

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **Yes** ☐ **No**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 8,689,640 including grants of \$ 7,909,805 ) (Revenue \$ 7,176 )  
See Additional Data

**4b** (Code ) (Expenses \$ 246,798 including grants of \$ ) (Revenue \$ 5,000 )  
See Additional Data

**4c** (Code ) (Expenses \$ 68,634 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** ▶ 9,005,072

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> 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	<b>6</b> Yes	
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b> Yes	
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</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	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> 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	<b>15</b> Yes	
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	36	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	19	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	2	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		No
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	20	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	20	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	No
<b>7a</b>	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?	<b>7a</b>	No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶JEAN BRENNEMAN 324 3RD ST SE CEDAR RAPIDS, IA 52401 (319) 366-2862

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRI CHRISTOFFERSEN CHAIR	2 00	X		X				0	0	0
(2) BRENT COBB CHAIR-ELECT	2 00	X		X				0	0	0
(3) AMY LYNCH TREASURER	2 00	X		X				0	0	0
(4) MAUREEN KENNEY SECRETARY	2 00	X		X				0	0	0
(5) LYDIA BROWN DIRECTOR	2 00	X						0	0	0
(6) KARL CASSELL DIRECTOR	2 00	X						0	0	0
(7) PATRICK DEPALMA DIRECTOR	2 00	X						0	0	0
(8) RODRICK DOOLEY DIRECTOR	2 00	X						0	0	0
(9) GREG DUNN DIRECTOR	2 00	X						0	0	0
(10) PEGGY HARDESTY DIRECTOR	2 00	X						0	0	0
(11) SALMA IGRAM DIRECTOR	2 00	X						0	0	0
(12) CHRIS LINDELL DIRECTOR	2 00	X						0	0	0
(13) KATE MINETTE DIRECTOR	2 00	X						0	0	0
(14) JULIE NOSEK DIRECTOR	2 00	X						0	0	0
(15) SUE OLSON DIRECTOR	2 00	X						0	0	0
(16) JOHN OSAKO DIRECTOR	2 00	X						0	0	0
(17) CHARLIE SCHIMBERG DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS SKOGMAN DIRECTOR	2 00	X						0	0	0
(19) OATHER TAYLOR DIRECTOR	2 00	X						0	0	0
(20) KEVIN WELU DIRECTOR	2 00	X						0	0	0
(21) LESLIE H GARNER JR PRESIDENT & CEO	40 00			X				205,278	0	30,059
(22) JEAN BRENNENMAN CFO	40 00			X				106,016	0	16,119
(23) MICHELLE BEISKER VP OF DEVELOPMENT	40 00					X		110,218	0	13,311
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								421,512	0	59,489

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 E 5TH STREET SUITE 1600 CINCINNATI, OH 45202	INVESTMENT CONSULTING	133,822
ROBERT W BAIRD & CO INC 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	INVESTMENT CONSULTING	126,431

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



Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	18,297			
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,910,799			
	g	Noncash contributions included in lines 1a-1f \$		3,696,387			
	h	Total. Add lines 1a-1f . . . . .			11,929,096		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,621,004		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses	146,740				
c		Rental income or (loss)	12,221				
d		Net rental income or (loss) . . . . .	134,519				134,519
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses	2,340,257				
c		Gain or (loss)	0				
d		Net gain or (loss) . . . . .	2,340,257				2,340,257
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . . . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		900099	12,176	12,176		
b	PARTNERSHIP UBIT		900099	-213,931		-213,931	
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			-201,755			
12	Total revenue. See Instructions . . . . .			17,823,121	12,176	-213,931	6,095,780

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,839,910	7,839,910		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	22,595	22,595		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	47,300	47,300		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	519,349	121,924	150,465	246,960
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	799,061	392,938	178,223	227,900
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	56,300	27,686	12,557	16,057
<b>9</b> Other employee benefits.	90,121	43,437	21,491	25,193
<b>10</b> Payroll taxes.	59,256	29,139	13,217	16,900
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	8,304		8,304	
<b>c</b> Accounting.	45,354		45,354	
<b>d</b> Lobbying.	4,980		4,980	
<b>e</b> Professional fundraising services. See Part IV, line 17.	3,052			3,052
<b>f</b> Investment management fees.	292,571	292,571		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,315	3,088	227	
<b>12</b> Advertising and promotion.	51,328	14,721	19,625	16,982
<b>13</b> Office expenses.	41,067	16,940	9,192	14,935
<b>14</b> Information technology.	111,525	48,508	26,490	36,527
<b>15</b> Royalties.				
<b>16</b> Occupancy.	111,338	44,741	43,331	23,266
<b>17</b> Travel.	16,029	6,712	3,603	5,714
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	25,927	11,211	11,377	3,339
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.	1,534			1,534
<b>22</b> Depreciation, depletion, and amortization.	70,433	30,682	16,469	23,282
<b>23</b> Insurance.	11,737	1,286	9,337	1,114
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> DUES & SUBSCRIPTIONS	38,394	9,683	5,198	23,513
<b>b</b> ACCRUED VACATION	13,349		13,349	
<b>c</b> INVESTMENT EXPENSES	13,240		13,240	
<b>d</b> ALL OTHER EXPENSES	457		303	154
<b>e</b> All other expenses	-21,749		-21,749	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,276,077	9,005,072	584,583	686,422
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>	
	<b>2</b>	Savings and temporary cash investments . . . . .		4,697,370	<b>2</b>	10,332,412
	<b>3</b>	Pledges and grants receivable, net . . . . .		438,782	<b>3</b>	97,123
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		16,972	<b>9</b>	21,668
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	2,118,506		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	665,072		
				1,518,040	<b>10c</b>	1,453,434
	<b>11</b>	Investments—publicly traded securities . . . . .		106,023,472	<b>11</b>	120,595,097
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		34,268,924	<b>12</b>	39,841,563
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,373,940	<b>15</b>	886,586	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		149,337,500	<b>16</b>	173,227,883	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		74,056	<b>17</b>	88,106
	<b>18</b>	Grants payable . . . . .		7,667	<b>18</b>	500,341
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		31,146,548	<b>21</b>	38,831,232
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		2,145,573	<b>25</b>	1,712,383
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		33,373,844	<b>26</b>	41,132,062
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		114,313,021	<b>27</b>	130,057,444
	<b>28</b>	Temporarily restricted net assets . . . . .		1,650,635	<b>28</b>	2,038,377
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		115,963,656	<b>33</b>	132,095,821
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		149,337,500	<b>34</b>	173,227,883	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,823,121
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,276,077
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,547,044
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	115,963,656
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,307,979
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,722,858
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	132,095,821

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

# Additional Data

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

Form 990 (2017)

**Form 990, Part III, Line 4a:**

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION PROVIDES PROFESSIONAL PHILANTHROPIC SERVICES FOR DONORS IN EAST CENTRAL IOWA AND HAS OVER 870 FUNDS BUILT WITH GIFTS AND BEQUESTS IN 2017, THE FOUNDATION RECEIVED \$11.9 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES, AND BUSINESSES ALSO IN 2017, THE COMMUNITY FOUNDATION AWARDED \$7.9 MILLION IN GRANTS TO LOCAL NONPROFIT ORGANIZATIONS

**Form 990, Part III, Line 4b:**

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION STRIVES TO PROVIDE LEADERSHIP TO SUPPORT A VIBRANT COMMUNITY PRIORITY AREAS ADDRESS  
POTENTIALLY TRANSFORMATIVE ISSUES OF BROAD COMMUNITY IMPORTANCE WHERE THE FOUNDATION'S ROLE AS A FUNDER, CONVENER, CATALYST AND PARTNER CAN  
OFFER POTENTIAL FOR DEFINED AND MEASURABLE COMMUNITY IMPACT

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**Form 990, Part III, Line 4c:**

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

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<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2017</b> <b>Open to Public Inspection</b>
	<b>Name of the organization</b> THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION	<b>Employer identification number</b> 42-6053860

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

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

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,321,993	5,933,571	10,781,931	10,911,696	11,929,096	48,878,287
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	9,321,993	5,933,571	10,781,931	10,911,696	11,929,096	48,878,287
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,985,615
6	<b>Public support.</b> Subtract line 5 from line 4						42,892,672

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	9,321,993	5,933,571	10,781,931	10,911,696	11,929,096	48,878,287
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,322,648	3,114,091	3,578,565	3,223,505	3,767,744	17,006,553
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 (Explain in Part VI )	285,380	76,076	58,875	1,537	12,176	434,044
11	<b>Total support.</b> Add lines 7 through 10						66,318,884
12	Gross receipts from related activities, etc (see instructions)					12	130,000
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 64.680 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 66.110 %
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test Answer (a) and (b) below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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 that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 42-6053860

**Name:** THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				



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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,980
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			4,980
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319139498	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
<div>Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION</div>				<div>Employer identification number 42-6053860</div>	
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>					
		(a) Donor advised funds		(b) Funds and other accounts	
1 Total number at end of year		214		2	
2 Aggregate value of contributions to (during year)		7,195,815		6,835	
3 Aggregate value of grants from (during year)		3,645,367		20,700	
4 Aggregate value at end of year		29,717,664		433,361	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<div>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
		Held at the End of the Year			
a Total number of conservation easements		2a			
b Total acreage restricted by conservation easements		2b			
c Number of conservation easements on a certified historic structure included in (a)		2c			
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		2d			
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	105,320,077	95,766,984	97,863,849	96,827,223	84,574,276
b Contributions	5,423,417	8,605,920	6,425,741	3,139,986	6,311,442
c Net investment earnings, gains, and losses	14,733,276	6,276,974	-3,398,306	3,087,020	9,044,490
d Grants or scholarships	2,659,751	2,705,716	2,572,572	2,376,787	2,061,818
e Other expenditures for facilities and programs	2,015,474				
f Administrative expenses	2,854,248	2,624,085	2,551,728	2,813,593	1,041,167
g End of year balance	117,947,297	105,320,077	95,766,984	97,863,849	96,827,223

2

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,000		70,000
b Buildings		1,592,133	290,998	1,301,135
c Leasehold improvements				
d Equipment		235,583	168,985	66,598
e Other		220,790	205,089	15,701
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,453,434

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) REAL ESTATE BASED SECURITIES	1,930,977	F
(B) HEDGE FUNDS	4,429,793	F
(C) PRIVATE EQUITY FUNDS	26,185,542	F
(D) GLOBAL FIXED INCOME BOND FUNDS	7,295,251	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	39,841,563	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
AMOUNTS DUE UNDER ANNUITY & UNITRUST AGREEMENTS	1,712,383	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	1,712,383	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>
-----------------	--

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
PART IV, LINE 2B	THE FOUNDATION ACTS AS AN AGENT FOR CERTAIN UNRELATED ORGANIZATIONS THE TOTAL AMOUNT OF T HE FUNDS HELD ON BEHALF OF THESE ORGANIZATIONS HAS BEEN REFLECTED AS A LIABILITY ON THE ST ATEMENT OF FINANCIAL POSITION ON THE STATEMENT OF ACTIVITIES, THE FOUNDATION REPORTS THE GROSS AMOUNT OF SUPPORT, REVENUE AND EXPENSES WITH THE AMOUNT RAISED AND EXPENDED ON BEHAL F OF OTHERS BEING SHOWN AS A REDUCTION IN THE GROSS AMOUNTS OF SUPPORT, REVENUE AND EXPENS ES



Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION PROVIDES GRANTS AND SUPPORT TO NONPROFITS BY INVESTING IN INNOVATION, SUSTAINABILITY AND CAPACITY BUILDING ACROSS THE SPECTRUM OF NONPROFIT ORGANIZATIONS THE FOUNDATION ALSO PROVIDES LEADERSHIP ON COMMUNITY INITIATIVES THAT INVOLVE CHARITABLE GIVING

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES. CERTAIN INVESTMENTS OF THE FOUNDATION ARE SUBJECT TO THE UNRELATED BUSINESS INCOME TAX REGULATIONS, AND OCCASIONALLY WILL REQUIRE THE FOUNDATION TO PAY TAX ON THIS UNRELATED BUSINESS INCOME. THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT TO ITS FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES FOR YEARS PRIOR TO 2014, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES NETTED WITH REVENUE 12,221

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS -218,640 RENTAL EXPENSES NETTED WITH REVENUE 12,221

Supplemental Information	
Return Reference	Explanation
SCH D, PART 5, LINE E	THIS AMOUNT WAS RECLASSED TO AGENCY FUNDS BECAUSE AN AFFILIATE TO WHICH THE FUNDS WERE TIED TO OBTAINED NATIONAL STANDARDS AT THE END OF THE 2016

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**Employer identification number**

42-6053860

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 )					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			0
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			0

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>			EUROPE	RESEARCH GRANT (UNDERSTANDING THE ROLE OF COMPLEMENT FACTOR H RELATED PROTEIN 5 (CFHR5))	47,300				
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 

1

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION IS REQUIRED TO COMPLETE AND SUBMIT A FINAL REPORT

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Employer identification number  
42-6053860

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 179

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) REIMBURSEMENT TO STUDENTS WHO RECEIVED A SCORE OF 3 OR HIGHER ON ADVANCED PLACEMENT TESTS	476	21,220			
(2) CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	35	1,375			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA 55 12TH AVE SE CEDAR RAPIDS, IA 524012202	42-1415305	501(C)(3)	47,152				ANNUAL DESIGNATED DISTRIBUTION, COLOR ME IOWAN, GENERAL SUPPORT, IF OBJECTS COULD TALK
AGING SERVICES INC 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 524012009	23-7085316	501(C)(3)	17,696				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR WITWER CENTER, GENERAL SUPPORT, WITWER HEALTHY AGING PROGRAMS IN ELY & SPRINGVILLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGRICULTURE AND LAND BASED TRAINING ASSOCIATION PO BOX 6264 SALINAS, CA 93912	77-0566055	501(C)(3)	7,000				FARMER EDUCATION AND ENTERPRISE DEVELOPMENT PROJECT (FEED)
ALL SAINTS CATHOLIC CHURCH 720 29TH ST SE CEDAR RAPIDS, IA 524033007	42-0698056	501(C)(3)	6,778				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, FOR GREATEST NEED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - EAST CENTRAL IOWA CHAPTER 317 7TH AVE SE STE 402 CEDAR RAPIDS, IA 52401	13-3039601	501(C)(3)	15,353				ROUND TO REMEMBER GOLF CLASSIC, WALK TO END ALZHEIMERS, ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, GENERAL SUPPORT, RESEARCH
AMERICAN CANCER SOCIETY 4080 1ST AVE NE STE 101 CEDAR RAPIDS, IA 524023160	13-1788491	501(C)(3)	16,984				ANNUAL DESIGNATED DISTRIBUTION TO CEDAR RAPIDS, CEDAR RAPIDS FUND A NEED - CANCER RESEARCH, CEDAR RAPIDS RELAY FOR LIFE PROGRAM, FOR THEIR GREATEST NEED IN CEDAR RAPIDS, ONALASKA WI RELAY FOR LIFE - PRAIRIE DU CHIEN TEAM, SUPPORT OF LINN GALA CR ALIVE, IOWA CITY HOPE LODGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA 2116 GRAND AVE DES MOINES, IA 50312	53-0196605	501(C)(3)	17,077				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, DISASTER INSTITUTE, GENERAL SUPPORT, IOWA RED CROSS DISASTER RELIEF-HARVEY
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 524042328	42-1114396	501(C)(3)	59,750				ASAC LEADERSHIP DEVELOPMENT PROJECT, ASAC'S HEART OF IOWA HEALTH AND SAFETY PROJECT, ENHANCING ASAC'S PATIENT CENTERED APPROACH, ENHANCING TRAUMA INFORMED CARE SERVICES FOR YOUTH, PREVENTING SUBSTANCE ABUSE IN RURAL LINN



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ASSOCIATED SOLO ARTISTS 88 HARDSCRABBLE RD CHESTER, NY 10918	13-3350104	501(C)(3)	9,545				CREATIVE CORRIDOR GENERATIVE COMMUNITIES PROJECT
BEST BUDDIES INTERNATIONAL INC - BEST BUDDIES IOWA 7648 HICKMAN RD DES MOINES, IA 50324	52-1614576	501(C)(3)	7,450				AMBASSADOR AND LEADERSHIP TRAINING DAY, SCHOOL FRIENDSHIP EXPANSION PROJECT

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BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA INC 3150 E AVE NW STE 103 CEDAR RAPIDS, IA 524052900	42-1170475	501(C)(3)	166,138				ANNUAL GIFT, BIG MAGIC PROGRAM, BOWL FOR KIDS' SAKE, CREATING POSITIVE YOUTH DEVELOPMENT, GENERAL SUPPORT, LINN COUNTY YOUTH MENTORING PROJECT, LUNCH BUDDIES MENTORING, MALE MENTOR PROJECT, MATCH MAKERS
BOYS AND GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST SE STE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	18,208				ANNUAL DESIGNATED DISTRIBUTION, BEYOND THE SCHOOL DAY, BOYS & GIRLS CLUBS SUSTAINING PROGRAMMING, FISH-O-RAMA, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BRIDGEHAVEN PREGNANCY SUPPORT CENTER 701 CENTER POINT RD NE CEDAR RAPIDS, IA 524024643	42-1203675	501(C)(3)	5,500				2017 MEDICAL SUPPLIES & TRAINING, GENERAL SUPPORT
BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 524031748	42-1170531	501(C)(3)	20,964				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, INVESTMENT IN CONSTITUENT SERVICE SOFTWARE, MINNIE RUBEK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT, RESTORATION PROJECT OR DIGITALIZING HISTORIC RECORDS, SOFTWARE UPGRADE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BUR OAK LAND TRUST FOR CRESCENT POND PROJECT PO BOX 2523 IOWA CITY, IA 52244	42-1104058	501(C)(3)	24,738				CRESCENT POND PROJECT
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 523100418	23-7210932	501(C)(3)	83,604				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, CAMP COURAGEOUS WASTE WATER TREATMENT PROJECT, CAMPERSHIP PROGRAM, GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP FIRE NATIONAL HEADQUARTERS DBA CAMP FIRE HEART OF IOWA 5615 HICKMAN RD DES MOINES, IA 503101119	42-0680459	501(C)(3)	5,100				ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, OUTDOOR EDUCATION FIELD TRIPS FOR CAMP FIRE CLUBS
CAMP WYOMING 9106 42ND AVE WYOMING, IA 523627647	42-0848153	501(C)(3)	5,609				ANNUAL DESIGNATED DISTRIBUTION

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CATHERINE MCAULEY CENTER INC 866 4TH AVE SE CEDAR RAPIDS, IA 524032423	42-1342872	501(C)(3)	81,761				ADULT BASIC EDUCATION RESPONDING TO GROWING COMMUNITY LITERACY NEEDS, ENGLISH EDUCATION AND SKILLS TRAINING FOR REFUGEES, FOR TARGET IMMIGRANT AND REFUGEE SERVICES, GENERAL SUPPORT, IMMIGRANT & REFUGEE COMMUNITY RESOURCE NAVIGATION, MENTAL HEALTH SUPPORT FOR HOMELESS WOMEN, OFFERING HOPE AND OPPORTUNITY THROUGH TRANSITIONAL HOUSING FOR WOMEN, REFUGE RESETTLEMENT SERVICES
CCOF FOUNDATION 2155 DELAWARE AVE STE 150 SANTA CRUZ, CA 95060	30-0106255	501(C)(3)	10,000				GENERAL OPERATING EXPENSES

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CEDAR AMATEUR ASTRONOMERS INC PO BOX 10786 CEDAR RAPIDS, IA 524100786	42-1197973	501(C)(3)	10,000				OUTDOOR PLANETARIUM CAPITAL PROJECT
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT 4545 WENIG RD NE CEDAR RAPIDS, IA 524022298	42-6023551	501(C)(3)	109,564				A P SCHOLARSHIP PROGRAM WAIVER REIMBURSEMENTS, ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HS, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT JEFFERSON HS SCHOLARSHIP PROGRAM, BAND AND VOCAL PROGRAMS AT MCKINLEY MS, DESIGNATED DISTRIBUTION FOR 2016 FIELD TRIPS TO ORCHESTRA IOWA CONCERT, FOOD PANTRY AT MCKINLEY MS, KIDS ON COURSE UNIVERSITY, SCHOLARSHIP AT WASHINGTON HS, SOPRANO UKULELE CLASSROOM SET (10 UKULELES, TUNERS, STRINGS, BOOKS) AT MCKINLEY MS, SUPPORT OF AMERICA READS PROGRAM

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CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	15,052				ANNUAL DESIGNATED DISTRIBUTION TO EACH ELEMENTARY SCHOOL FOR THE SOLE USE OF THE CLASSROOM MUSIC TEACHER(S), FRANKLIN KITE PROGRAM, IN SUPPORT OF LIP SYNC FOR LEARNING, SCHOLARSHIP, STRATEGIC GROWTH PLANNING, SUPPORT FOR GRATEFUL GRANNIES
CEDAR RAPIDS METRO ECONOMIC ALLIANCE FOUNDATION 501 1ST ST SE CEDAR RAPIDS, IA 52401	42-1206276	501(C)(3)	145,500				2017 LFS BORN LEARNING TRAILS, JOB & SMALL BUSINESS RECOVERY PROGRAM 2016



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CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 524011606	42-0680248	501(C)(3)	219,532				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, FY 2018 EDUCATION PROGRAM SUPPORT, GENERAL SUPPORT, SUMMER 2017 EXHIBITION AND EDUCATIONAL PROGRAMMING, THE ANNUAL FUND LEADERSHIP SOCIETY, TO HELP MAINTAIN AND OPERATE THE CURRENT MUSEUM
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	501(C)(3)	105,128				2016-17 SEASON SUPPORT, BOARD CHALLENGE AND SEASON SUPPORT FOR 2017, CHILDREN'S OPERA PROGRAM EXPANSION/YAP FY17-18, GENERAL SUPPORT, YOUNG ARTIST PROGRAM PRODUCTION SUPPORT

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CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 450 5TH AVE SE CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	67,234				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, DOLLY PARTON IMAGINATION LIBRARY, GENERAL SUPPORT, SUPPORT OF CAPITAL IMPROVEMENT PROJECTS, THE AWARENESS PROJECT, TO SUPPORT THE NON-EVENT FUNDRAISER
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC 119 3RD AVE SE CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	25,008				ANNUAL DESIGNATED DISTRIBUTION

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CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677	42-1390144	501(C)(3)	23,000				VICTIM SERVICES
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 524037131	42-0814023	501(C)(3)	24,132				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PETS FOR VETS, SHELTER RENOVATION FEASIBILITY STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW 375 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501(C)(3)	5,524				ANNUAL DESIGNATED DISTRIBUTION
CENTRAL COLLEGE PO BOX 5800 PELLA, IA 50219	42-0680344	501(C)(3)	15,000				MEN'S AND WOMEN'S TENNIS PROGRAM SUPPORT, SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	7,500				GENERAL OPERATING EXPENSES
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 606042596	36-2167823	501(C)(3)	30,239				ANNUAL DESIGNATED DISTRIBUTION

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CITY OF CEDAR RAPIDS 101 FIRST STREET SE CEDAR RAPIDS, IA 52401	42-6004336	501(C)(3)	150,589				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS PUBLIC LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND FOR THE CEDAR RAPIDS PUBLIC LIBRARY, BLUE ZONE/ WELL-BEING STAFF POSITION, DISBURSEMENT FROM THE GREENE SQUARE REVIVAL PROJECT FUND TO THE CITY FOR THE PROJECT CONSTRUCTION, NEIGHBORHOOD FINANCE FUND
CITY OF CENTRAL CITY 137 4TH ST N CENTRAL CITY, IA 522149596	42-6004353	GOVERNMENT	10,000				SENIOR DINING HOME DELIVERED MEALS 2017

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CITY OF WALKER 408 ROWLEY ST WALKER, IA 523529683	42-6005308	GOVERNMENT	10,000				CITY PARK IMPROVEMENT PROJECT
COE COLLEGE OFFICE OF FINANCIAL AID 1220 1ST AVE NE CEDAR RAPIDS, IA 524025092	42-0686467	501(C)(3)	289,786				ANALYSIS OF THE LOCAL ECONOMIC SECTOR, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SCHOLARSHIPS

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COGGON AREA BETTERMENT ASSOCIATION 5529 S HWY 13 COGGON, IA 52218	45-5125345	501(C)(3)	6,000				HUMIDIFICATION INSTALLATION
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 524012610	13-4228071	501(C)(3)	186,674				ANNUAL DESIGNATED DISTRIBUTION, AREA OF GREATEST NEED, CHFC DIRECT PATIENT CARE FY18, CHFC PRESCRIPTION SERVICES FY18, DENTAL SERVICES, GENERAL SUPPORT, HEALTHCARE SERVICES FOR THE UNDERSERVED FY17



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COMMUNITY PARTNERS FOR NETIYA 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	10,000				NETIYA GENERAL OPERATING EXPENSES
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS 102 3RD ST SE CEDAR RAPIDS, IA 524011246	42-0890913	501(C)(3)	162,569				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, ANNUAL SUPPORT, BROADWAY SERIES SUPPORT, DIAMOND V FAMILY SERIES, FOR GREATEST NEED, GENERAL SUPPORT, HOLIDAY SHOW SUPPORT, OPERATING PLAN, PROVIDING THEATRE ACCESSIBILITY, SHOW SUPPORT- PETER PAN, THEATRE ACCESSIBILITY FOR YOUTH

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COOPERATIVE DEVELOPMENT FOUNDATION 1401 NEW YORK AVENUE NW SUITE 1100 WASHINGTON, DC 20005	23-7044533	501(C)(3)	10,000				CDF DISASTER RECOVERY FUND
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC CARE USA 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501(C)(3)	25,000				WELL EARTH PROJECT

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CORALVILLE COMMUNITY FOOD PANTRY PO BOX 5523 CORALVILLE, IA 52241	47-3509757	501(C)(3)	20,000				GENERAL OPERATING EXPENSES
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 523141006	42-0680335	501(C)(3)	199,302				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, BERRY CENTER, GENERAL SUPPORT, SCHOLARSHIPS

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COUNCIL ON FOUNDATIONS INC PO BOX 75661 BALTIMORE, MD 212755661	13-6068327	501(C)(3)	14,150				CHARITABLE PORTION OF MEMBERSHIP DUES
DEAF IOWANS AGAINST ABUSE INC 1652 42ND ST NE STE D CEDAR RAPIDS, IA 52402	47-5002341	501(C)(3)	15,000				SUICIDE & ADDICTION IN THE DEAF COMMUNITY

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DEAFINITELY DOGS INC 2121 N TOWNE LN NE STE A CEDAR RAPIDS, IA 52402	47-1590153	501(C)(3)	14,500				CANINE ASSISTING POTENTIAL DOGS (CAP DOGS), SUPER VOLUNTEER DIVERSITY PROJECT
DISCOVERY LIVING INC 1015 OLD MARION RD NE CEDAR RAPIDS, IA 524025765	42-1082773	501(C)(3)	16,911				ANNUAL DESIGNATED DISTRIBUTION, MANAGE ESSENTIAL SERVICE WITH EFFICIENT TECHNOLOGY, OPERATING FUND

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DONORSCHOOSE.ORG FINANCIAL OPERATIONS 134 W 37TH ST FLOOR 11 NEW YORK, NY 10018	13-4129457	501(C)(3)	25,000				2017 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	501(C)(3)	30,000				READINESS AND SUPPORTIVE EMPLOYMENT EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS 700 16TH ST NE STE 301 CEDAR RAPIDS, IA 524024665	42-1023296	501(C)(3)	55,700				DIANA PAGAN OF PRECIOUS MOMENTS MONTESSORI PRESCHOOL DAYCARE, FOOD4PAWS, MICRO PROGRAM RELATED INVESTMENT, VBJ BEVERAGES LLC
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	16,515				2017 EIAA RILEY SMITH YOUTH MUSIC FESTIVAL, 2017-18 HEALING HEARTS WORKSHOP SERIES, GENERAL SUPPORT, SPECIAL NEEDS ARTS PROGRAMMING - AUTISM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	501(C)(3)	27,750				EASTERN IOWA DENTAL CENTER, EASTERN IOWA DIAPER BANK-LINN COUNTY COMMUNITIES, EASTERN IOWA DIAPER BANK-PROGRAM DESIGN, GENERAL SUPPORT
ECUMENICAL COMMUNITY CENTER FOUNDATION 601 2ND AVE SE STE 3 CEDAR RAPIDS, IA 524011325	42-1456338	501(C)(3)	5,259				ANNUAL DESIGNATED DISTRIBUTION, SUPPORT TO HELPING HANDS MINISTRY FOR 2017



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ESSENTIAL INSTRUCTION CO MARION MIXERS PO BOX 2107 CEDAR RAPIDS, IA 524062107	46-5762244	501(C)(3)	8,500				GENERAL SUPPORT
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	40,000				BUILDING CONFIDENCE IN CHILDREN AFTER ABUSE, BUILDING CONFIDENCE IN CHILDREN AFTER REMOVAL, EMERGENCY CLOTHING & BASIC NEEDS FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FEED IOWA FIRST 1622 42ND ST NE CEDAR RAPIDS, IA 52402	45-4058376	501(C)(3)	35,600				GENERAL OPERATING EXPENSES
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 524032481	42-0752621	501(C)(3)	28,566				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, SATURDAY EVENING MEALS PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS 310 5TH ST SE CEDAR RAPIDS, IA 524011676	42-0680489	501(C)(3)	15,856				GENERAL SUPPORT, SUNDAY EVENING MEALS PROGRAM NEW FREEZER, SUNDAY EVENING MEALS PROGRAM (SEMP), "WE'RE IN" PROJECTS, ANNUAL FUND
FOUNDATION 2 INC 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 524054865	42-1078444	501(C)(3)	21,154				ANNUAL DESIGNATED DISTRIBUTION, DATA DRIVEN DECISION MAKING & OUTCOME TRACKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FOUR OAKS FAMILY & CHILDREN'S SERVICES 5400 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	108,949				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN CONTRIBUTION, FOUR OAKS GOLF CLASSIC, FOUR OAKS STRATEGIC TOTALCHILD COMMUNICATIONS, GENERAL SUPPORT, MCINTYRE PROGRAM, RESIDENTIAL TREATMENT FOR CHILDREN SUFFERING FROM MENTAL ILLNESS IN CEDAR RAPIDS, TOTAL CHILD COMMIT TO A CHILD CAMPAIGN, TOTALCHILD 2 0 MENTORING
FRIENDS OF ACTION GROUP ON EROSION TECHNOLOGY AND CONCENTRATION INC 441 AVON ST OAKLAND, CA 94618	13-4181753	501(C)(3)	60,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF CEDAR LAKE INC 1821 GRANDE AVENUE SE CEDAR RAPIDS, IA 52403	47-2974571	501(C)(3)	5,764				AGENCY DISTRIBUTION, GENERAL SUPPORT
FRIENDS OF CZECH VILLAGE CORP PO BOX 1034 CEDAR RAPIDS, IA 524061034	81-2253145	501(C)(3)	30,000				CAPITAL CAMPAIGN FOR CZECH VILLAGE ROUNDHOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FL WASHINGTON, DC 20005	23-7420660	501(C)(3)	60,000				RESEARCH
GARDEN RAISED BOUNTY 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	501(C)(3)	10,000				GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GEORGIA ORGANICS INC 200-A OTTLEY DR ATLANTA, GA 30324	58-2345310	501(C)(3)	10,000				GENERAL OPERATING EXPENSES
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC 317 7TH AVE SE STE 201 CEDAR RAPIDS, IA 524012007	42-1008848	501(C)(3)	13,000				FINANCIAL ASSISTANCE FOR LEADERSHIP PROGRAM, GIRL SCOUT LEADERSHIP PROGRAM FOR UNDERSERVED GIRL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GIRLS EDUCATIONAL AND MENTORING SERVICES 201 W 148TH ST GROUND FLOOR NEW YORK, NY 10039	13-4150972	501(C)(3)	50,000				IMANI HOUSE (TRANSITIONAL HOUSING PROGRAM) OPERATIONAL EXPENSES
GIRLS ON THE RUN OF JOHNSON COUNTY IOWA DBA GIRLS ON THE RUN OF EASTERN IOW PO BOX 3222 IOWA CITY, IA 52244	45-1294227	501(C)(3)	10,800				FINANCIAL REVIEW, GIRLS ON THE RUN TEAMS UP WITH KIDS ON COURSE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREEN PLATE SPECIAL 2115 25TH AVE S SEATTLE, WA 98144	27-5471087	501(C)(3)	10,000				GENERAL OPERATING EXPENSES
HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	46,297				2016/17 HABITAT-KIRKWOOD COLLEGE PARTNERSHIP, 2017 HOME TEAM HUDDLE, 2017 HOPE BUILDERS HOME, 2017 SWEET HOME CEDAR RAPIDS, 2017 WOMEN BUILD HOME, 2018 HOPE BUILDERS HOME, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAWKEYE AREA COMMUNITY ACTION PROGRAM PO BOX 490 HIAWATHA, IA 522330490	42-0898405	501(C)(3)	92,392				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, HACAP FOOD RESERVOIR - EASTERN IOWA FREEDOM FROM HUNGER CAMPAIGN, HACAP FOOD RESERVOIR OPERATION BACKPACK, LINN COUNTY OPERATION BACKPACK, MOBILE FOOD PANTRY, MOST PRESSING NEEDS
HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA 660 32ND AVE SW CEDAR RAPIDS, IA 524043910	42-0680304	501(C)(3)	5,473				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI SCHOLARSHIP PROGRAM, GENERAL SUPPORT, SECOND CLASS SCOUT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HENRY DAVISON YOUTH CENTER INC 1445 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	39-1907548	501(C)(3)	7,000				FRESH FOOD FRESH MINDS, GENERAL SUPPORT, SHOES FOR STUDENTS PROGRAM
HILLCREST FAMILY SERVICES 2005 ASBURY ROAD DUBUQUE, IA 52001	42-0680411	501(C)(3)	20,700				HILLCREST FAMILY SERVICES SUPPORTED LIVING PROGRAM, HILLCREST LIGHTS FESTIVAL REFLECTIONS IN THE PARK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HIS HANDS MINISTRIES DBA HIS HANDS FREE MEDICAL CLINIC 400 12TH ST SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	9,625				DIABETES INTERVENTIONS, GERAL SUPPORT FOR DENTAL SERVICES, LAUGHTER IS THE BEST MEDICINE PROGRAM
HLV COMMUNITY SCHOOL 402 HARRISON ST VICTOR, IA 52347	42-6037189	GOVERNMENT	41,782				ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOLISTIC MANAGEMENT INTERNATIONAL 5941 JEFFERSON NE STE B ALBUQUERQUE, NM 87109	85-0324203	501(C)(3)	10,000				GENERAL OPERATING EXPENSES
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 523580696	42-0848288	501(C)(3)	65,391				ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE TEMPORARY EXHIBIT FUND IN THE QUARTON GALLERY OF THE HOOVER LIBRARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HORIZONS - A FAMILY SERVICE ALLIANCE PO BOX 667 CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	71,275				FEED THE CORRIDOR, MEALS ON WHEELS, SURVIVORS PROGRAM, GENERAL SUPPORT, HORIZONS FINANCIAL HEALTH & WELLNESS
IDEAS FOR US INC 189 S ORANGE AVE SUITE 800 ORLANDO, FL 32801	27-3999166	501(C)(3)	9,000				GENERAL OPERATING EXPENSES

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INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 524037100	23-7260197	501(C)(3)	105,922				"CONCERTS AT THE CREEK", AGENCY DISTRIBUTION, ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION FOR TRAILS, ANNUAL DESIGNATED DISTRIBUTION TO HOST CHILDREN AND CARE FOR THE LAND, ANNUAL DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, CREATING CHAMPIONS OF NATURE IN RURAL LINN COUNTY, CREATING SCHOOL AGE CHAMPIONS OF NATURE, ENVIRONMENTAL EDUCATION FIELD TRIP SCHOLARSHIPS, FARM TO TABLE DINNER, GENERAL SUPPORT, IMPROVING ACCESS AND ENVIRONMENTAL SUSTAINABILITY, PROTECTING, STORING AND ORGANIZING OUTDOOR ITEMS
INTERCULTURAL CENTER OF IOWA 3117 FIRST AVE SE CEDAR RAPIDS, IA 52402	45-4058511	501(C)(3)	17,500				INTERCULTURAL RESOURCE ACCESS AND ADVOCACY, RE-START-UP EXPENSES STRATEGIC PLANNING, WEBSITE CHANGES, MARKETING MATERIALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IOWA ART WORKS DBA IOWA CERAMICS CENTER 329 10TH AVE SE SUITE 117 CEDAR RAPIDS, IA 524012339	42-1112539	501(C)(3)	11,000				MAKING A DIFFERENCE FOR AT-RISK KIDS COGNITIVE, EMOTIONAL, SOCIAL AND SKILL DEVELOPMENT THROUGH 3-DIMENSIONAL EDUCATION AND MATERIAL MANIPULATION
IOWA BROADCASTERS ASSOCIATION FOUNDATION PO BOX 71186 DES MOINES, IA 50325	45-4574664	501(C)(3)	127,022				ANNUAL DESIGNATED DISTRIBUTION



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IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	501(C)(3)	30,000				FUTURE READY IOWA - LINN CO CURRICULUM EXPANSION, LINN COUNTY FAFSA CHALLENGE
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 503092396	42-0745995	501(C)(3)	21,000				ANNUAL SUPPORT, GENERAL SUPPORT

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IOWA JAG INC GRIMES STATE OFFICE BUILDING 400 E 14TH ST 3RD FL DES MOINES, IA 50319	42-1492988	501(C)(3)	10,000				IJAG SUPPORTING STUDENT SUCCESS IN GRADUATION AND CAREERS IN CEDAR RAPIDS 2015-2018
IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 524012003	42-1079227	501(C)(3)	17,800				GENERAL SUPPORT, HEALTH AND LAW PILOT PROJECT

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IOWA PUBLIC TELEVISION PO BOX 6400 JOHNSTON, IA 501316400	42-1169207	501(C)(3)	8,219				FRIENDS OF IPTV ANNUAL FUND, GENERAL SUPPORT, GRANT WOOD PROJECT
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES, IA 500112028	42-6004224	501(C)(3)	26,100				SCHOLARSHIPS

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IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT 920 48TH AVENUE AMANA, IA 52203	42-1481272	501(C)(3)	50,000				FOR GROW JOHNSON COUNTY GENERAL OPERATING EXPENSES, GARDEN BRIDGE OUTREACH
ISU EXTENSION & OUTREACH - LINN COUNTY 383 COLLINS RD NE STE 201 CEDAR RAPIDS, IA 52402	42-6021446	501(C)(3)	5,500				KALEIDOSCOPE PLAY AND LEARN

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

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JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 524012610	42-0680359	501(C)(3)	69,696				ACHIEVEMENT ACADEMY, ANNUAL DESIGNATED DISTRIBUTION, CEDAR VALLEY MENTORS, FAMILY SUPPORT FOR SUCCESS, PATHS TO FINANCIAL STABILITY, PROGRAM ACHIEVEMENT ACADEMY
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF EASTERN IOWA CHAPTER 1026 A AVE NE STE 113 CEDAR RAPIDS, IA 52406	23-1907729	501(C)(3)	11,000				ELMCREST COUNTRY CLUB TENNIS PRO-AM, EMPLOYEE MATCH, ENCAPSULATION DEVICE RESEARCH, GENERAL SUPPORT, JDRF ONE WALK BRONZE

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

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JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 524011841	42-0919209	501(C)(3)	64,707				ADVERTISEMENT BUSINESS HALL OF FAME, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, CAREER READY-JA ITS MY FUTURE, EMPOWERING FINANCIAL CAPABILITY & CAREER READINESS, FORWARD THINKING PREPARING THE FUTURE WORKFORCE, GENERAL SUPPORT, IN SUPPORT OF BOWL-4-EDUCATION, INSPIRING ECONOMIC DEVELOPMENT & ENTREPRENEURSHIP, OVERCOMING SKILLS GAPS AND THE ACHIEVEMENT DIVIDE
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	81,478				ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, GENERAL SUPPORT

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KIRKWOOD COMMUNITY COLLEGE FOUNDATION PO BOX 2068 CEDAR RAPIDS, IA 524062068	23-7076632	501(C)(3)	145,153				ANNUAL DESIGNATED DISTRIBUTION FOR HERITAGE AREA AGENCY ON AGING, EQUIPMENT FOR BURNING SAFETY, GENERAL SUPPORT, REAL WORLD SUCCESS, SCHOLARSHIPS, THE CENTER FOR WORKING FAMILIES, WORKPLACE LEARNING CONNECTION CONNECTING FUTURE WORKERS TO EMERGING CAREERS
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 524010544	27-5343988	501(C)(3)	19,000				CRDREAMS ENRICHING YOUTH MINDS, UNCOVERING THE POTENTIAL OF CEDAR RAPIDS' YOUTH

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LEGION ARTS INC 1103 3RD ST SE CEDAR RAPIDS, IA 524012305	42-1154136	501(C)(3)	22,370				ANNUAL DESIGNATED DISTRIBUTION, CREATING A SUCCESSION PLAN FOR LEGION ARTS, GENERAL FUND, IN THE MIDDLE OF AMERICA, LANDFALL FESTIVAL OF WORLD MUSIC 2015
LINN COUNTY 1240 26TH AVE CT SW CEDAR RAPIDS, IA 52404	42-6004338	501(C)(3)	21,580				ANNUAL DESIGNATED DISTRIBUTION FOR RYAN WHITE MEDICAL CASE MANAGEMENT, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT CONSERVATION BOARD EASEMENT, COMMUNITY-WIDE CARE COORDINATION IN LINN COUNTY BY PUBLIC HEALTH DEPT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER 716 OAKLAND RD NE STE 103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	98,501				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, DOUGLAS MANSION RESTORATION, GENERAL SUPPORT, NEW EXHIBIT
LINN-MAR SCHOOL FOUNDATION 2999 N 10TH STREET MARION, IA 52302	42-1267125	501(C)(3)	17,088				2017-2018 K-12 CLASSROOM & CURRICULUM GRANTS TO OUR LINN-MAR SCHOOLS, ORCHESTRA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LUTHER COLLEGE OFFICE OF FINANCIAL AID 700 COLLEGE DR DECORAH, IA 521011041	42-0680466	501(C)(3)	5,500				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, BIOLOGY DEPARTMENT, SCHOLARSHIPS
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 503113809	42-0698267	501(C)(3)	8,723				TO SUPPORT THE MISSION OF LUTHERAN SERVICES IN IOWA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 606062806	36-6008929	501(C)(3)	30,239				ANNUAL DESIGNATED DISTRIBUTION
MARCH OF DIMES FOUNDATION PO BOX 673667 MARIETTA, GA 30006	13-1846366	501(C)(3)	6,750				2017 MARCH FOR BABIES, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARION CARES INC 1050 MCGOWAN BLVD MARION, IA 52302	26-0585390	501(C)(3)	7,000				GENERAL SUPPORT, PROGRAM SUPPORT FOR "SUN SEEKERS SUMMER PROGRAM"
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION 777 SOUTH 15TH STREET MARION, IA 52302	42-1343360	501(C)(3)	5,720				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	89,128				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, BUILDING GREENHOUSE ON URBAN FARM, CAPITAL CAMPAIGN, CULTIVATE HOPE, GENERAL SUPPORT, GROW POSSIBILITIES, GROW TAYLOR, NEIGHBORHOOD REVITALIZATION, TRANSFORM 2017
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 524031251	42-0698295	501(C)(3)	24,405				ESPECIALLY FOR YOU RACE AGAINST BREAST CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	501(C)(3)	81,073				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER, ANNUAL DISTRIBUTION FOR OLDORF HOSPICE HOUSE, FAMILY CAREGIVERS CENTER, GENERAL SUPPORT, HALL-PERRINE CANCER CENTER AREA OF GREATEST NEEDS, IN SUPPORT OF 2017 ESPECIALLY FOR YOU RACE, MEMORIALS, MERCY AUXILIARY SCHOLARSHIP FUND TO MOUNT MERCY UNIVERSITY STUDENT IN THE HEALTH CAREER FIELD, OLDORF HOSPICE HOUSE
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 524052404	42-0838541	501(C)(3)	56,271				ANNUAL DESIGNATED DISTRIBUTION, METH-WICK COMMUNITY WOODLANDS REJUVENATE CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MIDWEST ORGANIC & SUSTAINABLE EDUCATION SERVICE PO BOX 339 SPRING VALLEY, WI 54767	39-1824623	501(C)(3)	10,000				GENERAL OPERATING EXPENSES
MINNESOTA FOOD ASSOCIATION 14220 B OSTLUND TRAIL N MARINE ON ST CROIX, MN 55047	36-3336907	501(C)(3)	10,000				GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	501(C)(3)	53,000				RESTORATION OF MONARCH BUTTERFLY AND POLLINATOR HABITAT
MOUNT MERCY UNIVERSITY STUDENT FINANCIAL SERVICES CENTER 1330 ELMHURST DR NE CEDAR RAPIDS, IA 524024763	42-0681046	501(C)(3)	171,104				24 X 24 PAVER ON THE MOUNT MERCY PLAZA AND WALK, ANNUAL DESIGNATED DISTRIBUTION FOR THE GROTTA RECONSTRUCTION PROJECT, ANNUAL DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, ANNUAL FUND DRIVE, CAPITAL CAMPAIGN, DEPARTMENT OF NURSING, DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, GENERAL SUPPORT, HOME FIELD PROJECT, MOUNT MERCY UNIVERSITY GRADUATE CENTER, ROBERT W PLASTER ATHLETIC COMPLEX, SCHOLARSHIPS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MULTINATIONAL EXCHANGE FOR SUSTAINABLE AGRICULTURE INC PO BOX 40113 BERKELY, CA 94704	93-1149802	501(C)(3)	10,000				GENERAL OPERATING EXPENSES
MUSCULAR DYSTROPHY ASSOCIATION - IOWA 3925 FOUNTAIN BLVD SUITE 100 CEDAR RAPIDS, IA 52411	13-1665552	501(C)(3)	6,855				GENERAL SUPPORT, MDA OF IOWA SUMMER CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	60,000				WOMEN'S LEADERSHIP COUNCIL AURA CACIA POSITIVE CHANGE PROJECT
NATIONAL COUNCIL ON YOUTH LEADERSHIP 533 E POST RD SE CEDAR RAPIDS, IA 52403	43-1252781	501(C)(3)	7,000				GREATER CEDAR RAPIDS COUNCIL ON YOUTH LEADERSHIP, NATIONAL COUNCIL ON YOUTH LEADERSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY 1400 INSPIRATION PL SW CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	120,946				ANNUAL DESIGNATED DISTRIBUTION, COMMUNITY PROGRAMS, GENERAL SUPPORT, GUTS & GLORY - A "FOR TEENS, BY TEENS" EXHIBIT
NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 503092316	53-0242652	501(C)(3)	44,000				REDUCING FLOOD RISK AND IMPROVING WATER QUALITY, RESTORING THREE WETLANDS UPSTREAM OF CEDAR RAPIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEIGHBORHOOD MEAL & ENRICHMENT PROGRAM C/O ST PAULS UMC 1340 3RD AVE SE CEDAR RAPIDS, IA 52403	42-1422494	501(C)(3)	10,000				SUMMER NOON MEALS
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO 415 12TH AVENUE SE CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	33,782				"FUTURE CITY", GENERAL SUPPORT, SOCIAL GOOD ACCELERATOR, SUMMER CHALLENGE SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW COVENANT BIBLE CHURCH 3090 N CENTER POINT RD CEDAR RAPIDS, IA 52411	51-0139200	501(C)(3)	11,958				MISSION TRIPS
NEW ENGLAND GRASSROOTS ENVIRONMENT FUND INCDBA SUMMER OF SOLUTIONS HARTFOR PO BOX 611 NEWMARKET, NH 03857	03-0364677	501(C)(3)	10,000				'SUMMER OF SOLUTIONS - HARTFORD' URBAN FARMING INTERNSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 524012306	27-0600567	501(C)(3)	58,000				HEALTH AND WELLNESS PROGRAMS, MARKET HOSTED EVENTS, MARKET YARD AMPHITHEATER AND CAPITAL IMPROVEMENTS, GENERAL SUPPORT
NORTHERN SKY THEATER INC PO BOX 273 FISH CREEK, WI 54212	39-1666391	501(C)(3)	30,000				CONSTELLATION CAMPAIGN FOR NORTHERN SKY THEATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 522038200	42-0985212	501(C)(3)	11,500				2018 TYA SCHOOL TOUR OF "SAILING THE 3 C'S", THEATRE FOR YOUNG AUDIENCES TOUR OF "BEST QUEST"
OLIVET PRESBYTERIAN CHURCH 237 10TH ST NW CEDAR RAPIDS, IA 524053905	42-0757412	501(C)(3)	29,131				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET NEIGHBORHOOD MISSION, FOOD PANTRY & CLOTHING CLOSET, OLIVET MISSION FOOD PANTRY

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

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ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 524011403	42-0772544	501(C)(3)	157,176				2016-17 SEASON, 2017-18 FIFTH GRADE FIDDLES OUTREACH PROGRAM, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, ANNUAL DESIGNATED DISTRIBUTION FOR MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ANNUAL DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, ANNUAL DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND HAVE FINANCIAL NEED, ANNUAL FUND, EDUCATIONAL OUTREACH, GENERAL SUPPORT, STRATEGIC PLANNING LEADING UP TO CENTENNIAL SEASON, SUPPORT FOR THE PERFORMING ARTS AND ARTS EDUCATION THROUGHOUT EASTERN IOWA
ORGANIC GROWERS SCHOOL INC PO BOX 17804 ASHEVILLE, NC 28816	75-3166329	501(C)(3)	10,000				GENERAL OPERATING EXPENSES



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

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PLANNED PARENTHOOD OF THE HEARTLAND INC 818 5TH AVE SUITE 200 DES MOINES, IA 50309	42-0727488	501(C)(3)	42,449				ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, ANNUAL DESIGNATED DISTRIBUTION TO BE USED IN EAST CENTRAL IOWA, GENERAL SUPPORT, GENERAL SUPPORT JUNE FUNDRAISER IN CR, HEALTHY CONNECTIONS - CEDAR RAPIDS, PREVENTIVE HEALTH SERVICES
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 524047035	42-1171215	501(C)(3)	5,720				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

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RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 523020154	42-1473672	501(C)(3)	26,977				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, GENERAL SUPPORT, HARPSTRINGS - MUSIC FOR LINN COUNTY, MUSIC IN RURAL LINN COUNTY LIBRARIES 2018
ROBINS FIREFIGHTERS ASSOCIATION 225 S 2ND ST ROBINS, IA 52328	42-1244513	501(C)(3)	5,776				ROBINS FIRE UTV TO IMPROVE EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	501(C)(3)	52,000				RESEARCH
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL - USA PO BOX 640 PITTSBORO, NC 27312	56-1704863	501(C)(3)	10,000				GENERAL OPERATING EXPENSES

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SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 524011921	42-1348441	501(C)(3)	30,000				PHASE PROGRAMS, REPLACING THE ACCESS TO RECOVERY BENEFITS
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS 401 NE ADAMS STREET PEORIA, IL 61603	22-2406433	501(C)(3)	26,236				ANNUAL DESIGNATED DISTRIBUTION, CHRISTMAS FOOD BOXES, GENERAL SUPPORT, RED KETTLE GALA, TOYS FOR TOTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SIERRA HARVEST 313 RAILROAD AVE STE 201 NEVADA CITY, CA 95959	90-1026798	501(C)(3)	10,000				FARM INSTITUTE FUND
SOLDIERS FOR THE TRUTH FOUNDATION DBA STAND FOR THE TROOPS 260 RIVERSVILLE RD GREENWICH, CT 06831	31-1592564	501(C)(3)	21,667				SCHOLARSHIP, GENERAL OPERATING EXPENSES

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SPT THEATRE COMPANY 1103 THIRD STREET SE CEDAR RAPIDS, IA 52401	20-0644595	501(C)(3)	17,900				CREATIVE FORCES PRESENT LOCAL NASSIF PREMIER, TALES FROM THE WRITERS' ROOM- SEASON 11
ST AMBROSE UNIVERSITY FINANCIAL AID OFFICE 518 WEST LOCUST STREET DAVENPORT, IA 52803	42-0703280	501(C)(3)	9,000				SCHOLARSHIP, ACADEMY FOR THE STUDY OF ST AMBROSE OF MILAN, CAPITAL CAMPAIGN - WELLNESS & RECREATION CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	501(C)(3)	15,525				ANNUAL DESIGNATED DISTRIBUTION, CANCER SERVICES CAMPAIGN, CAPITAL CAMPAIGN CONTRIBUTION FOR RONALD MCDONALD HOUSE, GENERAL SUPPORT, NASSIF COMMUNITY CANCER CENTER, SPIRIT FUND
ST MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 523029362	42-0810662	501(C)(3)	5,579				GENERAL SUPPORT

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ST PAUL'S UMC OF CR FOUNDATION 1340 3RD AVE SE CEDAR RAPIDS, IA 524034019	75-3093308	501(C)(3)	8,674				ANNUAL DISTRIBUTION
ST PAUL'S UNITED METHODIST CHURCH 1340 3RD AVE SE CEDAR RAPIDS, IA 524034019	42-0680303	501(C)(3)	8,706				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT MIDDLE AND HIGH SCHOOL YOUTH PROGRAMS, FORWARD IN FAITH CAMPAIGN



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST PIUS X CHURCH 4949 COUNCIL ST NE CEDAR RAPIDS, IA 524022402	42-0859572	501(C)(3)	11,000				GENERAL SUPPORT
SUNDARI FOUNDATION INC DBA LOTUS HOUSE WOMEN'S SHELTER SUNDARI FOUNDATION INC DBA LOTUS HOUSE 1540 NW 2ND AVENUE MIAMI, FL 33136	81-0652266	501(C)(3)	40,000				LOTUS HOUSE PROFESSIONAL AND LIFE SKILLS CENTER

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SUSTAINABLE FOOD LAB INC 3 LINDEN RD HARTLAND, VT 05048	81-1854413	501(C)(3)	10,573				SUSTAINABLE VANILLA INITIATIVE
TABLE TO TABLE 840 S CAPITOL ST IOWA CITY, IA 52240	42-1457219	501(C)(3)	65,999				PURCHASE OF REPLACEMENT VAN AND YEAR LEASE OF REFRIGERATED TRUCK

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

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TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 524043707	42-0688079	501(C)(3)	146,889				ACHIEVING STRATEGIC AGILITY, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, ANNUAL DISTRIBUTION TO CAMP TANAGER TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, EXPANDING INCLUSION FOR TWO COMMUNITY EVENTS, GENERAL SUPPORT, HOLE SUPPORT GENERAL MILLS/TANAGER PLACE GOLF INVITATIONAL, HOME AWAY FROM HOME PROJECT, SOARING BEYOND CAMPAIGN, CHILDREN OF PROMISE, YOUR CHILD OUR FOCUS
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 524012026	42-0805377	501(C)(3)	33,524				ANNUAL DESIGNATED DISTRIBUTION, CHILDREN'S MIRACLE NETWORK GENERAL SUPPORT, CRISIS READINESS RESOURCES AND TRAINING MATERIALS, GENERAL SUPPORT, UTILIZATION MANAGEMENT SPECIALIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	35,500				GENERAL SUPPORT, OPERATION FREEDOM FOUNDATION
THE GLEANING NETWORK OF TEXAS - GROW NORTH TEXAS PO BOX 7103 DALLAS, TX 752090103	20-8043130	501(C)(3)	7,500				GENERAL OPERATING EXPENSES

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THE LAND CONNECTION FOUNDATION 206 N RANDOLPH ST SUITE 400 CHAMPAIGN, IL 61820	37-1413944	501(C)(3)	10,000				GENERAL OPERATING EXPENSES
THISTLE FARMS INC AKA MAGDALENE INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	58-2050089	501(C)(3)	30,000				GRADUATE SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TREES FOREVER 770 7TH AVE STE B MARION, IA 523025773	42-1419181	501(C)(3)	20,003				"OUR WOODLAND LEGACY SYMPOSIUM", AGENCY DISTRIBUTION, CEDAR RAPIDS FRUIT TREEKEEPERS, GENERAL SUPPORT, GREATEST NEED, KEEPING I-380 BEAUTIFUL, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF SHANNON RAMSAY
UNITED METHODIST CHURCH DBA NORTH LIBERTY COMMUNITY PANTRY 89 N JONES BLVD NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	20,000				COMMUNITY GARDEN PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS DBA METRO CATHOLIC OUTREACH 420 6TH ST SE CEDAR RAPIDS, IA 52401	53-0196617	501(C)(3)	8,089				ALL SAINTS CATHOLIC CHURCH, FOOD BANK, GENERAL SUPPORT
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	501(C)(3)	5,100				CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	223,239				ACHIEVE COMMUNITY IMPACT GOALS IN EDUCATION, HEALTH, AND STABILITY, ANNUAL CAMPAIGN, ANNUAL DESIGNATED DISRTIBUTION, GENERAL SUPPORT, READING INTO SUCCESS ANONYMOUS FOUNDATION MATCH, RED AHEAD, WOMEN'S LEADERSHIP INITIATIVE
UNIVERSITY OF CHICAGO SENIOR PHILANTHROPIC ADVISOR OFFICE OF GIFT PLANNING 5235 SOUTH HARPER CHICAGO, IL 60615	36-2177139	501(C)(3)	69,550				ANNUAL DESIGNATED DISTRIBUTION TO THE COLLEGE FUND, THE GRADUATE BUSINESS SCHOOL, AND TO MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 17 CALVIN HALL IOWA CITY, IA 52242	42-6004813	GOVERNMENT	57,011				ANNUAL DESIGNATED DISTRIBUTION FOR IOWA SUMMER JOURNALISM WORKSHOPS SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS, SCHOLARSHIPS, SUPPORT OF C3G MEETING IN COPENHAGEN
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT PO BOX 4550 IOWA CITY, IA 522444550	42-0796760	501(C)(3)	42,961				ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, ANNUAL DESIGNATED DISTRIBUTION-50% FOR BRADLEY LECTURE SERIES, 50% FOR UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, BELIN-BLANK CENTER FOR GIFTED AND TALENTED EDUCATION, DANCE MARATHON, EMPLOYEE MATCH, IN SUPPORT OF 15 JOURNALS FOR THE UNIVERSITY OF IOWA STEAD FAMILY CHILDREN'S HOSPITAL PEDIATRIC PAIN AND PALLIATIVE CARE CLINIC, INTERNATIONAL WRITERS WORKSHOP FOR SCHOLARSHIPS, PEDIATRIC CANCER PATIENTS, PURCHASE TOYS/BOOKS FOR THE PLAY ROOMS THROUGH UI CHILDREN'S HOSPITAL FUND, STEAD FAMILY CHILDREN'S HOSPITAL, TIPPIE IMPACT COMPETITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID OFFICE OF STUDENT FINANCIAL AID 105 GILCHRIST HALL CEDAR FALLS, IA 50614	42-6004333	GOVERNMENT	20,750				SCHOLARSHIPS
VALLEY VERDE 376 W VIRGINIA ST SAN JOSE, CA 95125	45-3084814	501(C)(3)	15,000				GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VARIETY - THE CHILDREN'S CHARITY OF IOWA 505 5TH AVE STE 310 DES MOINES, IA 503092322	42-6077108	501(C)(3)	40,750				29TH ANNUAL LEINENKUGAL GOLF EVENT, STAR PLAYGROUND CEDAR RAPIDS, KIDS ON THE GO - SPECIALIZED BIKES
WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES 318 5TH ST SE CEDAR RAPIDS, IA 524011601	42-0680307	501(C)(3)	74,344				ANNUAL DESIGNATED DISTRIBUTION, DOMESTIC VIOLENCE SAFETY NET PROJECT, GENERAL SUPPORT, MADGE PHILLIPS CENTER, OPERATING PLAN, RIDE 4 YOUTH, WAYPOINT HYGIENE KITS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 787034677	20-2376273	501(C)(3)	100,000				FRONTIER CO-OP GLOBAL SOURCING PARTNERS
WILLIS DADY EMERGENCY SHELTER INC 1247 4TH AVE SE CEDAR RAPIDS, IA 524034020	42-1311668	501(C)(3)	145,240				BUILDING FROM SHELTER TO STABILITY - MATCHING GIFT CAMPAIGN, COLLABORATIVE PROJECT SUBMITTED BY WILLIS DADY THE REAL COSTS OF HOMELESSNESS IN LINN COUNTY, FACILITY EXPANSION AND RENOVATION, GENERAL SUPPORT, GENERAL SUPPORT FOR TARGET VETERANS, HOMELESS PREVENTION OUTREACH ADVOCATE, WILLIS DADY CAPITAL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVE SE CEDAR RAPIDS, IA 524012001	42-0680306	501(C)(3)	53,139				ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DISTRIBUTION TO CAMP WAPSIE TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, CAMP WAPSIE'S FACILITIES AND OPERATIONS, NEW MARION YMCA, YMCA CAMP WAPSIE WASTEWATER IMPROVEMENTS
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	37,850				BROADWAY MAYBIES, BUILDING BRIGHT FUTURES, COMUNIDAD LATINA PROJECT, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	60,251				EXPANDING KIDS ON COURSES REACH, GENERAL SUPPORT, KIDS ON COURSE MIDDLE SCHOOL SUMMER SCHOLAR CAMP, KIDS ON COURSE UNIVERSITY

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Employer identification number

42-6053860

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b** Yes

**2** Yes

**4a** No

**4b** No

**4c** No

**5a** No

**5b** No

**6a** No

**6b** No

**7** No

**8** No

**9**

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

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

[illegible]



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

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

Return Reference	Explanation
PART I, LINE 1A	PAYMENT OF SOCIAL CLUB DUES FOR THE PRESIDENT & CEO AND VICE PRESIDENT OF DEVELOPMENT IS PRIMARILY FOR BUSINESS USE. THE PERSONAL USE PORTION OF DUES IS INCLUDED IN THE PRESIDENT & CEO'S AND VICE PRESIDENT OF DEVELOPMENT'S TAXABLE WAGES.
PART I, LINE 1B	THERE IS NO WRITTEN POLICY, HOWEVER THE BOARD APPROVED THE PAYMENT OF THE DUES AS PART OF THE PRESIDENT & CEO'S OVERALL COMPENSATION PACKAGE.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

Employer identification number  
42-6053860

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	38	3,696,387	STOCK EXCHANGE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2017)

**Part II****Supplemental Information.**

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

42-6053860

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION STRIVES TO PROVIDE LEADERSHIP TO SUPPORT A VIBRANT COMMUNITY. PRIORITY AREAS ADDRESS POTENTIALLY TRANSFORMATIVE ISSUES OF BROAD COMMUNITY IMPORTANCE WHERE THE FOUNDATION'S ROLE AS A FUNDER, CONVENER, CATALYST AND PARTNER CAN OFFER POTENTIAL FOR DEFINED AND MEASURABLE COMMUNITY IMPACT.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN DETAIL BY THE ORGANIZATION A COPY OF THE ORGANIZATION'S FINAL FORM 990 IS PROVIDED, IN ELECTRONIC FORM, TO EACH VOTING MEMBER OF THE GOVERNING BODY OF THE ORGANIZATION PRIOR TO FILING WITH THE IRS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, INVESTMENT COMMITTEE MEMBERS, GRANTMAKING AND COMMUNITY LEADERSHIP COMMITTEE MEMBERS AND EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST DECLARATION AT THE BEGINNING OF EACH YEAR GRANT COMMITTEE MEMBERS COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS AT EACH GRANT COMMITTEE MEETING FOR GRANT APPROVALS SENT ELECTRONICALLY TO THE EXECUTIVE COMMITTEE, CONFLICT OF INTEREST DECLARATIONS ARE MADE WHEN EACH MEMBER VOTES FOR GRANTS APPROVED AT BOARD MEETINGS, BOARD MEMBERS COMPLETE AND SIGN CONFLICT OF INTEREST DECLARATIONS BEFORE VOTING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	LINE 15A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS THE PROCESS IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND REVIEWED BY THE FULL BOARD IN AN EXECUTIVE SESSION THE BOARD CHAIR EMAILS THE CFO THE REVIEW PROCESS AND AGREED UPON COMPENSATION THE EMAIL IS FILED IN THE PRESIDENT & CEO'S PERSONNEL FILE LINE 15B) THE PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS INCLUDES AN ANNUAL REVIEW PROCESS BASED ON THE INDIVIDUAL'S AND ORGANIZATION'S PERFORMANCE AND SALARY BENCHMARKING DATA FROM THE COUNCIL ON FOUNDATIONS THE PROCESS IS CONDUCTED BY THE PRESIDENT & CEO A YEAR-END REVIEW FORM IS COMPLETED AND SIGNED BY THE PRESIDENT & CEO AND THE OFFICER BEING EVALUATED THE FORM IS FILED IN THE OFFICER'S PERSONNEL FILE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOLLOWING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST - ARTICLES OF INCORPORATION - BY-LAWS - CONFLICT OF INTEREST POLICY - FINANCIAL STATEMENTS (ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE)



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS 218,640 ADJUSTMENT FOR TRANSFER OF FUNDS TO AMOUNTS HELD ON BEHALF OF OTHER -1,941,498