, IA 524023160	13-1788491	501(C)(3)	59,844				GIVE CANCER THE BOOT, LINN GALA 2014, GARY STREIT CHALLENGE - RELAY FOR LIFE LINN COUNTY, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 DIABETES ASSOCIATION INC - IOWA 317 7TH AVE STE 202B CEDAR RAPIDS,IA 52401	13-1623888	501(C)(3)	6,000				TOUR DE CURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CROSS6300 ROCKWELL DRIVE NE CEDAR RAPIDS,IA 52402	53-0196605	501(C)(3)	25,931				GRANT WOOD AREA CHAPTER- DISASTER RELIEF, RESPONSE AND RECOVERY FROM SINGLE FAMILY FIRES - JUNE 16, 2014, FIGHT AGAINST EBOLA, FUNDS FOR DISASTER KIT BUILD SUPPLIES, ANNUAL DESIGNATED DISTRIBUTION, HAWKEYE CHAPTER- PROPS TO THE RED CROSS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 IOWA680 2ND ST SE STE 200 CEDAR RAPIDS, IA 524012026	42-0805377	501(C)(3)	30,471				PROJECT SEARCH, ARC MARCH SUPPORT, GOLDEN ANGEL, ANNUAL DESIGNATED DISTRIBUTION, BATHROOM REMODEL AND VAN REPLACEMENT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AREA SUBSTANCE ABUSE COUNCIL3601 16TH AVE SW CEDAR RAPIDS, IA 524042328	42-1114396	501(C)(3)	46,550				YOUTH RESIDENTIAL FACILITY IMPROVEMENT PROJECT, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF JOHN GARRINGER, DUAL DIAGNOSIS RECOVERY CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC3150 E AVE NW STE 103 CEDAR RAPIDS, IA 524052900	42-1170475	501(C)(3)	97,530				LINN COUNTY MENTORING, GRADUATE SUCCESS, ONE-TO-ONE MENTORS TO YOUTH FACING ADVERSITY, GENERAL SUPPORT, BOWL FOR KIDS SAKE 2015 SUPPORT, HIAWATHA LUNCH BUDDIES, ANNUAL SUPPORT, BIG MAGIC, CARE EDUCATION INITIATIVE, NEW PHONE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BRIDGEHAVEN PREGNANCY SUPPORT CENTER701 CENTER POINT RD NE CEDAR RAPIDS, IA 524024643	42-1203675	501(C)(3)	13,000				PROFESSIONAL TOOLS FOR CONTINUING BRAND AWARENESS, COMPUTERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BRUCEMORE2160 LINDEN DR SE CEDAR RAPIDS, IA 524031748	42-1170531	501(C)(3)	18,683				OPERATING SUPPORT, RESTORATION OF THE SKINNER ORGAN PHASE I, HISTORIC LANDSCAPE MAINTENANCE PLAN, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 IOWAPO BOX 418 MONTICELLO ,IA 523100418	23-7210932	501(C)(3)	72,990				CAMP COURAGEOUS TRIATHLON, GENERAL SUPPORT, CAMPERSHIP FUND, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHERINE MCAULEY CENTER INC866 4TH AVE SE CEDAR RAPIDS, IA 524032423	42-1342872	501(C)(3)	40,300				EXPANDING ADULT BASIC EDUCATION PROGRAM CAPACITY & SERVICES THROUGH STRATEGIC PARTNERSHIPS, GENERAL SUPPORT, TRANSITIONAL HOUSING PROGRAM HEALTH SUPPORT SERVICES - SUMMER 2014, EVALUATING CMC PROGRAMS TO STRENGTHEN CLIENT FINANCIAL STABILITY, INCREASING DATA EFFICIENCY AND QUALITY IN THE ADULT BASIC EDUCATION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 DISTRICT2205 FOREST DR SE CEDAR RAPIDS, IA 524031697	42-6023551	GOVERNMENT	22,035				DIGITAL PHOTOGRAPHY AT KENNEDY HIGH SCHOOL, INTEGRATING THE USE OF THE AVERVISION 300AF+ DOCUMENT CAMERA FOR CLASSROOM INSTRUCTION AND LEARNING AT KENNEDY HIGH SCHOOL, METRO CARE CONNECTION EMERGENCY HEALTH FUND JUNE 2014, COMMUNITY BLOGGING AT ARTHUR ELEMENTARY SCHOOL, PLAYGROUND EQUIPMENT AT CLEVELAND ELEMENTARY SCHOOL, ACTIVOTES AT ERSKINE ELEMENTARY SCHOOL, STUDENTS STANDING UP AT FRANKLIN MIDDLE SCHOOL, ORFF SCHULWERK IN ACTION! - BASS XYLOPHONE AT GARFIELD ELEMENTARY SCHOOL, ANNUAL DESIGNATED DISTRIBUTION TO JEFFERSON HIGH SCHOOL, ANNUAL DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL SCHOLARSHIP PROGRAMS, CONTRIBUTION IS TO BE SPLIT BETWEEN THE BAND AND THE SHOW CHOIR AT MCKINLEY MIDDLE SCHOOL, METRO NORTH ROTARY ZOMBIE PROM GHOSTS & GOBLINS SUPPORT AT METRO HIGH SCHOOL, WORLD MUSIC DRUMMING PROGRAM AT ROOSEVELT MIDDLE SCHOOL, INFRASTRUCTURE ASSOCIATED WITH RENAMING THE POOL THE KRIZAN-VOSS POOL AT WASHINGTON HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	40,600				LACE UP FOR LEARNING, GENERAL SUPPORT FOR IOWA BIG SCHOOL, ANNUAL DESIGNATED DISTRIBUTION FOR THE UNRESTRICTED USE OF CLASSROOM MUSIC TEACHERS, JOHNSON ELEMENTARY ACHIEVEMENT ACADEMY, SAFE PROGRAM 2013- 2014



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR RAPIDS MUSEUM OF ART410 3RD AVE SE CEDAR RAPIDS, IA 524011606	42-0680248	501(C)(3)	276,107				EXHIBITION SUPPORT FOR SHADOWS OF HISTORY, 3RD CAPITAL CAMPAIGN, GENERAL SUPPORT, MAINTENANCE AND OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION, EXHIBITION AND EDUCATIONAL PROGRAMMING SUPPORT,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR RAPIDS OPERA THEATRE1120 2ND AVE SE CEDAR RAPIDS, IA 524032406	42-1476568	501(C)(3)	49,944				OPERATIONS, 2013-14 16TH SEASON SUPPORT, YOUNG ARTIST PROGRAM PRODUCTION SUPPORT THE MIKADO BY GILBERT & SULLIVAN, YOUNG ARTIST PROGRAM SCHOOL OUTREACH PRODUCTION OF BILLY GOATS GRUFF, JANUARY 2015, GENERAL SUPPORT, EMERGING OPPORTUNITY CONSULTANT COSTS, YOUNG ARTIST PROGRAM/SCHOOL OUTREACH OPERAS 2013-2015, FUNDRAISING TECHNOLOGY ACQUISITION/IMPLEMENTATION - 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR RAPIDS PUBLIC LIBRARY450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	42-6004336	GOVERNMENT	23,885				FAMILY CONNECTIONS LIBRARY COLLABORATIVE, ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PUBLIC LIBRARY FOUNDATION450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	22,650				LIBRARY 3 0 THE CAMPAIGN TO BUILD YOUR NEW CEDAR RAPIDS PUBLIC LIBRARY, GENERAL SUPPORT, DIGITAL LIBRARY MATERIALS, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION DBA ORCHESTRA IOWA119 3RD AVE SE CEDAR RAPIDS, IA 524011403	42-0772544	501(C)(3)	214,904				2013-2014 FINE ARTS SEASON, SIGHT & SOUND 2013, FIFTH GRADE FIDDLES 2014/15, SLAVIC CLASSICAL MUSIC, BALLET IOWA'S RITE OF SPRING, MUSIC IN THE SCHOOLS, SYMPHONY CIRCLE SUPPORT, ORCHESTRA IOWA'S MUSIC IN THE SCHOOLS - FOR HIAWATHA SCHOOLS, GENERAL SUPPORT, ANNUAL SUPPORT, WHERE THE NEED IS GREATEST, ANNUAL DESIGNATED DISTRIBUTIONS FOR MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, THE SYMPHONY CENTER, FIRST TRUMPET, AND SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SYMPHONY ORCHESTRA FOUNDATION INC119 THIRD AVENUE SE CEDAR RAPIDS,IA 52401	42-1335662	501(C)(3)	24,750				ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR VALLEY HUMANE SOCIETY7411 MOUNT VERNON RD SE CEDAR RAPIDS, IA 524037131	42-0814023	501(C)(3)	6,005				ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHICAGO SYMPHONY ORCHESTRA220 S MICHIGAN AVE CHICAGO,IL 606042596	36-2167823	501(C)(3)	30,904				ANNUAL DESIGNATED DISTRIBUTION



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF CEDAR RAPIDS 101 FIRST STREET SE CEDAR RAPIDS,IA 52401	42-6004336	GOVERNMENT	35,583				ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, TREE OF FIVE SEASONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COE COLLEGE1220 1ST AVE NE CEDAR RAPIDS, IA 524025092	42-0686467	501(C)(3)	290,104				GENERAL FUND, CR COLLEGES DANCE MARATHON, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOUNDATION OF GREATER DUBUQUE700 LOCUST STREET DUBUQUE,IA 52001	42-1526614	501(C)(3)	28,159				DONOR REQUESTED TRANSFER OF FUNDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTH FREE CLINIC947 14TH AVE SE CEDAR RAPIDS, IA 524012610	13-4228071	501(C)(3)	179,076				DIRECT PATIENT CARE, EYE CLINIC, MEDICAL CARE 2014, MEDICAL VISITS, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, STRATEGIC PLANNING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS 102 3RD ST SE CEDAR RAPIDS, IA 524011246	42-0890913	501(C)(3)	207,449				CAPITAL CAMPAIGN, GENERAL SUPPORT, TCR BROADWAY SERIES SUPPORT, THEATRE CEDAR RAPIDS FAMILY SERIES SUPPORT, LES MISERABLES SHOW SUPPORT, RODGERS & HAMMERSTEIN CLASSICS IN CONCERT SHOW SUPPORT, SPOTLIGHT ON KIDS, SUPPORT FOR LADIES LUNCHEON, MAINTENANCE AND OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION, SUPPORT FOR TO KILL A MOCKINGBIRD, THEATRE EDUCATION PROGRAM EXPANSION, GENIE LIFT AND TRUCK REPLACEMENT, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF J DAVID CAREY, A CHORUS LINE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CORNELL COLLEGE600 1ST ST SW MOUNT VERNON,IA 523141006	42-0680335	501(C)(3)	179,390				GENERAL SUPPORT, PRESIDENT'S HOUSE PROJECT, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CORNELL UNIVERSITYTHE JOHNSON SCHOOL 130 E SENECA ST STE 400 ITHACA,NY 14850	15-0532082	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUNCIL ON FOUNDATIONS INC2121 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 Domestic Organizations and Domestic Governments.

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CZECH VILLAGENEW BOHEMIA URBAN MAIN STREET DISTRICT101 16TH AVE SW SUITE A CEDAR RAPIDS,IA 52404	27-1416767	501(C)(3)	17,974				GENERAL SUPPORT, CZECH VILLAGE NEW BOHEMIA REVOLVING LOAN FUND, EMERGING OPPORTUNITY CZECH-SLOVAK PORTRAIT GALLERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DRAKE UNIVERSITY OFFICE OF STUDENT FINANCIAL PLANNING 2507 UNIVERSITY AVE DES MOINES, IA 503114505	42-0680460	501(C)(3)	6,000				DRAKE UNIVERSITY 2015 SUMMER UNDERGRADUATE RESEARCH FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EASTERN IOWA ARTS ACADEMY1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	43,832				EXTENDED OUTREACH PROGRAM2014-2015 HEALING HEARTS PROGRAM, GENERAL SUPPORT, EMERGENCY EXPENSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EASTERN IOWA HONOR FLIGHTC/O ROGER UTHOFF TREASURER 2876 61ST ST LN VINTON,IA 52349	27-1666013	501(C)(3)	6,350				EASTERN IOWA HONOR FLIGHT GOLF TOURNAMENT HOLE SUPPORT, EMPLOYEE MATCH, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ECUMENICAL COMMUNITY CENTER FOUNDATION FOR HELPING HANDS MINISTRY 601 2ND AVE SE STE 2 CEDAR RAPIDS,IA 52401	42-1456338	501(C)(3)	12,970				COMPUPLACE OCT 2014, HELPING HANDS MINISTRY

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FAMILIES HELPING FAMILIES OF IOWA3516 CENTER POINT RD CEDAR RAPIDS,IA 52402	71-0985937	501(C)(3)	23,850				THERE'S NO PLACE LIKE HOME - CAPITAL BUILDING FUND (LOAN RELIEF), PROGRAM SUPPORT 7TH ANNUAL GALA, GENERAL SUPPORT, PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FEED IOWA FIRST1622 42ND ST NE CEDAR RAPIDS,IA 52402	45-4058376	501(C)(3)	17,500				200 IN 5000 OUT, METRO EARTH-SHIP FARM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST CONGREGATIONAL CHURCH UCC361 17TH ST SE CEDAR RAPIDS,IA 52403	42-0845006	501(C)(3)	6,500				CAFE 361 RECIPE FOR SUCCESS



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 524032481	42-0752621	501(C)(3)	20,212				ANNUAL DESIGNATED DISTRIBUTION, SATURDAY EVENING MEAL PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUNDATION 2 INC1714 JOHNSON AVE NW CEDAR RAPIDS, IA 524054865	42-1078444	501(C)(3)	36,106				MAINTENANCE AND OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION, JUVENILE AND FAMILY ASSISTANCE AND STABILIZATION TRACK (J-FAST), CRISIS PREVENTION AND RESPONSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUR OAKS FAMILY & CHILDREN'S SERVICES 5400 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	42-0998726	501(C)(3)	97,362				TOTALCHILD - COMMIT TO A CHILD CAMPAIGN, GOLF TOURNAMENT SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, MENTAL ILLNESS,

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDS OF THE HIAWATHA PUBLIC LIBRARY150 WEST WILLMAN ST HIAWATHA,IA 52233	26-2946986	501(C)(3)	10,000				FRIENDS OF THE HIAWATHA PUBLIC LIBRARY'S PLAY & LEARN PROGRAM (OCTOBER 2014-2015)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREEN SQUARE MEALS INCPO BOX 5303 CEDAR RAPIDS, IA 524065303	42-1307429	501(C)(3)	10,756				GENERAL SUPPORT, GREEN SQUARE MEALS 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY350 6TH AVE SE CEDAR RAPIDS,IA 52401	42-1320296	501(C)(3)	138,619				2014 CRST CORPORATE HOME SUPPORT, 2014 NEW CONSTRUCTION CVHFH WOMEN BUILD, 2014 GREATAMERICA CORPORATE HOME SUPPORT, 2015 MCGRATH AUTOMOTIVE GROUP ABWK, LINN COUNTY HABITAT-BLITZ, 2015 WORLD CLASS INDUSTRIES ABWK, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, NEW INFILL HOMES, CVHFH AND AHNI A COLLABORATIVE NEIGHBORHOOD REINVESTMENT PLAN FOR WELLINGTON HEIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HAWKEYE AREA COMMUNITY ACTION PROGRAMPO BOX 490 HIAWATHA, IA 522330490	42-0898405	501(C)(3)	68,357				FOOD RESERVOIR, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, FY2014 COLLABORATIVE TRANSPORTATION PROGRAM FOR HOMELESS VETERANS AND FAMILIES, OPERATION BACKPACK, DISASTER CASE MANAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA 660 32ND AVE SW CEDAR RAPIDS, IA 524043910	42-0680304	501(C)(3)	17,161				GENERAL SUPPORT, FRIENDS OF SCOUTING- PATCH LEVEL, ANNUAL DESIGNATED DISTRIBUTION, TRAILBLAZERS SCOUTING INITIATIVE



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HERBERT HOOVER PRESIDENTIAL LIBRARY ASSOCIATION INCPO BOX 696 WEST BRANCH,IA 523580696	42-0848288	501(C)(3)	61,593				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE TEMPORARY EXHIBIT FUND IN THE QUARTON GALLERY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HLV COMMUNITY SCHOOL 402 HARRISON ST VICTOR,IA 52347	42-6037189	GOVERNMENT	29,740				ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HORIZONS - A FAMILY SERVICE ALLIANCE819 5TH ST SE PO BOX 667 CEDAR RAPIDS, IA 524060667	42-1135083	501(C)(3)	35,051				MEALS ON WHEELS, HORIZONS PSYCHOLOGICAL ASSESSMENT SERVICES, HEALTHY HORIZONS HOOPHOUSE 2014, GROW OUR WEB 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INDIAN CREEK NATURE CENTER6665 OTIS RD SE CEDAR RAPIDS, IA 524037134	23-7260197	501(C)(3)	65,053				GENERAL SUPPORT, PROGRAM SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO HOST CHILDREN AND CARE FOR THE LAND, ANNUAL DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, ANNUAL DESIGNATED DISTRIBUTION FOR TRAILS, CONNECTING THE CLASSROOM TO NATURE - JUNE 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ART WORKS INC DBA THE CERAMICS CENTER 329 10TH AVE SE SUITE 117 CEDAR RAPIDS, IA 524012339	42-1112539	501(C)(3)	9,000				MAKING A DIFFERENCE FOR AT-RISK KIDS COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH SUMMER ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 BROADCASTERS ASSOCIATION FOUNDATIONPO BOX 71186 DES MOINES,IA 50325	45-4574664	501(C)(3)	134,005				ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA COLLEGE FOUNDATION505 5TH AVE STE 1034 DES MOINES,IA 503092396	42-0745995	501(C)(3)	16,500				GENERAL SUPPORT, SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 JAG INCGRIMES STATE OFFICE BUILDING 400 E 14TH ST 3RD FL DES MOINES,IA 50319	42-1492988	501(C)(3)	11,000				CEDAR RAPIDS PROGRAMS, IJAG CEDAR RAPIDS GUARANTEEING GRADUATION AND PREPARING STUDENTS FOR SUCCESS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AID317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 524012003	42-1079227	501(C)(3)	5,050				GENERAL SUPPORT, FLOOD LEGAL CASES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 STARTUP ACCELERATOR415 12TH AVENUE SE CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	15,000				BUILD HERE! IOWA STARTUP ACCELERATOR, OPERATING FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES,IA 500112028	42-6004224	GOVERNMENT	23,000				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT920 48TH AVENUE AMANA,IA 52203	42-1481272	501(C)(3)	15,000				BUILDING THE CAPACITY OF REGIONAL FOOD PARTNERS TO ESTABLISH A FOOD HUB IN THE CORRIDOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JANE BOYD COMMUNITY HOUSE943 14TH AVE SE CEDAR RAPIDS, IA 524012610	42-0680359	501(C)(3)	33,409				ANNUAL DESIGNATED DISTRIBUTION, PATHS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF1026 A AVE NE STE 113 CEDAR RAPIDS,IA 52406	23-1907729	501(C)(3)	57,520				GENERAL SUPPORT, WALK TO CURE DIABETES, ELMCREST PRO-AM, GENERAL SUPPORT, EMPLOYEE MATCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIOR ACHIEVEMENT OF EASTERN IOWA324 3RD ST SE STE 200 CEDAR RAPIDS, IA 524011841	42-0919209	501(C)(3)	40,868				INDUCTION SUPPORT JIM ERNST HALL OF FAME, PROGRAM SUPPORT, GENERAL SUPPORT, BOWL-4- EDUCATION, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KEOKUK AREA COMMUNITY FOUNDATION PO BOX 367 KEOKUK,IA 526320367	20-1838372	501(C)(3)	35,848				FOR CHARITABLE PURPOSES OF KEOKUK AREA COMMUNITY FOUNDATION, GENERAL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	44,714				ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, GENERAL SUPPORT, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF KANDY SANDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KIRKWOOD COMMUNITY COLLEGE FOUNDATION PO BOX 2068 CEDAR RAPIDS, IA 524062068	23-7076632	501(C)(3)	105,530				SCHOLARSHIPS FOR STUDENTS WITH THE GREATEST NEED, GENERAL SUPPORT, SCHOLARSHIPS, WORKPLACE LEARNING CONNECTION SUMMER 2014 CONNECTING TODAY'S STUDENTS TO TOMORROW'S CAREERS, GREATAMERICA LEASING CORPORATION PROJECT FINISH SCHOLARSHIP, REAL WORLD SUCCESSSSCHOLARSHIPS, CAPITAL CAMPAIGN CONTRIBUTION, ATHERTON SCHOLARSHIP AWARD, SCHOLARSHIPS FOR STUDENTS IN ADN PROGRAM, 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 FOR SCHOLARSHIPS, SCHOLARSHIPS FOR STUDENT IN CULINARY ARTS PROGRAM, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT SCHOLARSHIPS FOR STUDENTS IN FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, FUNDING KCCCK-FM'S JAZZ EDUCATION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEGION ARTS INC1103 3RD ST SE CEDAR RAPIDS, IA 524012305	42-1154136	501(C)(3)	29,265				ROBERT LINDSEY-NASSIF'S OPAL, RESTORATION OF CSPS HALL, ANNUAL DESIGNATED DISTRIBUTION, UPHOLDING CULTURAL LEADERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINN COUNTY10260 MORRIS HILLS RD TODDVILLE,IA 52341	42-6004338	GOVERNMENT	6,470				LINN COUNTY CONSERVATION BOARD PROGRAM SUPPORT TRAIL DEVELOPMENT, LINN COUNTY CONSERVATION BOARD ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EASEMENT, LINN COUNTY COMMUNITY SERVICES RYAN WHITE MEDICAL CASE MANAGEMENT - ANNUAL DESIGNATED DISTRIBUTION FOR PROJECTS TO SUPPORT PERSONS WITH HIV AND AIDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIESPO BOX 1322 CEDAR RAPIDS, IA 524061322	20-0647905	501(C)(3)	15,000				REINTEGRATION INITIATIVE FOR SAFETY AND EMPOWERMENT (RISE) PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINN COUNTY HISTORICAL SOCIETY DBA CARL & MARY KOEHLER HISTORY CENTER716 OAKLAND ROAD NE SUITE 103 CEDAR RAPIDS,IA 52402	23-7311415	501(C)(3)	67,352				LOCAL LEGACIES A TALE OF THE PRESIDENTS AND OUR SCHOOLS, A HISTORY CENTER TEMPORARY EXHIBIT, HIAWATHA ELEMENTARY SCHOOL TOURS AND TRAVELING EXHIBIT, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, EMERGENCY EXPENSE URGENT PHONE SYSTEM REPLACEMENT, THE CARL & MARK KOEHLER HISTORY CENTERS RELOCATION MARKETING STRATEGY PROPOSAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINN-MAR SCHOOL FOUNDATION2999 N 10TH STREET MARION,IA 52302	42-1267125	501(C)(3)	18,214				CLASSROOM AND PROGRAM GRANTS, MUSIC CONNECTS 2014 & BEYOND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 503113809	42-0698267	501(C)(3)	6,338				GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 606062806	36-6008929	501(C)(3)	30,904				ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAKE-A-WISH FOUNDATION OF IOWA 3024 104TH ST URBANDALE, IA 503223810	42-1310530	501(C)(3)	12,050				WISH GRANTING IN LINN COUNTY, HOLE SUPPORT AT CEDAR RAPIDS GOLF OUTING, UNIVERSITY OF IOWA CHILDREN'S HOSPITAL, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARCH OF DIMES FOUNDATION425 2ND ST SE STE 605 CEDAR RAPIDS, IA 524011824	13-1846366	501(C)(3)	8,550				MARCH FOR BABIES, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARION CARES INC1050 MCGOWAN BLVD MARION,IA 52302	26-0585390	501(C)(3)	9,000				PROGRAM FUNDING, GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MATTHEW 25201 THIRD AVE SW CEDAR RAPIDS,IA 52404	26-0467321	501(C)(3)	74,495				GROW POSSIBILITIES THE CAMPAIGN TO SUPPORT MATTHEW 25S VISION, SCHOOL GARDENS AND URBAN FARM, FLOOD THE RUN 2015 SPLASH SUPPORT, GENERAL SUPPORT, HOUSING REHABILITATION AND INFILL PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MERCY MEDICAL CENTER FOUNDATION701 10TH ST SE CEDAR RAPIDS, IA 524031251	51-0233180	501(C)(3)	50,127				2014 ESPECIALLY FOR YOU RACE SUPPORT, CRYSTAL HERITAGE HISTORY WALL, GENERAL SUPPORT, HALL-PERRINE CANCER CENTER, MERCY AUXILIARY SCHOLARSHIP FUND FOR STUDENTS OF MT MERCY UNIVERSITY, ANNUAL DESIGNATED DISTRIBUTION, HOSPICE, ANNUAL DISTRIBUTION FOR OLDORF HOSPICE HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 524052404	42-0838541	501(C)(3)	33,717				REJUVENATE, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MIRACLES IN MOTION THERAPEUTIC EQUESTRIAN CENTERPO BOX 14 CEDAR RAPIDS, IA 524060014	42-1324801	501(C)(3)	7,750				HORSEBACK RIDING FOR SPECIAL NEEDS CHILDREN, GENERAL SUPPORT, HORSE THERAPY FOR VETERANS, EMERGENCY EXPENSES DIFFICULT WINTER/SPRING - EXTRA FEED REQUIRED



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MISSION OF HOPE1537 1ST AVE SE CEDAR RAPIDS, IA 524025123	42-1514642	501(C)(3)	12,303				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MOUNT MERCY UNIVERSITY1330 ELMHURST DR NE CEDAR RAPIDS, IA 524024763	42-0681046	501(C)(3)	173,894				GENERAL SUPPORT, ATHLETIC COMPLEX, CRST INTERNATIONAL GRADUATE CENTER, SCHOLARSHIP FUNDS, CAPITAL CAMPAIGN, VAN METER NAMED SCHOLARSHIP, ANNUAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR THE GROTTO RECONSTRUCTION PROJECT, ANNUAL DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL COUNCIL ON YOUTH LEADERSHIP533 E POST RD SE CEDAR RAPIDS,IA 52403	43-1252781	501(C)(3)	6,000				YOUTH SALUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY1400 INSPIRATION PLACE SW CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	159,965				GUEST STORIES AND SUMMER MUSIC SERIES, OLD WORLD CHRISTMAS MARKET, GENERAL SUPPORT, ONLINE COLLECTION, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES,IA 503092316	53-0242652	501(C)(3)	22,000				CEDAR RIVER RESTORATION AND FLOOD REDUCTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEIGHBORHOOD TRANSPORTATION SERVICE INC317 7TH AVE SE STE 205 CEDAR RAPIDS, IA 524012007	26-1306253	501(C)(3)	38,750				MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF KAY FISK, THE GROWING ECONOMY AND RIDERSHIP, ECONOMIC IMPACT STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWBO CITY MARKET1100 THIRD STREET SE CEDAR RAPIDS, IA 524012306	27-0600567	501(C)(3)	60,250				CAPITAL CAMPAIGN, MEET ME AT THE MARKET, ROTARY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OAK HILL JACKSON NEIGHBORHOOD ASSOCIATION1230 5TH ST SE CEDAR RAPIDS,IA 52401	39-1906031	501(C)(3)	10,000				OAK HILL JACKSON NEIGHBORHOOD RESOURCE CENTER



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLD CREAMERY THEATRE COMPANY39 38TH AVE STE 200 AMANA,IA 522038200	42-0985212	501(C)(3)	8,500				THEATRE FOR YOUNG AUDIENCES 2014 TOUR COUNT ME IN!, THEATRE FOR YOUNG AUDIENCES TOUR OF CHARACTERROCKS COM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLIVET PRESBYTERIAN CHURCH230 10TH ST NW CEDAR RAPIDS, IA 524053905	42-0757412	501(C)(3)	44,361				OLIVET MISSION EMERGENCY FOOD PANTRY AND CLOTHING CLOSET, OLIVET NEIGHBORHOOD MISSION YOUTH PROGRAM 2014, ANNUAL DESIGNATED DISTRIBUTION, 1000 FOOD BOXES, FEEDING THE HUNGRY AND CLOTHING THE FAMILIES LIVING IN POVERTY JULY 2013

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ORGANIC CENTER INC28 VERNON ST SUITE 413 BRATTLEBORO, VT 05301	02-0626006	501(C)(3)	60,000				GENERAL SUPPORT, RESEARCH FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PLANNED PARENTHOOD OF THE HEARTLAND INC 1171 7TH ST DES MOINES,IA 503142505	42-0727488	501(C)(3)	18,948				EDUCATION AND BIRTH CONTROL FOR THE EASTERN IOWA CLINIC, GENERAL SUPPORT FOR EDUCATION OF YOUNG PEOPLE, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, ANNUAL DESIGNATED DISTRIBUTION TO BE USED IN EAST CENTRAL IOWA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRAIRIE CATHOLIC SCHOOLS710 S WACOUTA AVE PRAIRIE DU CHIEN, WI 53821	39-1737458	501(C)(3)	22,319				ST GABRIEL'S GYMNASIUM BUILDING FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROSPECT MEADOWS1890 COUNTY HOME ROAD MARION,IA 52402	45-1186453	501(C)(3)	12,500				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION,IA 523020154	42-1473672	501(C)(3)	31,499				GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RIDERS CLUB OF AMERICA 222 THIRD AVE SE STE 507 CEDAR RAPIDS, IA 52401	27-0832680	501(C)(3)	7,500				SENIOR RIDE SHARE PROGRAM



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RIVERVIEW CENTER INC 2600 DODGE ST DUBUQUE,IA 52003	36-3920008	501(C)(3)	34,000				TRAUMA-FOCUSED THERAPY TO PROMOTE LONG-TERM HEALTH AND HEALING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RODALE INSTITUTE611 SIEGFRIEDALE RD KUTZTOWN,PA 19530	23-7206884	501(C)(3)	24,770				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS1000 C AVE NW CEDAR RAPIDS, IA 524053819	22-2406433	501(C)(3)	20,850				KETTLE BELL FUND SHORTAGE CAMPAIGN, KETTLE BELL MATCH, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCOTTSDALE BIBLE CHURCH7601 E SHEA BLVD SCOTTSDALE, AZ 852605551	86-0179808	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPT THEATRE COMPANY 1103 THIRD STREET SE CEDAR RAPIDS, IA 52401	20-0644595	501(C)(3)	17,825				TALES FROM THE WRITERS' ROOM SEASONS 8 & 9

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AMBROSE UNIVERSITY 518 WLOCUST ST DAVENPORT,IA 52803	42-0703280	501(C)(3)	10,000				THE STUDY FOR ST AMBROSE OF MILAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN OF THE CROSS CATHOLIC WORKER HOUSE1027 5TH AVE SE CEDAR RAPIDS, IA 524032413	42-1307304	501(C)(3)	13,005				GENERAL SUPPORT, CWH SHELTER SAFETY IMPROVEMENTS, LINN COUNTY CONTINUUM OF CARE EMERGENCY/OVERFLOW BEDS PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE'S HEALTH CARE FOUNDATION855 A AVENE STE LL1CEDAR RAPIDS, IA 524025064	42-1106819	501(C)(3)	29,447				EMBRACING LIFE ~ A CAPITAL CAMPAIGN FOR ST LUKE'S HOSPICE INPATIENT UNIT, COOK CANCER WELLNESS PROGRAM, CHILD PROTECTION CENTER, GENERAL SUPPORT FOR ST LUKE'S DENTAL HEALTH CENTER, ST LUKE'S HOSPICE GENERAL SUPPORT, RONALD MCDONALD ROOM, ANNUAL DESIGNATED DISTRIBUTION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARK'S LUTHERAN CHURCH8300 C AVE MARION,IA 523029362	42-0810662	501(C)(3)	5,673				GENERAL SUPPORT, BEYOND CAPITAL APPEAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PIUS X CHURCH4949 COUNCIL ST NE CEDAR RAPIDS, IA 524022402	42-0859572	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANAGER PLACE2309 C ST SW CEDAR RAPIDS, IA 524043707	42-0688079	501(C)(3)	68,989				EXPANDING THERAPY OPTIONS, GENERAL SUPPORT, CAMP TANAGER - ALL YEAR, GOLF INVITATIONAL - HOLE SUPPORT, EXPRESSIVE ARTS PROGRAM, ANNUAL DESIGNATED DISTRIBUTION, YOUTHPORT NEIGHBORHOOD OUTREACH COORDINATOR, BIOFEEDBACK THERAPY A FIRST FOR IOWA, STRATEGIC ENHANCED COMMUNICATION AND TRAINING - CAPACITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FOREVER770 7TH AVE STE B MARION,IA 523025773	42-1419181	501(C)(3)	17,190				CEDAR RAPIDS FRUIT TREEKEEPERS, TREEKEEPERS BECAUSE EVERY TREE NEEDS A LEADER, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF ALLEN COUNTY334 E BERRY STREET FORT WAYNE,IN 46802	35-0867932	501(C)(3)	5,416				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF CENTRAL ALABAMA INC3600 8TH AVENUE SOUTH PO BOX 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 Domestic Organizations and Domestic Governments.

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UNITED WAY OF EAST CENTRAL IOWA FOR FIRST CALL FOR HELP317 7TH AVE SE SUITE 401 CEDAR RAPIDS,IA 52401	42-0861239	501(C)(3)	180,837				ANNUAL CAMPAIGN, GENERAL SUPPORT, KIDS ON COURSE, WORKPLACE VOLUNTEER COUNCIL-FOUNDING PARTNER SUPPORT, SUPPORT FOR THE WHEELS UNITED CAMPAIGN THROUGH GENERAL MILLS, GENERAL SUPPORT FOR SINCLAIR SOCIETY, ANNUAL DESIGNATED DISTRIBUTION, STAFFING COSTS INCURRED DURING 2008 FLOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC7273 CONCOURSE DR FORT MYERS,FL 33908	59-1005169	501(C)(3)	6,000				VARIOUS NON-PROFITS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF CHICAGO FINANCIAL AID OFFICE 5801 S ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	73,829				ANNUAL DESIGNATED DISTRIBUTION 43 5% TO COLLEGE FUND, 43 5% GRADUATE BUSINESS SCHOOL, 13% TO MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER, SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 IOWA105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	GOVERNMENT	27,235				SUMMER JOURNALISM WORKSHOPS ANNUAL DESIGNATED DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS, SCHOLARSHIPS, IOWA PHYSICIAN'S ASSISTANT SCHOLARSHIP, UNIVERSITY OF IOWA HOSPITALS AND CLINICS BENJAMIN C TVEDT MEMORIAL LECTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY,IA 522444550	42-0796760	501(C)(3)	28,666				CHILDREN'S HOSPITAL SUPPORT, STEVE YATES MELANOMA AWARENESS STEVE YATES MEMORIAL GOLF OUTING GENERAL SUPPORT, BELIN-BLANK CENTER, ANNUAL DESIGNATED DISTRIBUTION-50% FOR BRADLEY LECTURE SERIES, 50% FOR UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL DESIGNATED DISTRIBUTION, SUPPORT FOR THE UNIVERSITY OF IOWA CHILDREN'S HOSPITAL THROUGH CHILDREN'S MIRACLE NETWORK, DANCE MARATHON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	12,000				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VARIETY - THE CHILDREN'S CHARITY OF IOWA505 5TH AVE STE 310 DES MOINES,IA 503092322	42-6077108	501(C)(3)	23,750				BIKES FOR KIDS PROGRAM-LINN COUNTY, GENERAL SUPPORT, RADIOTHON COMPASSION FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES318 5TH ST SE CEDAR RAPIDS, IA 524011601	42-0680307	501(C)(3)	98,730				RENOVATION OF 1911 YWCA BUILDING, 2014-WAYPOINT SERVICES TRANSPORTING KIDS TO EDUCATION, MADGE PHILLIPS CENTER, SPREAD THE LOVE CAMPAIGN, 2014-ASSISTANCE TO HELP DOMESTIC VIOLENCE VICTIMS FLEE, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, 2014-OPERATIONS SUPPORT FOR THE MADGE PHILLIPS CENTER FOR HOMELESS WOMEN AND CHILDREN, 2014 COORDINATED INTAKE OPERATIONS TO SUPPORT INDIVIDUALS EXPERIENCING A HOUSING CRISIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WHOLE PLANET FOUNDATION550 BOWIE STREET AUSTIN, TX 787034677	20-2376273	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WILLIS DADY EMERGENCY SHELTER INC1247 4TH AVE SE CEDAR RAPIDS, IA 524034020	42-1311668	501(C)(3)	17,050				GENERAL SUPPORT, RUN FOR SHELTER 5K, PREVENTION CASE MANAGEMENT, MAXIMIZING BOARD EFFECTIVENESS



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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XAVIER FOUNDATIONPO BOX 10956 CEDAR RAPIDS, IA 524100956	42-1479238	501(C)(3)	7,882				GENERAL SUPPORT , BUSINESS APPEAL 2014, IPAD PROJECT, EMPLOYEE MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA207 7TH AVE SE CEDAR RAPIDS, IA 524012001	42-0680306	501(C)(3)	29,562				GENERAL SUPPORT, TRIVIA NIGHT TABLE SUPPORT, SWITCH PROGRAM, PAID INTERNSHIPS, YMCA ADMINISTRATIVE OVERHEAD, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 NETWORK420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	57,405				METRO HIGH SCHOOL PRENATAL PROJECT, PROGRAM SUPPORT BROADWAY MABIES 2014, BUILDING BRIGHT FUTURESGENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YWCA OF BLACK HAWK COUNTY425 LAFAYETTE ST WATERLOO,IA 507034617	42-0680302	501(C)(3)	10,000				GENERAL SUPPORT

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.

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

OMB No 1545-0047

2014

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>	Yes	
<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>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><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 checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>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>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		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>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) 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)	180,580	12,150	6,878	14,105	18,233	231,946	0
	(ii)	0	0	0	0	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 & CEO OF THE FOUNDATION IS PRIMARILY FOR BUSINESS USE. THE PERSONAL USE PORTION OF DUES IS INCLUDED IN THE PRESIDENT & CEO'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 & CEO'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

2014

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 . . . . .				
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	45	1,404,101	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 . . . . .	X	1	19,877	APPRAISAL
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 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? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

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



**Part 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)	WE ARE REPORTING THE ACTUAL NUMBER OF CONTRIBUTIONS

2014

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 990-EZ 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 III, LINE 3	
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN DETAIL BY THE ORGANIZATION A COPY OF THE ORGANIZATION'S FINAL FORM 990 IS PROVIDED, IN ELECTRONIC FORM, TO EACH VOTING MEMBER OF THE GOVERNING BODY OF THE ORGANIZATION PRIOR TO FILING WITH THE IRS
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 APPROVALS SENT ELECTRONICALLY TO THE EXECUTIVE COMMITTEE, CONFLICT OF INTEREST DECLARATIONS ARE MADE WHEN EACH MEMBER VOTES FOR GRANTS APPROVED AT BOARD MEETINGS, BOARD MEMBERS COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS BEFORE VOTING
FORM 990, PART VI, SECTION B, LINE 15	A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & 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 CHAIRMAN EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON COMPENSATION THE EMAIL IS FILED IN THE PRESIDENT & 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 & CEO A YEAR-END REVIEW FORM IS COMPLETED AND SIGNED BY THE PRESIDENT & 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 -177,957 ADJUSTMENT FOR TRANSFER OF FUNDS FROM AMOUNTS HELD ON BEHALF OF OTHERS -105,873

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

OMB No 1545-0047

2014

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) Disproporionate 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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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