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Form 990°

SCANNED MAR 0 1 2016

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

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. Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection For the 2014 calendar year, or tax year beginning October 1 2014, and ending September 30 20 15 Check if applicable: C Name of organization Cedar Rapids Community School District Foundation D Employer Identification number Doing business as Cedar Rapids Community School District Foundation Address change 42 1197912 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return 2500 Edgewood Road NW 319-558-2400 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Cedar Rapids, Iowa 52405 G Gross receipts \$ 418,448 F Name and address of principal officer: Application pending Jen Neumann, de Novo Alternative H(a) is this a group return for subordinates? 🔲 Yes 🗹 No Marketing, LLC, 2051 Linden Dr SE, Cedar Rapids, Iowa 52403 H(b) Are all subordinates included? 🗹 Yes 🔲 No If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ www.crcsf.com H(c) Group exemption number ▶ Form of organization:
☐ Corporation ☐ Trust ☐ Association ☐ Other ➤ L Year of formation; 1982 M State of legal domicile: IΑ Part I Summary Briefly describe the organization's mission or most significant activities: Building financial support to promote and recognize excellence in Cedar Rapids Public Schools Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 13 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) . R 253,014 393,541 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 8,921 14,526 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 (1,622)4,203 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 260,313 412,270 13 Grants and similar amounts paid (Part X, column (A), lines 1-3) 176.811 208,423 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Professional fundraising fees (Part IX, column (A), line 11e) 15 38,435 16a Total fundraising expenses (Part IX, column (D), ine 25) ► Other expenses (Part IX, column (A), lines 11a 14a, N1f-24e) 17 7,245 11,073 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) 18 221,012 257,931 Revenue less expenses. Subtract line 18 from line 12 19 39,301 154,339 **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) 708,610 816,756 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 816,756 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 of office Date Signature Here ason Type or print name and titl Preparer's signature Date Print/Type preparer's name Check [] if Paid self-employed Preparer Firm's name Firm's EIN > Use Only Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Yes 7 No Form 990 (2014)

	0 (2014) Page 2
Part	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	Building financial support to promote and recognize excellence in Cedar Rapids Public Schools
	The state of the province and recognize executence in Cedal Rapius Public Schools
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
	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.
	(Code:) (Expenses \$ 22,700 including grants of \$ 22,700) (Revenue \$)
	High School Senior Scholarships
	Grant financial Scholarships to 50 selected seniors of Cedar Rapids community high schools for higher education purposes. The recipients were recommended by administrators of the community high schools. The scholarships are paid to the college/trade
	schools of the recipient's choice.

4b	(Code: \(\text{Expanses } \text{\$ 66.020 including greats of \$ 66.020 \(\text{Possess } \text{\$ 66.020 \(\text{Possess } \text{\$ 66.020 \(\text{Possess } \$ 66.020 \(\text{\$ 70.000 \(\text{\$ 70.0000 \(\text{\$ 70.000 \(\text{\$ 70.000 \(\text{\$ 70.000 \(\text{\$ 70.0000 \(\te
40	(Code:) (Expenses \$ 66,930 including grants of \$ 66,930) (Revenue \$) Student Enrichment Fund Grants
	Grants provided in the fall to teachers who apply for classroom based funding. Grants of up to \$250 are provided for such
	expenditures as: library books, calculators, chess sets, smart boards and activity boxes, etc.
	School Project Grants
	Grants are provided in the spring to teachers seeking larger capital needs. Grants range from \$500 to \$10,000 and are provided for such grants as: PACT programming, ABA Program, 3D Printer, High School Option Program, Spatial Temporal Math for Elementary
	STEAM Magnet School, High School STEAM Academy, Elementart School Kindergarten Station Academy
	The Foundation works in partnership with a private foundation in securing the funds for these grants.

4c	(Code:) (Expenses \$15,625 including grants of \$15,625) (Revenue \$)
	Student Field Trips
	Through the Kids in the Community field trip program, Cedar Rapids public school students are provided the opportunity to experience hands-on learning at many of the cultural, educational and historic sites in and around our community. A total of
	field trips were awarded to schools to benefit nearly 3,000 K-12 students.
	······································
4d	Other program services (Describe In Schedule O.) (Expenses \$ 11,342 including grants of \$ 11,342) (Revenue \$)
4e	(Expenses \$ 11,342 including grants of \$ 11,342) (Revenue \$) Total program service expenses ▶ 208,423

Form **990** (2014)

Part	V Checklist of Required Schedules			rage
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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 1	3	-	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
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,	4		√
_	Part III	5		1
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		,
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	/
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	>	
	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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.	111		V
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
	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		4
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		1
	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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	00 (2014)		1	Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
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? If "Yes," complete Schedule I, Parts I and III	22	y	
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? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			,
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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? If "Yes," complete Schedule L, Part I	25b		✓
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			,
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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? If "Yes," complete Schedule L, Part III	27		✓
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):		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Y
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		 _
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		'
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? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>√</u>	<u> </u>
		For	η ササじ	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
12	Enter the number reported in Day 2 of Farm 1990. Fator 0, if a 1 a 1 a 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		,	1
_	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-10	<u> </u>	· ·
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			, *
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	است.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	¦ }		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	. i		
	account)?	4a		<u> </u>
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	, ,	• ,	- 1
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	1
ъа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	i	
7	Organizations that may receive deductible contributions under section 170(c).		, ,	=
а	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		/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
-	If "Yes," indicate the number of Forms 8282 filed during the year	76		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ــ' تم	184	27
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		1
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	50		-
	Initiation fees and capital contributions included on Part VIII, line 12			<u>'</u>
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		13
11	Section 501(c)(12) organizations. Enter:	,,		· 1
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources			:
	against amounts due or received from them.)		, `	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	-	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
а	Is the organization licensed to issue qualified health plans in more than one state?	.54		
ь	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	ŕ	, .	1 4,
С	Enter the amount of reserves on hand	}		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u></u>
		For	n 99 0	(2014)

Part		rough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	struct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u>· · · · · · · · · · · · · · · · · · · </u>	· ·	<u> </u>	<u> </u>
0000	on A. deverming body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13	7	103	140
	If there are material differences in voting rights among members of the governing body, or	13	ŕ		٠.
	if the governing body delegated broad authority to an executive committee or similar		, `		
	committee, explain in Schedule O.		- ,	, i	7, 5
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 13	,-	4.	` -
2	Did any officer, director, trustee, or key employee have a family relationship or a business	elationship with	, ,	r 4)	
	any other officer, director, trustee, or key employee?	• • • •	2	<u> </u>	✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		_		
4	·		3		/
4 5	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization		<u>4</u>	<u> </u>	√
6	Did the organization have members or stockholders?	on s assets r.	6		<u>~</u>
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		✓
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			,
	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during		,	
	the year by the following:		,	_	-
a	The governing body?		8a	1	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	✓	<u> </u>
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by th			ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		√
b	If "Yes," did the organization have written policies and procedures governing the activities of				
44-	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	*	11a	✓	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	7	
c	Did the organization regularly and consistently monitor and enforce compliance with the				
	describe in Schedule O how this was done		12c	✓	
13	Did the organization have a written whistleblower policy?		13		>
14	Did the organization have a written document retention and destruction policy?		14		/
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		^ ,	,	- '
_	The organization's CEO, Executive Director, or top management official		15a		
a b	Other officers or key employees of the organization		15b		V
	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	lar arrangement	_	, ,	
	with a taxable entity during the year?		16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		46.		
Casti	organization's exempt status with respect to such an angements?	· · · · · ·	16b		<u> </u>
<u> </u>	List the states with which a copy of this Form 990 is required to be filed lowa				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	501(c)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply.	-			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc			<u>.</u> .	
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	erest	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				.mml-1
	Jason Fisher, United Way of East Central Iowa, 1206 Bowler Street, Hiawatha, IA 52233, 319-929-98	вэ (сен), 319-398-5	3/2 X8	_ก gg ก	vork) (2014)
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Form	990	(2014)	•

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

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, and 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
				•	C)]		
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	유등	Ins	₽	ξ _e	육.품	Б	from the	related organizations	other compensation
	related	dred	鬒	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	[호텔	Į g	'	룡) e c]	(W-2/1099-MISC)	[organization and related
	line)	Individual trustee or director	3		yee	闄			1	organizations
		8	Institutional trustee			Highest compensated employee				
				_		<u>e</u>				· <u> </u>
(1) Robert Reitz										
Trustee	10	1								
(2) Randy Krejci		<u> </u>				1				
Trustee	2	✓								
(3) Jen Neumann										
Chairperson, Board of Trustees	6	1		✓						<u></u>
(4) Karen Swanson										
Executive Director	20	1	<u>L</u>		✓	✓	\	37,326		·
(5) Susan Pence								1		
Trustee	6	✓					<u> </u>			
(6) Gregory Wanzek (retiring as of 12/31/2015)	<u></u>		ĺ				ĺ			
Treasurer, Board of Trustees	10	✓	<u> </u>	1	_		<u> </u>			
(7) Dr. Chris Taylor	ļ	_		İ						
Trustee	2	✓	<u> </u>		_		<u> </u>			
(8) Sashi Solomon (Retiring as of 12/31/2015)				_	1					
Secretary, Board of Trustees	6	1	<u> </u>	1			<u> </u>			
(9) Laurel Day	<u></u>		١.	1				1		
School District Liason	2	ļ	✓		ļ		<u> </u>			<u> </u>
(10) Kelsey Jipp										
Lace up for Learning Activity Director	5	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	辶	1,200		
(11) Sue Wilber	<u> </u>			İ						
Trustee	2	/	L				<u> </u>			
(12) Lindsay Schumacher	ļ							•		
Trustee	2	/	<u> </u>	<u> </u>	<u> </u>					
(13) Scott Drzycimski	ļ									
Vice Chairperson, Board of Trustees	6	/	<u>L</u>		✓		<u> </u>			
(14) Ashley Ernst									[
Trustee	2	✓	<u></u>	<u></u>	L	<u> </u>	<u></u>	<u> </u>		- 000

r ar i	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	Position													
	(A) Name and title	(B)			ieck	mon	than o		(D)	(E)			(F)	
	Average hours per					is both	an loo	Reportable compensation	Reportation Compensation			timated ount of		
		week (list any				_		_	from	related			other	
		hours for related	흑	Stift	Officer	Key employee		Former	the organization	organizati (W-2/1099-I	ons		pensatio	on
		organizations	8 5	돲	4	ğ	est c	Œ	(W-2/1099-MISC)	(44-2/1033-1	MISC)		om the unizatio	n
		below dotted line)	1 2 5	nali		οye	T S		[i		- 1	and	related	d
		1116/	Individual trustee or director	Institutional trustee	[g	Highest compensated employee		[i		- 1	orga	nizatıor	15
		("	8			sate	l	[1			
(15) 0	atricia Powers	 	-		-	-	<u>a</u>		<u> </u>					
Truste		 									l l			
_	acey Walker	 	<u> </u>			-		-						
Truste			1								1			
	istin Pardubsky		<u> </u>	-	-	H		├	 					
	e, Secretary, Brd of Trustees (as of 010116)	6	1]			
	son Fisher		<u> </u>			-		├						
		40	1		1						1			
	rer, Board of Trustees (effective 010116)	10	-		-			-						
	nnifer Borcherding		1	1				1			1			
	e (effective 010116) Isan Todd	2	-			-		-						
h			√	1				1			1			
(21)	e (effective 010116)	2	<u> </u>	\dashv		-		┝╌						
15.11								1			1			
(22)								├─						
122/											1			
(22)		ļ		\dashv	Н	Н		-			} .			
(23)	***************************************			[1			- 1			
104					-	-		<u> </u>	 					
(24)				J							- 1			
(OE)				{										
(25)				- {							1			
1b	Sub-total								20.500					
C	Total from continuation sheets to Part			•	•		•		38,526					
d	Total (add lines 1b and 1c)	-		•	•	• •	•		20 520					
2	Total number of individuals (including but								38,526	Ab Cd				
2	reportable compensation from the organi		i to tri	ose	ust	ea a	above	;) W	no received mo	ore than \$1	00,000	OT		
	reportable compensation from the organi	Zauon									·		Voc	No
3	Did the organization list any former of	ficer direct	tor o	r fn	uste	A .	kev e	mn	lovee or high	est compe	hateen		163	ļ
•	employee on line 1a? If "Yes," complete s								loyco, or riight			3	-	• • • • • • • • • • • • • • • • • • •
4	For any individual listed on line 1a, is the							กล	nd other comp	ensation fr	om the		 	 • •
•	organization and related organizations												ŀ.	
	individual				•		•					4		7
5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n anv	un	related organiz	ation or inc	lividual		 	†
•	for services rendered to the organization?											5		1
Section	n B. Independent Contractors												٠	٠
1	Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent (contra	acto	ors that receive	d more tha	n \$100	.000 o	f	
•	compensation from the organization. Rep													ax
	year.	·						Ī	_		_			
	(A)								(B)			(C)		
Name and business address Description of services Compensation														
2	Total number of independent contractor							th	ose listed abo	ove) who		,	•	
	received more than \$100,000 of compens	sation from	the o	gan	nizai	tion	<u> </u>					٠,		

	990.(201 t VIII		enue						Page 9
		Check if Schedule C		a res	ponse or note t				· · · · · · · · · · · · · · · · · · ·
	., - ',			· ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants	1a b c	Federated campaign Membership dues . Fundraising events .		1a 1b 1c	1,572				3/2-3/4
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (cor All other contributions, g and similar amounts not inc	ntributions) jifts, grants,	1d 1e 1f					
	g h	Noncash contributions inclu Total. Add lines 1a-1	ded in lines 1a	-1f: \$	391,969 >	393,541			
Program Service Revenue	2a b c d				Business Code				
Prograr	f g	All other program ser Total. Add lines 2a-2	f						
	3 4 5	Investment income and other similar amo income from investmen Royalties	ounts) . t of tax-exer	npt be	ond proceeds >	8,189			8,189
	6a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or	(i) Real		(ii) Personal		- Ann		
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(i) Securiti	es	(ii) Other		,		
•	c d	Gain or (loss) Net gain or (loss) .		6,337	>	6,337	and a		6,337
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18	1,57		10,381				
₽	С	Less: direct expenses Net income or (loss) f Gross income from ga	rom fundra Iming activit	ties.	6,178 events . ►	4,203			4,203
	С	See Part IV, line 19 . Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gamine ventory, l	. b g acti ess					
	b b	Less: cost of goods s Net income or (loss) f Miscellaneous R	old rom sales d	- a . b of inve	entory ► Business Code			* kun	
	11a b c	All other revenue .				, , , , , , , , , , , , , , , , , , ,			
	е 12	Total. Add lines 11a- Total revenue. See in		• • •		412,270		-,-	18,729

Part IX	Statement of Functio	nal 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 no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	208,423	208,423							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		200, 20							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	38,435		38,435						
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 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management	<u> </u>			•					
ь	Legal									
c	Accounting									
ď	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	0.000								
_	Other. (If line 11g amount exceeds 10% of line 25, column	2,808		2,808						
g	(A) amount, list line 11g expenses on Schedule O.)									
	• •									
12	Advertising and promotion									
13	Office expenses	3,985		3,985						
14	Information technology	3,466		3,466						
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	814		814						
24	Other expenses. Itemize expenses not covered			1 3						
	above (List miscellaneous expenses in line 24e. If	1 4 4 4								
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)			1						
а										
b										
c										
d										
e	All other expenses									
_	Total functional expenses. Add lines 1 through 24e									
25_	Joint costs. Complete this line only if the	 								
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here life following SOP 98-2 (ASC 958-720)	257,931	208,423	49,508						
	gov. oo zeen zana	201,0011	200,120		Form 990 (2014)					

ŗ	art A				·
	····	Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	131,788	2	157,265
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	1		, , ,
		trustees, key employees, and highest compensated employees.	, , ,		, , , , , ,
		Complete Part II of Schedule L	las sa as vertical	5	leise viske il golskiv zav
w	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		e no street	
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	·»
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	,
	10a	Land, buildings, and equipment: cost or		,	1 - 5 '
		other basis. Complete Part VI of Schedule D 10a	عام أو أو أو أو المراجعة المرا	; '	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	576,822	12	659,491
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	708,610	16	816,756
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	_	,	
Ē		disqualified persons. Complete Part II of Schedule L		22	ة ساد المامية
<u>ia</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
_	1	Unsecured notes and loans payable to unrelated third parties		24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0.5	
	~~			25	
	26	Total liabilities. Add lines 17 through 25		26	<u> </u>
S		complete lines 27 through 29, and lines 33 and 34.		' '	* * * * * * * * * * * * * * * * * * * *
ĕ	0.7	Unrestricted net assets		27	
aja	27			28	
m	28	Temporarily restricted net assets	•••	29	
Ę	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		2.5	
耳		complete lines 30 through 34.	•		
ō		•	فحم مدر د د	30	
ets	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
¥	32	Retained earnings, endowment, accumulated income, or other funds .			
ž	33	Total net assets or fund balances		33	···
	34	Total liabilities and net assets/fund balances		34	<u>l</u>

om 9	90 (2014) '		Pa	ge 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))			
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			ᆜ
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			, ' *
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		,	
ο-			7 '	
za	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	2a		
	reviewed on a separate basis, consolidated basis, or both:	[, ,,		,
	Separate basis Consolidated basis Both consolidated and separate basis		1.5	,
_	Were the organization's financial statements audited by an independent accountant?	2b	es dum'	j
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20	1.5	<u> </u>
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ļ		
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		,	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		FR (#	
	the Single Audit Act and OMB Circular A-133?	3а		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

Open to Public

Employer identification number Cedar Rapids Community School District Foundation 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.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization an EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part		ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)
	(Complete only if you checked ti	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	ete Part III.)	•
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	Ì]	
	include any "unusual grants.")						
2	Tax revenues levied for the	İ					
	organization's benefit and either paid				!	1	
	to or expended on its behalf						
3	The value of services or facilities	1				1	
	furnished by a governmental unit to the	1	ļ			[
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	(1)		,			
	each person (other than a	- 4 - 1 - 2			_		
	governmental unit or publicly		53				
	supported organization) included on			. 5	, - '		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			, -	· ·		
_	• • • • • • • • • • • • • • • • • • • •						
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support	4,	,	<u></u>	,		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(a) 2010	(5) 2011	(6) 2012	(4) 2013	(6) 2014	(i) Total
8	Gross income from interest, dividends,						·
0	payments received on securities loans,						
	rents, royalties and income from similar	}				1	
	sources					[
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	-					
	loss from the sale of capital assets	j					
	(Explain in Part VI.)			1		<u> </u>	
11	Total support. Add lines 7 through 10			` .		1	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u> </u>	· · · · ·	<u>· · ▶ □</u>
	on C. Computation of Public Suppo						
14	Public support percentage for 2014 (line					14	<u>%</u>
15	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi	nedule A, Part	II, IINO 14 .			15	%
16a	box and stop here. The organization qua				7 III 14 15 33 ·	73 70 OI IIIOI 6 , CI	. > []
ь	33 ¹ /2% support test—2013. If the organ				16a and line	15 is 331/3%	
b	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ □
17a	10%-facts-and-circumstances test—2	•				a, or 16b, and	
114	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets the "	facts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly s	upported
	organization						¨. ▶ □
b	10%-facts-and-circumstances test—2	013. If the om:	anization did n	ot check a box	on line 13. 16	Sa. 16b. or 17a.	
Ŋ	15 is 10% or more, and if the organiza	tion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
	Explain in Part VI how the organization n	neets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies as a	publicly
	supported organization						. ▶ 🗆
18	Private foundation. If the organization d	lid not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	1. storations						▶ □

Part III Support 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.)

Secti	on A. Public Support						
Calen	dar 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					1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(7)
	received. (Do not include any "unusual grants.")	235,051	260,059	230,376	248,264	391,969	1,365,719
2	Gross receipts from admissions, merchandise					901,900	7,000,1 10
	sold or services performed, or facilities furnished in any activity that is related to the	1	j	•		į	
	organization's tax-exempt purpose	18,867	15,784	16,217	13,235	11,953	76,056
3	Gross receipts from activities that are not an				10,200	17,000	70,000
	unrelated trade or business under section 513	1		1			
4	Tax revenues levled for the						
	organization's benefit and either paid			į	į	1	
	to or expended on its behalf				į	Į.	
5	The value of services or facilities						
	furnished by a governmental unit to the	1		j		1	
	organization without charge			l		1	
6	Total. Add lines 1 through 5	253,918	275,843	246,593	261,499	403,922	1,441,775
7a	• • • • • • • • • • • • • • • • • • • •					}	
	received from disqualified persons .	[
b	Amounts included on lines 2 and 3						
	received from other than disqualified]	l	l		l	
	persons that exceed the greater of \$5,000		į		ţ	•	
	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.)	<u> </u>					1,441,775
	on B. Total Support	, <u> </u>					
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	253,918	275,843	246,593	261,499	403,922	1,441,775
10a	Gross income from interest, dividends,	l i	ļ	Ţ	Į.	Į.	
	payments received on securities loans, rents,			I		1	
	royalties and income from similar sources .	3,433	7,184	7,593	7,973	8,189	34,372
b	Unrelated business taxable income (less]		İ		ĺ	
	section 511 taxes) from businesses	Į į		Ţ	ļ		
	acquired after June 30, 1975						
	Add lines 10a and 10b	3,433	7,184	7,593	7,973	8,189	34,372
11	Net income from unrelated business activities not included in line 10b, whether	j		1	ĺ]	
	or not the business is regularly carried on		1	1	ì	Į	
40							
12	Other income. Do not include gain or loss from the sale of capital assets		}	1		1	
	(Explain in Part VI.)]	Ì	1]	j	
13	Total support. (Add lines 9, 10c, 11,	 					
	and 12.)	257,351	283,027	254,186	269,472	412,111	1,476,147
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	_					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	•				
15	Public support percentage for 2014 (line	B, column (f) di	vided by line 1	3, column (f))		15	97.7 %
16	Public support percentage from 2013 Sci			<u></u>		16	96.9 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (line 10c, colum	n (f) divided b	y line 13, colun	กภ (f))	17	2.3 %
18	Investment income percentage from 2013	3 Schedule A, F	Part III, line 17			18	24 %
19a	331/3% support tests-2014. If the organ	ization did not	check the box	on line 14, an	id line 15 is m	ore than 331/a9	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organization	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3'/3%, and
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di	id not check a l	oox on line 14,	19a, or 19b, c	neck this box	ana see instru	ctions 🕨 🔲

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)

S	ecti	inn	Δ	ΔΙΙ	Sun	norting	Ora	anizations
v	CCL	011	~	711	Jup	poruniy	1 014	ai iizauvi is

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		: در
3a		3a	. .	
b		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 Part VI 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	2	,
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 Part VI.	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	-	n 51
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 I of Schedule L (Form 990).	8	****	/ L A 3
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 Part VI.	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 Part VI.	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 Part VI.	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	1 .	,	ŀ

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

			1	Page O
Part	V Supporting Organizations (continued)			
44	the the appropriation asserted a site of a left of the first of the fi		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	, -		1 . 1
а	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?			
ь	A family member of a person described in (a) above?	11a 11b		ļ
	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	 	
Secti	on B. Type I Supporting Organizations	110	<u> </u>	Щ.
			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		,	١.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	٠,	ļ	1
	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	1		ł
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		· <u> </u>	٠. ١
_		1		ļ
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 Part			, ,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ł
Secti	on C. Type II Supporting Organizations		L	<u> </u>
	on or type was a square and a s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		,	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	7.1		
	or management of the supporting organization was vested in the same persons that controlled or managed	-		, , ,
	the supported organization(s).	1		
Secti	on 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	. ') '	- 4
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	به من ^{ان} ه مد	
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 Part VI how	. 2	,	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,		3
	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 Part VI the role the organization's supported organizations played in this regard.			•
		3		
Secu	on 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 in	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	•	. 4 4.	·
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	urucu	onsj.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	١,		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			. ;
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	1		1
	that these activities constituted substantially all of its activities.	2a		
L	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	-	,
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<u> </u> 3
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	·, _	3	
	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 Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru mple	st on Nov. 20, 1970. See in	structions. All
Section A - Adjusted Net Income		(A) Prìor 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 Adjusted Net Income (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):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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	1 1 2 to 1 to 1 to 1	
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	==1	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III supporting	g organization (see
instructions).			

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continued	Page Page
			adons (continued)	
	- 1 modition paid to supported organizations to accomplise	sh exempt purposes		Current Year
ä	Amounts paid to perform activity that directly furthers a	exempt purposes of supr	onted	
	The second of the second of the second secon			
3		urposes of supported org	anizations	
4				
5	and and aniounts (phot ins approval require	d)		
6	Other distributions (describe in Part VI). See instruction	S.		
	otal annual distributions. Add lines 1 through 6.			
8		nich the organization is re	sponsive	
	Aprovide details in Fait 41). See instructions.		-p-110.10	
9	Section C. line 6			<u> </u>
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 / /	,	141104111111111111111111111111111111111
2	Underdistributions, if any, for years prior to 2014			-
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:			
<u>a</u>	The state of the s			- 1,
<u>b</u>	A Contract of the Contract of		10 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg	
<u>c</u>	The state of the s	1 1 2 2 1 1 2 2 1 1	1.	
<u>d</u>	The state of the s			
е	From 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
<u>h</u>	Applied to 2014 distributable amount		,,	,
	Carryover from 2009 not applied (see instructions)			- No. 191
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			+ + 2 _a = 12
а	Applied to underdistributions of prior years	4.5		
b	Applied to 2014 distributable amount			
С	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		İ	
	greater than zero, see instructions).		Į.	
6	Remaining underdistributions for 2014. Subtract lines 3h	p3 / 1 1 1 1 1	1	
	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:			
а	Little Marchael Carlo Control Control			· · · · · · · · · · · · · · · · · · ·
b				, , , , , , , , , , , , , , , , , , , ,
С	A DESTRUCTION OF THE PROPERTY			
	Excess from 2013			
в	Excess from 2014			, , , , , , , , , , , , , , , , , , ,
			, , ,	

	-om 990 or 990-E2) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part III, line 12. Also complete this part for any additional information. (See instructions.)	7b; and
	Part III, line 12. Also complete this part for any additional information. (See instructions.)	
	40-100-00-0	
*	***************************************	
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 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.

20 **1 4**

Open to Public

Inspection

Name of the organization Employer identification number Cedar Rapids Community School District Foundation 42 1197912 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 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 Tax Year 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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: Assets included in Form 990, Part X .

Pan		Collections of	Art, Historical 1	reasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, chec	k any of the follow	wing that are a sig	nificant use of its
а	☐ Public exhibition		d 🗍 Loan	or exchange prog	ırams	
b	☐ Scholarly research		e 🗌 Other			
С	Preservation for future generations	•		*****************		**************
4	Provide a description of the organizat		and evoluin how t	hou further the are	ronizationio over	
·	XIII.					
5	During the year, did the organization	solicit or receive	donations of art,	historical treasure	s, or other similar	
	assets to be sold to raise funds rather		ined as part of the	e organization's co	ollection?	☐ Yes ☐ No
Part			<u>-</u>			
	Complete if the organization	answered "Yes	" to Form 990, P	art IV, line 9, or	reported an amo	unt on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary fo	or contributions of	r other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following ta	able:		
				<u> </u>	 	ount
C	Beginning balance			<u> 10</u>		
d	Additions during the year				¹	
е	Distributions during the year			<u> 16</u>	<u> </u>	
f	Ending balance			<u>[1</u> 1		
2a	Did the organization include an amour					
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provid	ed in Part XIII .	
Parl						
	Complete if the organization		" to Form 990, P			
	j	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	451,908	424,667	400,217	337,658	310,141
b	Contributions	26,222	30,856	29,326	64,123	41,176
C	Net investment earnings, gains, and					
	losses	(18,214)	13,181	15,237	19,225	3,130
d	Grants or scholarships	(22,700)	(16,920)	(19,250)	(16,900)	(15,800)
е	Other expenditures for facilities and					
	programs	13,178	656	16	(2,251)	
f	Administrative expenses	(811)	(532)	(969)		(989)
g	End of year balance	449,583	451,908			337,658
2	Provide the estimated percentage of the					33,1000
а	Board designated or quasi-endowmen	-	%	,		
b	Permanent endowment ▶	%	•=			
c	Temporarily restricted endowment ▶	100%				
Ū	The percentages in lines 2a, 2b, and 2		0%.			
3a	Are there endowment funds not in the			at are held and ad	ministered for the	
	organization by:	•	· ·			Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses					L
Part						
	Complete if the organization		" to Form 990. P	art IV, line 11a.	See Form 990, P	art X, line 10.
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
	boompion at property	(investm			epreciation	•
	Land					
b	Buildings					
٥	Leasehold improvements					
d	Equipment					····
a e	Other					
_	Add lines 1a through 1e (Column (d) m	tion of the control o	OO Cort V askims	(P) line 10e)		

Part VII	Investments—Other Securities.				
	Complete if the organization answered "Ye	es" to Form 99	D, Part IV, line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial					
	neld equity interests	[
(3) Other					
	cates of Deposit		185,163	Cost	
(B) Greate	r Cedar Rapids Community Foundation Investment	s	474,328	End of Year Marke	t Value
(C)			-		
(D)			·		
(E) (F)					
(G)					
(H)					
	o) must equal Form 990, Part X, col. (B) line 12.) ▶		CEO 404		
Part VIII	Investments—Program Related.		659,491		
Marie Marie	Complete if the organization answered "Ye	s" to Form 990) Part IV line	11c See Form	QQA Part Y line 13
	(a) Description of investment		Book value		hod of valuation.
	,,	, ,	, Dok value		of-year market value
(1)					
(2)					
(3)				· · · · · · · · · · · · · · · · · · ·	
(4)					
(5)					
(6)					
(7)	······································				
(8)					
(9))				
	o) must equal Form 990, Part X, col. (B) line 13.) > Other Assets.				·
Part IX	Complete if the organization answered "Ye	o" to Form 000	Dort IV line	11d Con Form	000 Dort V line 15
	(a) Description	5 10 101111 990	, Fait IV, iiile	rita. See Forti	(b) Book value
(1)	(2) 2000 (200				(b) Book Value
<u>(1)</u> <u>(2)</u>					
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)			·		
(6)					
(7)					
_(8)			·		
(9)	000 0 14 1701				
	nn (b) must equal Form 990, Part X, col. (B) line 1	<u>5.J</u>		<u> ▶</u>	
Part X	Other Liabilities.	- II 4 - F 000	. D	44 444 0	F 000 P+V
	Complete if the organization answered "Ye	s" to Form 99t	, Part IV, line	i i i e or i ii. See	Form 990, Part X,
1.	line 25. (a) Description of liability (b)	Book value			
(1) Federal in		5001. 14405	-		
				, т	
(2)					
(2)					
(3)			•		
(3) (4)					
(3)					
(3) (4) (5)					
(3) (4) (5) (6)					
(3) (4) (5) (6) (7) (8) (9)					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (li	b) must equal Form 990, Part X, col. (B) line 25.) ▶ uncertain tax positions. In Part XIII, provide the text of				

Part		ents 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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	3
b	Donated services and use of facilities	2b	7. 1
C	Recoveries of prior year grants	2c	7.
d	Other (Describe in Part XIII.)	2d	<u>}</u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a].]
b	Prior year adjustments	2b	<u> </u>
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
b	Other (Describe in Part XIII.)	4b	<u> </u>
	Add lines 4a and 4b ,		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2, Pan	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	normanon.
 -			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Schedule D (Fo	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE ! (Form 990)

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

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service	≱Int	ormation about Sche	► Attach to Form 990. dule I (Form 990) and its instru	Form 990. d its instructions i	Attach to Form 990. Pinformation about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	.060	Open to Public Inspection	<u>ပ</u>
Name of the organization						ū	Employer Identification number	
Cedar Rapids Community School District Foundation	chool District Foundation						42 1197912	
Part I General Info	General Information on Grants and Assistance	d Assistance						
1 Does the organization the selection criteria	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?	bstantiate the amous or assistance?	int of the grants or	assistance, the g	rantees' eligibility for	the grants or assist	ance, and Yes No	0
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for monitoring	the use of grant fur	nds in the United	States.			
Part II Grants and C	Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	omestic Organiz t received more th	ations and Dom ian \$5,000. Part	l estic Governm Il can be duplic	Organizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization a pace is needed.	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.	390,
1 (a) Name and address of organization or government	anization (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	
(1)								
(2)		_						
(9)								
(4)								
(5)								
(9)								
(2)								
(8)						:		
(6)				:]
(10)								
(11)								
(12)								
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ovemment organizated in the line 1 table	lions listed in the li	ne 1 table			A A	
For Paperwork Reduction Act Notice, see the Instructions for Form	ct Notice, see the Instruction	ons for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2014)	<u>6</u>

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 Part III

Student Enrichment grants of up to \$250 are provided in the fall to teachers who apply through CRCSD to CRCSDF for classroom-based funding. The Foundation serves as the fiscal agent for various programs that have a relationship with the CRCSD in various capacities. The Foundation receives contributions for these programs (f) Description of non-cash assistance Professional Development Grants are awarded to community school district educators, who submit applications for assistance in furthering their educational development. High School Senior Scholarship recipientsare selected each year by the Administration of the community high schools. Scholarships are awarded to the students selected. The School Project Grants, ranging from \$500 to \$10,000, are provided in the spring to teachers for large, capital needs. The projects are recommended and monitored by CRCSD. and dispenses the funds to support specific activities of the program's choosing within the CRCSD. 7 Pass Through Programs benefitting CRCSD 43,326 43,326 Ant III, column (b), and any other additional information. SAFE program is described in detail in Schedule O in response to Form 990, Part III, Question 4d. The programs are monitored by the CRCSD. Student field trips are awarded upon requests submitted by teachers and principals through the Cedar Rapids Community School Distric (CRCSD). (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 22,700 17,330 15,625 11,342 49,600 2,080 (c) Amount of cash grant scholarships are submitted directly to the college/trade school of the student's choice. (b) Number of recipients 3,000 100 20 G 3 Classroom Based Student Enrichment Grants 4 Sports, Academics, Fine Arts, Enrichment (a) Type of grant or assistance 1 High School Senior Scholarships 6 Professional Enrichment Grants 5 School Project Grants 2 Student Field Trips

SCHEDULE O . (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Cedar Rapids Community School District Foundation

► Attach to Form 990 or 990-EZ.

Open to Public

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

Inspection **Employer Identification number**

Schedule O (Form 990 or 990-EZ) (2014)

Cat. No. 51056K

42 1197912

Form 990, Part III, Question 4d
The Foundation initiated in 2011 a program called the Sports, Academics, Fine Arts and Enrichment (SAFE) Activities for Kids. The SAFE
program offers financial assistance for participation in extra-curricular activities to at-risk/low income students and/or those students
affected by the 2008 flood in Cedar Rapids and/or those students attending a school located in the flood-affected neighborhoods.
Part IV, Section B, Question 11a
The Foundation was required to file form 990 for the first time in FYE 09/30/2011. Prior to that time, form 990-EZ was filed. The Board of
Trustees has commissioned the Executive Committee and the Operations Committee, which includes the officers of the Board of Directors
and the Executive Committee, to review and approve the form 990 prior to filing. Copies of the form 990 are also shared with the Board of
Trustees for approval, as per the recommendation of the Executive and Operations Committee.
Part VI, Section B, Question 12c
Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Trustees in all conflicts of interest.
Following such disclosure, the Board of Trustees shall determine if a conflict of interest exists and, if so, vote to authorize or reject the
transaction or take any other action deemed necessary to address the conflict and protect the CRCSDF's best interests.
A board member or committee member who is formally considering employment with CRCSDF must take a temporary leave of absence until
the position is filled. The request for temporary leave of absence must be in writing and submitted to the Board of Trustees for consideration
and formal action.
An interested board member, officer, or staff member shall not participate in any discussion or debate of the Board of Trustees, or of any
committee, subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a
perceived or actual conflict of interest. However, such interested party may be present to provide clarifying information in such discussion
or debate unless objected to by any present board or committee member.
Anyone in a position to make decisions about spending CRCSDF resources, who stands to benefit from that decision, has a duty to disclose
that conflict as soon as it arises (or becomes apparent). Such person should not participate in any decisions regarding such transactions.
Any conflicts of interest will be noted in the minutes of meetings.
Part VI, Section C, Question 19
All governing documents, conflict of interest policy statements, financial statements and form 990 are all available upon request. During FYE
09/30/2015, no such requests were specifically made. However, the annual report was posted on the Foundation's website and was, in fact,

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

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Cedar Rapids Community School District Foundation	42 1197912
Part VI, Section C, Question 19 (continued)	
distributed to various interested parties, including significant contributors.	
usurbuted to various interested parties, including significant contributors.	

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