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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Doing business as

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

Room/suite

324 3RD ST SE

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

CEDAR RAPIDS, IA 52401

F Name and address of principal officer

LESLIE H GARNER JR

324 3RD ST SE

CEDAR RAPIDS, IA 52401

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website: ▶ WWW GCRCF ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile IA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO HELP DONORS MAKE A LASTING DIFFERENCE IN THEIR COMMUNITIES THROUGH GRANTS TO NONPROFITS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

20

4 Number of independent voting members of the governing body (Part VI, line 1b)

20

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

21

6 Total number of volunteers (estimate if necessary)

200

7a Total unrelated business revenue from Part VIII, column (C), line 12

-212,909

7b Net unrelated business taxable income from Form 990-T, line 34

-227,900

Revenue

8 Contributions and grants (Part VIII, line 1h)

11,929,096

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

5,961,261

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-67,236

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

17,823,121

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

7,909,805

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,524,087

16a Professional fundraising fees (Part IX, column (A), line 11e)

3,052

b Total fundraising expenses (Part IX, column (D), line 25) ▶781,064

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

839,133

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

10,276,077

19 Revenue less expenses Subtract line 18 from line 12

7,547,044

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

173,227,883

21 Total liabilities (Part X, line 26)

41,132,062

22 Net assets or fund balances Subtract line 21 from line 20

132,095,821

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2019-11-14

Date

LESLIE H GARNER JR PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00982177

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 201 FIRST ST SE SUITE 800

Phone no (319) 298-5333

CEDAR RAPIDS, IA 52401

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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.

<b>4a</b>	(Code )	(Expenses \$	8,617,223	including grants of \$	7,817,111 )	(Revenue \$	39,514 )
See Additional Data							

<b>4b</b>	(Code )	(Expenses \$	276,832	including grants of \$		(Revenue \$	)
See Additional Data							

<b>4c</b>	(Code )	(Expenses \$	82,567	including grants of \$		(Revenue \$	6,688 )
See Additional Data							

<b>4d</b>	Other program services (Describe in Schedule O )					
	(Expenses \$		including grants of \$		(Revenue \$	)

<b>4e</b>	<b>Total program service expenses ▶</b>	8,976,622
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**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
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<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? If "Yes," complete Schedule I, Parts I and II	<b>21</b> 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? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

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

		Yes	No	
<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> . . . . .	23	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> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<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? . . . . .	24c		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>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> . . . . .	25b		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> . . . . .	26		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> . . . . .	27		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> . . . . .	28a		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> . . . . .	28b		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> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	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> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		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> . . . . .	32		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> . . . . .	33		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> . . . . .	34		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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> . . . . .	35b		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
<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>	37		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 . . . . .	38	Yes	

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	35	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	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? . . . . .	1c	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 . . . . .		<b>2a</b>	21			
<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)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	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 . . . . .				<b>3b</b>	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)? . . . . .				<b>4a</b>		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? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<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? . . . . .				<b>6a</b>		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>6b</b>		
<b>7 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<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>7h</b>		
<b>8 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? . . . . .				<b>8</b>		No
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		No
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		No
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<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 ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 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				<b>13a</b>		
<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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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		
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		
<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?		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?		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b> Did the organization have members or stockholders?		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?		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?		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?	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	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		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?		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>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	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	Yes	
<b>b</b> Other officers or key employees of the organization		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?		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?		

### 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-A 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) BRENT COBB CHAIR	2 00	X		X				0	0	0
(2) AMY LYNCH CHAIR-ELECT	2 00	X		X				0	0	0
(3) CHARLIE SCHIMBERG TREASURER	2 00	X		X				0	0	0
(4) MAUREEN KENNEY SECRETARY	2 00	X		X				0	0	0
(5) JASMINE ALMOAYED DIRECTOR	2 00	X						0	0	0
(6) MOLLY ALTORFER DIRECTOR	2 00	X						0	0	0
(7) LYDIA BROWN DIRECTOR	2 00	X						0	0	0
(8) KARL CASSELL DIRECTOR	2 00	X						0	0	0
(9) JIM CHOATE DIRECTOR	2 00	X						0	0	0
(10) TERRI CHRISTOFFERSEN DIRECTOR	2 00	X						0	0	0
(11) PATRICK DEPALMA DIRECTOR (UNTIL 12/18)	2 00	X						0	0	0
(12) RODRICK DOOLEY DIRECTOR	2 00	X						0	0	0
(13) GREG DUNN DIRECTOR	2 00	X						0	0	0
(14) PEGGY HARDESTY DIRECTOR	2 00	X						0	0	0
(15) SALMA IGRAM DIRECTOR	2 00	X						0	0	0
(16) CHRIS LINDELL DIRECTOR	2 00	X						0	0	0
(17) KATE MINETTE 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) JULIE NOSEK ..... DIRECTOR	2 00 .....	X						0	0	0
(19) SUE OLSON ..... DIRECTOR	2 00 .....	X						0	0	0
(20) MIKE SHEELEY ..... DIRECTOR	2 00 .....	X						0	0	0
(21) OATHER TAYLOR ..... DIRECTOR	2 00 .....	X						0	0	0
(22) LESLIE H GARNER JR ..... PRESIDENT & CEO	40 00 .....			X				208,515	0	29,971
(23) MICHELLE BEISKER ..... VP OF DEVELOPMENT	40 00 .....					X		126,848	0	17,487
(24) JEAN BRENNEMAN ..... CFO	40 00 .....					X		114,458	0	17,819
<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> . . . . .								449,821	0	65,277

**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	153,036
RW BAIRD 200 5TH AVENUE SE SUITE 102 CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	111,260

**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 ☐

Contributions, Gifts, Grants  
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b>	Federated campaigns . . .	<b>1a</b>	500			
<b>b</b>	Membership dues . . .	<b>1b</b>				
<b>c</b>	Fundraising events . . .	<b>1c</b>				
<b>d</b>	Related organizations	<b>1d</b>				
<b>e</b>	Government grants (contributions)	<b>1e</b>				
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,283,201			
<b>g</b>	Noncash contributions included in lines 1a - 1f \$ <u>876,881</u>					
<b>h Total.</b>	Add lines 1a-1f . . . . . ▶		9,283,701			

Program Service Revenue

			Business Code				
<b>2a</b>	_____						
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	_____						
<b>e</b>	_____						
<b>f</b>	All other program service revenue						
<b>g Total.</b>	Add lines 2a-2f . . . . . ▶						

Other Revenue

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,094,424			5,094,424
<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	43,072				
<b>b</b> Less rental expenses	6,654				
<b>c</b> Rental income or (loss)	36,418				
<b>d</b> Net rental income or (loss) . . . . . ▶			36,418		36,418
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	826,255				
<b>b</b> Less cost or other basis and sales expenses	0				
<b>c</b> Gain or (loss)	826,255				
<b>d</b> Net gain or (loss) . . . . . ▶			826,255		826,255
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue	Business Code				
<b>11a</b> OTHER INCOME	900099	46,202	46,202		
<b>b</b> PARTNERSHIP UBIT	900099	-212,909		-212,909	
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a–11d . . . . . ▶		-166,707			
<b>12 Total revenue.</b> See Instructions . . . . . ▶		15,074,091	46,202	-212,909	5,957,097

**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.	7,646,788	7,646,788		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	18,980	18,980		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	151,343	151,343		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	684,317	241,913	175,298	267,106
<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.	776,169	339,381	178,696	258,092
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	54,627	23,886	12,577	18,164
<b>9</b> Other employee benefits.	87,903	37,210	22,395	28,298
<b>10</b> Payroll taxes.	56,177	24,563	12,934	18,680
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	10,448		10,448	
<b>c</b> Accounting.	43,002		43,002	
<b>d</b> Lobbying.	6,495		6,495	
<b>e</b> Professional fundraising services. See Part IV, line 17.	552			552
<b>f</b> Investment management fees.	293,310	293,310		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,488		8,488	
<b>12</b> Advertising and promotion.	60,027	13,447	20,061	26,519
<b>13</b> Office expenses.	39,854	15,551	8,425	15,878
<b>14</b> Information technology.	132,361	54,996	29,712	47,653
<b>15</b> Royalties.				
<b>16</b> Occupancy.	115,086	42,531	35,703	36,852
<b>17</b> Travel.	28,989	10,974	8,582	9,433
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	42,838	27,924	7,347	7,567
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.	1,356			1,356
<b>22</b> Depreciation, depletion, and amortization.	59,796	24,845	13,423	21,528
<b>23</b> Insurance.	11,808	1,266	9,422	1,120
<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	34,322	7,714	4,364	22,244
<b>b</b> LIFE INSURANCE EXPENSE	23,128		23,128	
<b>c</b> INVESTMENT EXPENSES	7,936		7,936	
<b>d</b> ACCRUED VACATION	2,000		2,000	
<b>e</b> All other expenses	-3		-25	22
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,398,097	8,976,622	640,411	781,064
<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 . . . . .		10,332,412	<b>2</b>	8,425,836	
	<b>3</b>	Pledges and grants receivable, net . . . . .		97,123	<b>3</b>	1,585,834	
	<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 . . . . .		21,668	<b>9</b>	19,206	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	2,131,096			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	712,875	1,453,434	<b>10c</b>	1,418,221
	<b>11</b>	Investments—publicly traded securities . . . . .		120,595,097	<b>11</b>	108,532,530	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		39,841,563	<b>12</b>	41,063,017	
	<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 . . . . .		886,586	<b>15</b>	874,354	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		173,227,883	<b>16</b>	161,918,998		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		88,106	<b>17</b>	539,190	
	<b>18</b>	Grants payable . . . . .		500,341	<b>18</b>	549,948	
	<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		38,831,232	<b>21</b>	34,590,948	
	<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		1,712,383	<b>25</b>	1,636,907	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		41,132,062	<b>26</b>	37,316,993	
<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		130,057,444	<b>27</b>	121,390,989	
	<b>28</b>	Temporarily restricted net assets . . . . .		2,038,377	<b>28</b>	3,211,016	
	<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> . . . . .		132,095,821	<b>33</b>	124,602,005		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		173,227,883	<b>34</b>	161,918,998		

**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>	15,074,091
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,398,097
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,675,994
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	132,095,821
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-12,020,685
<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>	-149,125
<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>	124,602,005

**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 (2018)

**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 983 FUNDS BUILT WITH GIFTS AND BEQUESTS IN 2018, THE FOUNDATION RECEIVED \$9.3 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES, AND BUSINESSES ALSO IN 2018, THE COMMUNITY FOUNDATION AWARDED \$7.8 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, CONVENOR, 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 990-EZ)	<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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
	Department of the Treasury Internal Revenue Service <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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,933,571	10,781,931	10,911,696	11,929,096	9,283,701	48,839,995
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	5,933,571	10,781,931	10,911,696	11,929,096	9,283,701	48,839,995
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)						6,239,112
6	<b>Public support.</b> Subtract line 5 from line 4						42,600,883

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	5,933,571	10,781,931	10,911,696	11,929,096	9,283,701	48,839,995
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,114,091	3,578,565	3,223,505	3,767,744	5,172,671	18,856,576
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 )	76,076	58,875	1,537	12,176	46,202	194,866
11	<b>Total support.</b> Add lines 7 through 10						67,891,437
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	50,000
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 2018 (line 6, column (f) divided by line 11, column (f))	14 62.750 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 64.680 %
16a	<b>33 1/3% support test—2018.</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—2017.</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—2018.</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—2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 Parent of Supported Organizations. 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>	

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		6,495
<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			6,495
<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>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number  
42-6053860

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	231	2
2 Aggregate value of contributions to (during year)	4,601,828	700
3 Aggregate value of grants from (during year)	3,723,437	18,175
4 Aggregate value at end of year	28,815,716	383,776

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?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenue included 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) 2018

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

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

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	117,947,297	105,320,077	95,766,984	97,863,849	96,827,223
<b>b</b> Contributions . . . . .	5,535,942	5,423,417	8,605,920	6,425,741	3,139,986
<b>c</b> Net investment earnings, gains, and losses	6,509,610	14,733,276	6,276,974	-3,398,306	3,087,020
<b>d</b> Grants or scholarships . . . . .	2,793,037	2,659,751	2,705,716	2,572,572	2,376,787
<b>e</b> Other expenditures for facilities and programs . . . . .		2,015,474			
<b>f</b> Administrative expenses . . . . .	3,330,900	2,854,248	2,624,085	2,551,728	2,813,593
<b>g</b> End of year balance . . . . .	123,868,912	117,947,297	105,320,077	95,766,984	97,863,849

**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
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		70,000		70,000
<b>b</b> Buildings . . . . .		1,592,133	332,094	1,260,039
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		241,020	169,838	71,182
<b>e</b> Other . . . . .		227,943	210,943	17,000
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,418,221

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	1,969,492	F
(B) HEDGE FUNDS	4,956,938	F
(C) PRIVATE EQUITY FUNDS	27,308,583	F
(D) GLOBAL FIXED INCOME BOND FUNDS	6,828,004	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	41,063,017	

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	1,636,907	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	1,636,907	

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

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,766,750
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-12,020,685
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	6,654
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-12,014,031
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,780,781
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	293,310
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	293,310
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	15,074,091

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,248,073
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	148,685
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	148,685
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,099,388
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	293,310
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	5,399
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	298,709
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	10,398,097

**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	

**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	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 2015, NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES NETTED WITH REVENUE 6,654

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS 142,031 RENTAL EXPENSES NETTED WITH REVENUE 6,654

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR AGENCY EXPENSES 5,399

Supplemental Information	
Return Reference	Explanation
SCH D, PART 5, LINE E	THIS AMOUNT WAS RECLASSSED 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

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**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
<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)
			EUROPE	RESEARCH GRANT (UNDERSTANDING THE ROLE OF COMPLEMENT FACTOR H RELATED PROTEIN 5 (CFHR5))	46,200	WIRE			
			EUROPE	RESEARCH GRANT (UNDERSTANDING THE PATHOGENETIC ROLE OF GENOMIC AND MOLECULAR FH-FHR ABNORMALITIES IN DDD AND C3GN)	48,000	WIRE			
			EUROPE	RESEARCH GRANT (UNLOCKING THE THERAPEUTIC POTENTIAL OF O-DESULFATED HERAPIN AS NOVEL TREATMENT FOR C3 GLOMERULOPATHY)	49,500	WIRE			
			CENTRAL AMERICA AND THE CARRIBBEAN	GENERAL SUPPORT	7,643	WIRE			

- 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 . . . . . **▶** 4
- 3 Enter total number of other organizations or entities . . . . . **▶** 0



<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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, don't 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, don't 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).

**990 Schedule F, Supplemental Information**

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
42-6053860

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 . . . . . 170

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	368	17,560			
(2) CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	37	1,420			
(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
ABBE CENTER FOR COMMUNITY MENTAL HEALTH 520 11TH ST NW CEDAR RAPIDS, IA 524053811	42-1045257	501(C)(3)	23,706				ANNUAL DESIGNATED DISTRIBUTION, HEALTHCARE - PERSON CENTERED TREATMENT, PEER RUN RECOVERY AND WELLNESS CENTER
ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS PO BOX 2842 CEDAR RAPIDS, IA 52406	45-4289211	501(C)(3)	13,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFORDABLE HOUSING NETWORK INC 5400 KIRKWOOD BLVD CEDAR RAPIDS, IA 52404	20-8640691	501(C)(3)	15,000				BUILDING HOPE THROUGH OUR COMMUNITIES
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA 55 12TH AVE SE CEDAR RAPIDS, IA 524012202	42-1415305	501(C)(3)	60,468				"DRIVEN BY HOPE" TEMPORARY EXHIBIT & PROGRAMS, ANNUAL DESIGNATED DISTRIBUTION, COLOR ME IOWAN, GENERAL SUPPORT, SOUND INFRASTRUCTURE PLAN FOR SUSTAINING THE AAMI

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
AGING SERVICES INC 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 524012009	23-7085316	501(C)(3)	8,215				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR WITWER CENTER, GENERAL SUPPORT
AGRICULTURE AND LAND BASED TRAINING ASSOCIATION PO BOX 6264 SALINAS, CA 93912	77-0566055	501(C)(3)	7,250				SO ORGANIC FARM EXPERTISE DEVELOPMENT



**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
ALL SAINTS CATHOLIC CHURCH 411 NORTH 10TH STREET BRainerd, MN 56401	53-0196617	501(C)(3)	7,358				ALL SAINTS GOLF CLASSIC, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - IOWA CHAPTER 317 7TH AVE SE SUITE 402 CEDAR RAPIDS, IA 52401	13-3039601	501(C)(3)	17,404				ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, GREATER IMPACT TOGETHER - WALK TO END ALZHEIMER'S, THE COMMUNITY EDUCATOR 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
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 522332070	13-5613797	501(C)(3)	5,020				ANNUAL DESIGNATED DISTRIBUTION, EMPLOYEE MATCH, OPEN YOUR HEART GIFT FOR 2018
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA 2116 GRAND AVE DES MOINES, IA 50312	53-0196605	501(C)(3)	9,238				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER

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
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 524042328	42-1114396	501(C)(3)	45,400				EXPANDING HEART OF IOWA CHILDCARE SERVICES, GENERAL SUPPORT, PREVENTING SUBSTANCE USE DISORDERS IN RURAL LINN
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)	127,959				BIG MAGIC SOCIETY, ANNUAL GIFT, BIG MAGIC BREAKFAST SUPPORT, BOWL FOR KIDS SAKE, FEASIBILITY STUDY, FUND DEVELOPMENT CAPACITY BUILDING, GENERAL SUPPORT, MATCH MAKERS, MENTORING LINN COUNTY YOUTH

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
BLACKHAWK AREA SPECIAL EDUCATION DISTRICT 865 4680 11TH ST EAST MOLINE, IL 61244	36-2942532	501(C)(3)	10,000				ADAPTED PLAYGROUND
BOYS AND GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST SE STE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	41,951				FISH-O-RAMA, ANNUAL DESIGNATED DISTRIBUTION, EDUCATION, CAREER DEVELOPMENT & TECHNOLOGY, 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
BRIDGEHAVEN PREGNANCY SUPPORT CENTER 701 CENTER POINT RD NE CEDAR RAPIDS, IA 524024643	42-1203675	501(C)(3)	6,000				2018 BRIDGEHAVEN MEDICAL EXPENSES, 2018 SAFE RIDE/SAFE SLEEP
BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 524031748	42-1170531	501(C)(3)	114,594				CAPITAL CAMPAIGN, ANNUAL DESIGNATED DISTRIBUTION, BRUCEMORE SITE-WIDE INFRASTRUCTURE DESIGN, GENERAL SUPPORT, ORGAN REMOTE, PRESERVATION PROJECTS TO INCREASE ONLINE ACCESS OF HISTORIC DOCUMENTS TO MEMBERS AND COMMUNITY , PRIDE & PRESERVATION CAMPAIGN, TO PRESERVE THE MANSION AND GROUNDS

**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
BUR OAK LAND TRUST FOR CRESCENT POND PROJECT PO BOX 2523 IOWA CITY, IA 52244	42-1104058	501(C)(3)	14,771				CRESCENT POND PROJECT - STOP LOGS, GENERAL SUPPORT
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 523100418	23-7210932	501(C)(3)	63,444				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, DIAMOND THE THERAPY DOG, HELP FILL SANTA'S SLEIGH THIS HOLIDAY SEASON, SOLAR POWER SYSTEM PROJECT, SPRINT TRIATHLON

**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 - 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 AND FOR OUTDOOR EDUCATION FIELD TRIPS FOR CAMP FIRE CLUBS
CAMP WYOMING 9106 42ND AVE WYOMING, IA 523627647	42-0848153	501(C)(3)	5,461				ANNUAL DESIGNATED DISTRIBUTION

**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
CATHERINE MCAULEY CENTER INC 866 4TH AVE SE CEDAR RAPIDS, IA 524032423	42-1342872	501(C)(3)	149,398				AC TRANSITIONAL HOUSING PROGRAM, CAPITAL CAMPAIGN, EMPLOYEE MATCH, ESL & CITIZENSHIP EDUCATION FOR HIAWATHA REFUGEES, GENERAL SUPPORT, IMMIGRANT & REFUGEE COMMUNITY RESOURCE NAVIGATION, IMPROVING QUALITY OF ADULT ENGLISH INSTRUCTION, ONGOING SUPPORT FOR REFUGEES AND WOMEN IN TRANSITION , REFUGEE PROGRAM, TRANSPORTATION PROJECT WITH WILLIS DADY
CATHOLIC CHARITIES 420 6TH ST SE STE 220 CEDAR RAPIDS, IA 524011906	42-0680493	501(C)(3)	15,000				IMMIGRATION LEGAL SERVICES



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
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	8,653				2018 DENNIS & GRACE FERRETER SENIOR SCHOLARSHIP DISBURSEMENT, ANNUAL DESIGNATED DISTRIBUTION, FOR AMERICA READS, GRATEFUL GRANNIES, LIP SYNC FOR LEARNING - OPENING ACT SUPPORT
CEDAR RAPIDS ELECTRICAL APPRENTICESHIP TRAINING & EDUCATIONAL TRUST 2300 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	42-6603775	501(C)(3)	13,123				TRAINING EQUIPMENT FOR APPRENTICESHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS HOCKEY ASSOCIATION 1100 ROCKFORD RD SW CEDAR RAPIDS, IA 52404	82-0558842	501(C)(3)	10,000				GENERAL SUPPORT FOR CEDAR RAPIDS YOUTH HOCKEY
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 524011606	42-0680248	501(C)(3)	225,308				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS MUSEUM OF ART GALA SUPPORT, FALL 2018 EXHIBITION AND EDUCATIONAL PROGRAMMING, GENERAL SUPPORT, SPRING 2019 PROGRAMMING SUPPORT, SPRING 2019 PROGRAMMING SUPPORT (JFK EXHIBIT), SUMMER 2018 EXHIBITION AND EDUCATIONAL PROGRAMMING, THE ANNUAL FUND LEADERSHIP SOCIETY

**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
CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	501(C)(3)	51,868				2017-18 20TH ANNIVERSARY SEASON SUPPORT, GENERAL SUPPORT, IN SUPPORT OF THE PROGRAMS FOR CHILDREN IN THE CEDAR RAPIDS SCHOOLS AND/OR THE PRE-K CHILDREN'S PROGRAMS , YOUNG ARTIST PROGRAM PRODUCTION SUPPORT
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 450 5TH AVE SE CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	31,939				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, CAPITAL IMPROVEMENT FUND, DOLLY PARTON'S IMAGINATION LIBRARY (DPIL), 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
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC 119 3RD AVE SE CEDAR RAPIDS, IA 52401	42-1335662	501(C)(3)	24,864				ANNUAL DESIGNATED DISTRIBUTION
CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677	42-1390144	501(C)(3)	24,000				SAFE SHELTER & HOUSING STABILITY

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
CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 524037131	42-0814023	501(C)(3)	12,965				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, PETS FOR VETS
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW 375 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501(C)(3)	5,712				ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRAL COLLEGE PO BOX 5800 PELLA, IA 50219	42-0680344	501(C)(3)	9,500				SCHOLARSHIPS, MEN'S TENNIS PROGRAM
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	15,000				SO SUPPORT OF CERES COMMUNITY PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHELSEY'S DREAM FOUNDATION 200 EAST LIBERTY ST ANAMOSA, IA 52205	47-2575193	501(C)(3)	15,000				CHELSEY'S DREAM FOUNDATION - ADOPTION GRANTS
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 606042596	36-2167823	501(C)(3)	29,347				ANNUAL DESIGNATED DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF CEDAR RAPIDS 101 1ST ST SE CEDAR RAPIDS, IA 52401	42-6004336	GOVERNMENT	42,894				ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL DESIGNATED DISTRIBUTION FOR THE LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND, CEDAR RAPIDS HISTORICAL INSTALLATION (15 IN 5 RIVER TIMELINE PROJECT), NEIGHBORHOOD FINANCE CORPORATION
CITY OF CENTRAL CITY 137 4TH ST N STE 1 CENTRAL CITY, IA 522149596	42-6004353	GOVERNMENT	10,000				SENIOR DINING HOME DELIVERED MEALS FY19



**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
CITY OF WALKER PO BOX 161 WALKER, IA 52352	42-6005308	GOVERNMENT	10,000				MERRY-GO-ROUND WITH HANDICAP ACCESSIBILITY
COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 524025092	42-0686467	501(C)(3)	308,959				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND SUPPORT, ATHLETICS DEPARTMENT, GENERAL SUPPORT, ION CHROMATOGRAPH TO SUPPORT COLLABORATION, SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 524012610	13-4228071	501(C)(3)	195,224				ANNUAL CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, CHFC DIRECT PATIENT CARE FY18, CHFC FY19 - PRESCRIPTION SERVICES, FY19 DIRECT PATIENT CARE BUDGET, GENERAL SUPPORT
COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS 102 3RD ST SE CEDAR RAPIDS, IA 524011246	42-0890913	501(C)(3)	175,724				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, CRST BROADWAY SERIES SUPPORT, DIAMOND V FAMILY SERIES SUPPORT, GENERAL SUPPORT, IN SUPPORT OF SPOTLIGHT ON KIDS, SEAT SUPPORT, SHOW SUPPORT-ANNE FRANK & HUNCHBACK, STRATEGIC LONG-TERM SUSTAINABILITY INITIATIVE, THEATRE ACCESSIBILITY SUPPORT, TRG INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CONNECTCR PO BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	501(C)(3)	99,280				AWAKENING CONNECTIONS, CAPITAL CAMPAIGN CONTRIBUTION
CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 523141006	42-0680335	501(C)(3)	198,468				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND, BERRY CENTER, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DEAF IOWANS AGAINST ABUSE INC 1652 42ND ST NE STE D CEDAR RAPIDS, IA 52402	47-5002341	501(C)(3)	6,500				WEBSITE RE-DEVELOPMENT
DEFY VENTURES 5 PENN PLAZA 19TH FLOOR NEW YORK, NY 10001	27-3611908	501(C)(3)	40,000				AC TRANSITIONAL EMPLOYMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DISCOVERY LIVING INC 1015 OLD MARION RD NE CEDAR RAPIDS, IA 524025765	42-1082773	501(C)(3)	16,103				ANNUAL DESIGNATED DISTRIBUTION, ELECTRONIC MEDICATION ADMINISTRATION QUALITY CARE, GENERAL SUPPORT
DONORSCHOOSEORG PO BOX 7247 PHILADELPHIA, PA 191706656	13-4129457	501(C)(3)	25,000				2018 MATCH TO SUPPORT ARTS EDUCATION IN LINN COUNTY PUBLIC SCHOOLS, 2018 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EAST CENTRAL IOWA COUNCIL OF GOVERNMENTS 700 16TH ST NE STE 301 CEDAR RAPIDS, IA 524024665	42-1023296	501(C)(3)	28,318				BUSINESS ASSISTANCE REVOLVING LOAN FUND
EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	501(C)(3)	72,178				AFTER SCHOOL ENRICHMENT AND PROGRAMMING SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, FINANCIAL AID FUND - EIAA'S MUSIC & ARTS STUDIOS, GENERAL SUPPORT, SUPPORT OF RILEY SMITH YOUTH MUSIC FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	501(C)(3)	40,750				OPERATION DIAPER DRIVE - NEWBORN DIAPER SUPPORT, EASTERN IOWA DIAPER BANK, PATIENT UNMET NEEDS, REACH OUT AND READ PROGRAM
ESSENTIAL INSTRUCTION CO MARION MIXERS PO BOX 2107 CEDAR RAPIDS, IA 524062107	46-5762244	501(C)(3)	8,500				GENERAL SUPPORT

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FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	10,000				BUILDING CONFIDENCE IN CHILDREN AFTER ABUSE
FARMSHARE AUSTIN 3608 RIVER RD CEDAR CREEK, TX 78612	46-1200713	501(C)(3)	7,250				SO 2018 FARMER STARTER CLASSES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FEED IOWA FIRST POBOX 1190 CEDAR RAPIDS, IA 52406	45-4058376	501(C)(3)	12,500				EMERGENCY EXPENSES STIPENDS FOR 2018 GROWING SEASON, LOCAL GIVING FY18 OPERATING EXPENSES
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 524032481	42-0752621	501(C)(3)	39,438				ANNUAL DESIGNATED DISTRIBUTION, CURRENT CAMPAIGN, SATURDAY EVENING MEAL PROGRAM (SEMP) 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS 310 5TH ST SE CEDAR RAPIDS, IA 524011676	42-0680489	501(C)(3)	15,017				GENERAL SUPPORT, FOR THE ONGOING PROGRAMS OF THE CHURCH AND FUTURE BUILDING IMPROVEMENTS
FOUNDATION 2 INC 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 524054865	42-1078444	501(C)(3)	22,272				EMERGENCY YOUTH SHELTER SENSORY SPACE

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

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FOUR OAKS FAMILY & CHILDREN'S SERVICES 5400 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	73,838				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION, CAPITAL CAMPAIGN CONTRIBUTION, ECONOMIC OPPORTUNITY CREATED BY HOLISTIC CHANGE, GENERAL SUPPORT, GENERAL SUPPORT FOR TOTALCHILD, IN SUPPORT OF FOUR OAKS GOLF CLASSIC, MCINTYRE PROGRAM, MENTAL HEALTH NEEDS FOR JUVENILES
FRIENDS OF CEDAR LAKE INC 1821 GRANDE AVENUE SE CEDAR RAPIDS, IA 52403	47-2974571	501(C)(3)	25,650				GENERAL SUPPORT

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FRIENDS OF CZECH VILLAGE CORP PO BOX 1034 CEDAR RAPIDS, IA 524061034	81-2253145	501(C)(3)	12,500				CAPITAL CAMPAIGN FOR CZECH VILLAGE ROUNDHOUSE
GARDEN RAISED BOUNTY 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	501(C)(3)	10,000				SO GENERAL OPERATING EXPENSES

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GARLAND COUNTY LIBRARY 1427 MALVERN AVE HOT SPRINGS, AR 71901	71-0735562	501(C)(3)	5,712				ANNUAL DESIGNATED DISTRIBUTION
GCW MUTUAL AID SOCIETY PO BOX 161 WALKER, IA 52352	33-1095647	501(C)(3)	10,000				FIRE HOSE REPLACEMENT/THERMAL IMAGING CAMERA

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GEMS OF HOPE 420 6TH ST SE CEDAR RAPIDS, IA 52401	20-3155610	501(C)(3)	11,550				COMMUNITY GIVING HOPE BLOOMS FUNDRAISER, GIFTS OF EDUCATION SCHOLARSHIP, STRATEGIC PLANNING AND BRAND IDENTITY REFINEMENT
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC 317 7TH AVE SE STE 201 CEDAR RAPIDS, IA 524012007	42-1008848	501(C)(3)	7,750				GENERAL SUPPORT, OUTREACH INITIATIVE

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GIRLS EDUCATIONAL AND MENTORING SERVICES 201 W 148TH ST GROUND FLOOR NEW YORK, NY 10039	13-4150972	501(C)(3)	60,000				AC SERVICES FOR COMMERCIAILLY SEXUALLY EXPLOITED YOUNG WOMEN
GIRLS ON THE RUN OF EASTERN IOWA 26 E MARKET ST IOWA CITY, IA 52245	45-1294227	501(C)(3)	11,500				GIRLS ON THE RUN TEAMS UP WITH KIDS ON COURSE, STRATEGIC PLANNING AND TEAM BUILDING

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GO CEDAR RAPIDS 200 SECOND ST SE CEDAR RAPIDS, IA 52401	42-1183542	501(C)(3)	10,000				NEWBO EVOLVE
GOOD FRIDAY PRAYER BREAKFAST CLUB 3523 LOCHWOOD DR NE CEDAR RAPIDS, IA 52402	77-0646383	501(C)(3)	11,610				PROGRAM SUPPORT FOR GOOD FRIDAY BREAKFAST CLUB



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GOODWILL INDUSTRIES OF THE HEARTLAND--IOWA CITY 1410 S FIRST AVENUE IOWA CITY, IA 52240	42-0923563	501(C)(3)	50,500				ANNUAL GIFT, LAUNCH OF VEGETABLE OIL PACKAGING VENTURE
HABITAT FOR HUMANITY INTERNATIONAL DBA CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	501(C)(3)	53,939				2018 BELOVED COMMUNITY, 2018 HOME BUILDERS BLITZ, 2018 HOPE BUILDERS HOME, 2018 WOMEN BUILD, 2019 HOPE BUILDERS HOME, ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, GENERAL SUPPORT, HUDDLE

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

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HAWKEYE AREA COMMUNITY ACTION PROGRAM PO BOX 490 HIAWATHA, IA 522330490	42-0898405	501(C)(3)	97,599				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, FOOD RESERVOIR NETWORK CAPACITY-BUILDING PROJECT, GENERAL SUPPORT FOR FOOD RESERVOIR, HACAP OPERATION BACKPACK FOR LINN COUNTY CHILDREN, MOBILE FOOD PANTRY, PRODUCE DISTRIBUTION
HAWKEYE COMMUNITY COLLEGE PO BOX 8015 WATERLOO, IA 507048015	42-0925362	GOVERNMENT	10,000				SCHOLARSHIPS

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 PO BOX 1113 CEDAR RAPIDS, IA 524061113	39-1907548	501(C)(3)	8,000				GENERAL SUPPORT, HEALTHY DAILY MEALS FOR HD YOUTH CENTER
HIAWATHA PUBLIC LIBRARY 150 W WILLMAN ST HIAWATHA, IA 522331650	42-6025060	GOVERNMENT	51,693				HIAWATHA PUBLIC LIBRARY EXPANSION AND REMODEL

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

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HILLCREST FAMILY SERVICES 2005 ASBURY ROAD DUBUQUE, IA 52001	42-0680411	501(C)(3)	20,700				HILLCREST FAMILY SERVICES SUPPORTED LIVING PROGRAMIN SUPPORT OF THE POINSETTIA FOREST FOR REFLECTIONS IN THE PARK,
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC 400 12TH ST SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)(3)	12,801				GENERAL SUPPORT, GENERAL SUPPORT FOR DENTAL SERVICES , MEDICATIONS FOR WELLNESS 2019

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HLV COMMUNITY SCHOOL 402 HARRISON ST VICTOR, IA 52347	42-6037189	GOVERNMENT	45,408				ANNUAL DESIGNATED DISTRIBUTION
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 523580696	42-0848288	501(C)(3)	63,669				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

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HORIZONS - A FAMILY SERVICE ALLIANCE PO BOX 667 CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	16,000				MOVING HORIZONS FORWARD, SUPPORT OF SUMMER MEALS PROGRAM
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 524037100	23-7260197	501(C)(3)	183,758				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT PROGRAMMING AND TRANSPORTATION FOR AT-RISK YOUTH, ANNUAL DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, CAPITAL CAMPAIGN CONTRIBUTION, CONCERTS AT THE CREEK SUPPORT FOR 2018, CO-OP SUGAR GROVE FARM, CREATING CHAMPIONS OF NATURE IN CHILDREN, CRST CONCERTS AT THE CREEK & MAPLE SYRUPING 2018, DIVERSE PROGRAMMING FOR ALL AGES, EDUCATION AND GENERAL FUND, GENERAL SUPPORT, PARADE OF PRAIRIES, RESTORATIVE, ORGANIC FARMING AT SUGAR GROVE FARM, SUPPORT FOR FARM TO TABLE DINNERS 2019

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IOWA ART WORKS DBA IOWA CERAMICS CENTER 329 10TH AVE SE STE 117 CEDAR RAPIDS, IA 524012339	42-1112539	501(C)(3)	13,887				CREATION OF A COMMUNITY HOT GLASS STUDIO AT ICCGS, EDUCATIONAL & CULTURAL OUTREACH FOR AT-RISK YOUTH
IOWA BROADCASTERS ASSOCIATION FOUNDATION PO BOX 65361 WEST DES MOINES, IA 50265	45-4574664	501(C)(3)	124,119				ANNUAL DESIGNATED DISTRIBUTION

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IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	501(C)(3)	30,000				COMPREHENSIVE K-12 CAREER AND COLLEGE READINESS, LINN COUNTY FAFSA CHALLENGE
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 503092396	42-0745995	501(C)(3)	27,000				GENERAL SUPPORT



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IOWA HEALTHIEST INITIATIVE 301 GRAND AVE DES MOINES, IA 50309	45-4570642	501(C)(3)	5,100				GENERAL SUPPORT
IOWA JAG INC 1111 9TH STREET STE 268 DES MOINES, IA 50314	42-1492988	501(C)(3)	20,000				IJAG TRANSFORMING AT-RISK STUDENTS INTO GRADUATES, THE IJAG ADVANTAGE

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IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 524012003	42-1079227	501(C)(3)	22,800				HEALTH & LAW PROJECT, PROVISION OF LEGAL SERVICES TO THOSE IN NEED
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES, IA 500112028	42-6004224	GOVERNMENT	27,041				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT 920 48TH AVE AMANA, IA 52203	42-1481272	501(C)(3)	18,000				LOCAL GROW JOHNSON COUNTY
ISU EXTENSION & OUTREACH - LINN COUNTY 383 COLLINS RD NE STE 201 CEDAR RAPIDS, IA 52402	42-6021446	501(C)(3)	10,000				KALEIDOSCOPE PLAY & LEARN

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
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 524012610	42-0680359	501(C)(3)	54,520				ANNUAL DESIGNATED DISTRIBUTION, CEDAR VALLEY MENTORS, PATHS
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF 1026 A AVE NE STE 113 CEDAR RAPIDS, IA 52406	23-1907729	501(C)(3)	11,750				COMMUNITY GIVING JDRF ONE WALK, GENERAL SUPPORT FOR JDRF ON BEHALF OF THE ELMCREST COUNTRY CLUB TENNIS PRO AM EVENT, FUND A CURE, GENERAL SUPPORT, LEADERSHIP GIVING PROGRAM MONEY TO BE DIRECTED TOWARDS ENCAPSULATION DEVICE RESEARCH

**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
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE STE 200 CEDAR RAPIDS, IA 524011841	42-0919209	501(C)(3)	71,225				ADDRESSING SKILLS GAPS INSPIRING CAREER READINESS, ANNUAL DESIGNATED DISTRIBUTION, CREATING ECONOMIC STABILITY THROUGH WORK READINESS, ECONOMICALLY EMPOWERING LINN COUNTY STUDENTS, ECONOMICALLY EMPOWERING RURAL LINN COUNTY STUDENTS, EMPLOYEE MATCH, GENERAL SUPPORT, IN SUPPORT OF ONE CLASSROOM IN EACH AREA MARKET (CEDAR RAPIDS, IOWA CITY AND WATERLOO) FOR THE 2018 SCHOOL YEAR , INSPIRING FINANCIAL CAPABILITY & CAREER READINESS, MINNIE RUBEK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF ERIN KURT , STOCK MARKET CHALLENGE
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	44,440				ADVOCACY FOR CHILDREN OF HIGH-CONFLICT DIVORCE, 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
KIRKWOOD COMMUNITY COLLEGE FOUNDATION 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	23-7076632	501(C)(3)	121,087				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS FOR STUDENTS ENROLLED IN FINANCIAL SERVICES OR AGRICULTURAL BUSINESS, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION TO "THE AREA OF GREATEST NEED FOR UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS", CO-OP STUDY ABROAD SCHOLARSHIPS, GENERAL SUPPORT, KCKK, OPPORTUNITY CENTER AT LADD LIBRARY, SCHOLARSHIPS, SCHOLARSHIPS FOR STUDENT IN CULINARY ARTS PROGRAM, WORKPLACE LEARNING CONNECTION CONNECTING FUTURE WORKERS TO EMERGING CAREERS
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 524010544	27-5343988	501(C)(3)	15,000				UNCOVERING THE POTENTIAL OF CEDAR RAPIDS' YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LEGION ARTS INC 1103 3RD ST SE CEDAR RAPIDS, IA 524012305	42-1154136	501(C)(3)	6,142				CROSSROADS FUND, GENERAL SUPPORT
LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 524011601	20-0076420	501(C)(3)	5,086				ANNUAL DESIGNATED DISTRIBUTION, 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
LINN COUNTY CONSERVATION BOARD 10260 MORRIS HILLS RD TODDVILLE, IA 52341	42-6004338	501(C)(3)	11,260				ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EASEMENT, RYAN WHITE MEDICAL CASE MANAGEMENT, NATIVE AMERICAN ART AND CULTURAL HISTORY
LINN COUNTY CORRECTIONAL CHAPLAINCY MINISTRY DBA FRESH START MINISTRIES PO BOX 1322 CEDAR RAPIDS, IA 524061322	20-0647905	501(C)(3)	5,950				GENERAL SUPPORT, GENERAL SUPPORT FOR RISE PROGRAM, RISE PROGRAM RESTART PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER 800 2ND AVE SE CEDAR RAPIDS, IA 52403	23-7311415	501(C)(3)	79,750				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, BUILDING RENTAL PROGRAM DEVELOPMENT, CAPITAL CAMPAIGN CONTRIBUTION FOR LANDMARK & LEGACY
LINN COUNTY TRAILS ASSOCIATION PO BOX 2681 CEDAR RAPIDS, IA 524062681	42-1359081	501(C)(3)	11,667				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN, LCTA 2017-2018 TRAIL DESIGN FUNDRAISING CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LINN-MAR SCHOOL FOUNDATION 2999 N 10TH STREET MARION, IA 52302	42-1267125	501(C)(3)	16,739				ANNUAL DISTRIBUTION
LUTHER COLLEGE OFFICE OF FINANCIAL AID 700 COLLEGE DR DECORAH, IA 521011041	42-0680466	501(C)(3)	9,500				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP, BIOLOGY DEPARTMENT, SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 503113809	42-0698267	501(C)(3)	9,038				ANNUAL DISTRIBUTION
LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 606062806	36-6008929	501(C)(3)	29,597				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARCH OF DIMES FOUNDATION PO BOX 673667 MARIETTA, GA 30006	13-1846366	501(C)(3)	11,780				CELEBRATE! MARCH FOR BABIES 2018, GENERAL SUPPORT, EASTERN IOWA GENERAL SUPPORT
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION 777 SOUTH 15TH STREET MARION, IA 52302	42-1343360	501(C)(3)	6,914				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)	69,392				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, CAPITAL CAMPAIGN, CULTIVATE HOPE, GROW POSSIBILITIES CAMPAIGN, MATTHEW 25 ORGANIZATIONAL ASSESSMENT, GENERAL SUPPORT, SUPPORT OF FLOOD THE RUN FOR 2018
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 524031251	42-0698295	501(C)(3)	12,500				2018 ESPECIALLY FOR YOU RACE SUPPORT

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)	70,608				2018 SUPPORT FOR MERCY MEDICAL CENTER FAMILY CAREGIVERS OF MERCY, HALL PERRINE CANCER CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER, ANNUAL DISTRIBUTION FOR OLDORF HOSPICE HOUSE, FAMILY CAREGIVERS CENTER OF MERCY, GENERAL SUPPORT, MERCY AUXILIARY SCHOLARSHIP FUND TO MOUNT MERCY UNIVERSITY STUDENT IN THE HEALTH CAREER FIELD , GENERAL SUPPORT FOR HOSPICE OF MERCY, PROGRAM SUPPORT FOR MARTIN WIESENFELD MD ANNUAL LECTURE
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 524052404	42-0838541	501(C)(3)	27,854				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL IMPROVEMENT FUND, WICK FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MISSION OF HOPE PO BOX 1101 CEDAR RAPIDS, IA 524061101	42-1514642	501(C)(3)	8,700				STEAM AND COLD SERVING BUFFET
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	501(C)(3)	72,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOUNT MERCY UNIVERSITY 1330 ELMHURST DRIVE NE CEDAR RAPIDS, IA 524024797	42-0681046	501(C)(3)	102,900				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, CAPITAL CAMPAIGN, DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, GENERAL SUPPORT, GROTTO RECONSTRUCTION PROJECT, MOUNT MERCY UNIVERSITY GRADUATE CENTER, MT MERCY UNIVERSITY GOLF CLASSIC BENEFIT, SCHOLARSHIP FUND, SCHOLARSHIPS
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION 525 PALISADES RD SW MOUNT VERNON, IA 523141761	42-1304892	501(C)(3)	16,486				ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, GENERAL SUPPORT, BOOSTER CLUB, FINE ARTS ASSOCIATION, PERFORMING ARTS CENTER FUND, PRIDE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC PO BOX 31 MT VERNON, IA 52314	81-1018832	501(C)(3)	9,500				DESIGNATED DISTRIBUTION FOR THE FIRST STREET COMMUNITY CENTER, NEW COMMUNITY WELLNESS CENTER, OUTDOOR MUSIC PROGRAM
NAPLES ZOO 1590 GOODLETTE RD NAPLES, FL 34102	56-2412630	501(C)(3)	25,000				CONSTRUCTION OF ZOO COMMISSARY TO STORE AND PREPARE ALL FOOD FOR ANIMALS IN THE ZOO

**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 COUNCIL ON YOUTH LEADERSHIP 533 E POST RD SE CEDAR RAPIDS, IA 52403	43-1252781	501(C)(3)	6,000				GENERAL SUPPORT
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY 1400 INSPIRATION PL SW CEDAR RAPIDS, IA 52404	51-0189030	501(C)(3)	128,121				ANNUAL DESIGNATED DISTRIBUTION, BREWNOST LIVE AUCTION SUPPORT, EMPLOYEE MATCH, GENERAL SUPPORT, HISTORY AND HERITAGE PROGRAMS SUPPORT 2018, PRESENTING SUPPORT FAMILY AND COMMUNITY PROGRAMS, PRESIDENT'S ENDOWMENT FUND, REVOLUTION STARTS IN THE STREETS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 503092316	53-0242652	501(C)(3)	30,300				EXPAND CAPACITY TO REDUCE LINN COUNTY FLOOD RISK, TNC FIRE PROGRAM-TRAINING AND PREVENTION MATERIALS , REDUCING FLOOD RISK AND IMPROVING WATER QUALITY, RESTORING THREE WETLANDS UPSTREAM OF CEDAR RAPIDS
NEIGHBORHOOD FINANCE CORPORATION 1912 6TH AVE DES MOINES, IA 50314	42-1353472	501(C)(3)	10,000				PROGRAM SUPPORT

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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				NMEP PROGRAM FUND GRANT APPLICATION
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO 415 12TH AVENUE SE CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	36,000				FUTURE CITY IOWA, INNOVATIVE ENTREPRENEURS FOR NOT FOR PROFITS

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NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 524012306	27-0600567	501(C)(3)	13,182				ROTARY SUPPORT
NORTHEAST ORGANIC FARMING ASSOCIATION 411 SHELDON RD BARRE, MA 01005	22-2987723	501(C)(3)	7,000				SO BEGINNER FARMER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHWEST NEIGHBORS NEIGHBORHOOD ASSOCIATION 1412 ELLIS BLVD NW CEDAR RAPIDS, IA 524051716	42-1436418	501(C)(3)	201,000				WESTSIDE RISING CONSTRUCTION
OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 522038200	42-0985212	501(C)(3)	110,040				2019 TYA SCHOOL TOUR OF "CHARACTER ROUND-UP!", OLD CREAMERY THEATRE'S NEXT STAGE, THEATRE FOR YOUNG AUDIENCES 2019 SCHOOL TOUR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OLD OPERA HOUSE COMMUNITY ARTS COUNCIL PO BOX 121 COGGON, IA 522180121	42-1354260	501(C)(3)	5,640				OPERA HOUSE INSULATION AND INFRASTRUCTURE PROJECT
OLIVET PRESBYTERIAN CHURCH 237 10TH ST NW CEDAR RAPIDS, IA 524053905	42-0757412	501(C)(3)	34,827				ANNUAL DESIGNATED DISTRIBUTION, FOOD PANTRY & CLOTHING CLOSET, KITCHEN PANTRY ASSISTANT

**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)	182,224				2018-19 FIFTH GRADE FIDDLES EDUCATION PROGRAM, 2018-19 MUSIC IN THE SCHOOLS EDUCATION PROGRAM, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, 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 WOULD OTHERWISE BE UNABLE TO PARTICIPATE, FOOD COSTS, GENERAL SUPPORT, IMPROVING ACCESSIBILITY AND DEVELOPING AUDIENCES, ORCHESTRA IOWA'S 2017-18 SEASON, ORCHESTRA IOWA'S 2018 CRESCENDO GALA, ORCHESTRA IOWA'S 2018 GOLDEN KEY GALA, SUPPORT OF THE ARTS IN EASTERN IOWA
ORGANIC GROWERS SCHOOL INC PO BOX 17804 ASHEVILLE, NC 28816	75-3166329	501(C)(3)	10,000				SO FARMER PROGRAMMING EXPANSION



**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 STE 200 DES MOINES, IA 50309	42-0727488	501(C)(3)	51,161				ANNUAL CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR LINN COUNTY SERVICES, GENERAL SUPPORT, GENERAL SUPPORT FOR EAST CENTRAL IOWA, HEALTHY CONNECTIONS - CEDAR RAPIDS, PREVENTIVE HEALTH SERVICES, SUPPORT OF UNITE FUNDRAISING BENEFIT
PRAIRIE DU CHIEN HIGH SCHOOL 800 E CRAWFORD PRAIRIE DU CHIEN, WI 53821	39-6004016	GOVERNMENT	10,697				PROGRAM SUPPORT FOR WRESTLING

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PRAIRIE DU CHIEN POLICE DEPARTMENT 720E BLACKHAWK AVE PRAIRIE DU CHIEN, WI 53821	39-6005577	GOVERNMENT	2,000				PROGRAM SUPPORT FOR K9 PROGRAM
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 524047035	42-1171215	501(C)(3)	6,914				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

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PROSPECT MEADOWS 1890 COUNTY HOME ROAD MARION, IA 52402	45-1186453	501(C)(3)	59,524				CAPITAL CAMPAIGN, PROSPECT MEADOWS BALL COMPLEX, ROTARY DONOR WALL
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 523020154	42-1473672	501(C)(3)	45,100				ANNUAL DESIGNATED DISTRIBUTION, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS, GENERAL SUPPORT, MUSIC ALIVE CHAMBER MUSIC FOR LINN COUNTY, MUSIC IN RURAL LINN COUNTY LIBRARIES 2019

**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
SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 524011921	42-1348441	501(C)(3)	43,000				INTERVIEW AND WORK CLOTHING, MEETING SAFE PLACE RESIDENTS' TRANSPORTATION NEEDS, PHASE PROGRAMS, WORK CLOTHING FOR RESIDENTS
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS 1000 C AVE NW CEDAR RAPIDS, IA 524053819	22-2406433	501(C)(3)	25,436				ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS, TOYS FOR TOTS EQUIPMENT (STANCHIONS) FOR CEDAR RAPIDS, GENERAL SUPPORT FOR CEDAR RAPIDS, MATCH FOR RED KETTLE CAMPAIGN FOR CEDAR RAPIDS

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SIERRA HARVEST 313 RAILROAD AVE SUITE 201 NEVADA CITY, CA 95959	90-1026798	501(C)(3)	10,000				SO SIERRA HARVEST FAM INSTITUTE PROGRAM
SOLDIERS FOR THE TRUTH FOUNDATION DBA STAND FOR THE TROOPS 260 RIVERSVILLE RD GREENWICH, CT 06831	31-1592564	501(C)(3)	10,000				SO ARCHIE'S INSTITUTE FOR SUSTAINABLE AGRICULTURE

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
ST LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	501(C)(3)	13,138				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR ST LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, COMMUNITY CANCER CENTER, GENERAL SUPPORT
ST MARY CATHOLIC CHURCH 1749 RACINE AVENUE NE SOLON, IA 52333	42-0805379	501(C)(3)	15,000				ST MARY CEMETERY ARCH

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
ST PAUL'S UNITED METHODIST CHURCH OF CEDAR RAPIDS FOUNDATION 1340 3RD AVE SE CEDAR RAPIDS, IA 524034019	75-3093308	501(C)(3)	9,741				ANNUAL DESIGNATED DISTRIBUTION
SUNDARI FOUNDATION INC DBA LOTUS HOUSE WOMEN'S SHELTER 217 NW 15TH ST MIAMI, FL 33136	81-0652266	501(C)(3)	50,000				AC WORKING CLASSROOM KITCHEN AND CULINARY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TABLE TO TABLE 840 S CAPITOL ST IOWA CITY, IA 52240	42-1457219	501(C)(3)	28,636				CO-OP GENERAL OPERATING EXPENSES, CHUCK EGGERT, LOCAL GIVING BIG TRUCK PROGRAM
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 524043707	42-0688079	501(C)(3)	113,514				AGGRESSION REPLACEMENT TRAINING, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DISTRIBUTION TO CAMP TANAGER TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, CAMP TANAGER - CAMPERSHIPS FOR RURAL LINN COUNTY, CARTS FOR COMPASSION PROJECT, GENERAL SUPPORT, ROBIN'S CABIN, SOARING BEYOND, TANAGER PLACE 25TH ANNUAL GOLF INVITATIONAL, TANAGER PLACE LGBTQ YOUTH CENTER, TRAINING CENTER ENHANCEMENT PROJECT



**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
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 524012026	42-0805377	501(C)(3)	68,045				2019 GUARDIAN SUPPORT, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, THE ARC'S SUPPORTED EMPLOYMENT PROGRAM EXPANSION
THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	12,750				GENERAL SUPPORT, VETERANS EMERGENCY ASSISTANCE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THISTLE FARMS INC AKA MAGDALENE INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	58-2050089	501(C)(3)	15,000				AC GRADUATE SERVICES PROGRAM
TREES FOREVER 80 W 8TH AVE MARION, IA 52302	42-1419181	501(C)(3)	29,531				AGENCY DISTRIBUTION, ALEX STRAIT MEMORIAL, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, 2018 WOODLAND LEGACY SYMPOSIUM, EYE 380, TREES FOREVER TRAINING CENTER TECHNOLOGY, TREES FOREVER TREEKEEPERS

**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 ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	501(C)(3)	5,350				2017 CAMPAIGN
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	361,167				2016 CAMPAIGN, 2018 CAMPAIGN, EMERGING OPPORTUNITY COMMUNITY DISASTER POVERTY SIMULATION, GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, READING INTO SUCCESS ANONYMOUS FOUNDATION MATCH, RED AHEAD, WOMEN UNITED

**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
UNIVERSITY OF CHICAGO OFFICE OF GIFT PLANNING 5235 SOUTH HARPER COURT CHICAGO, IL 60615	36-2177139	501(C)(3)	67,497				ANNUAL DESIGNATED DISTRIBUTION 43 5% TO COLLEGE FUND, 43 5% GRADUATE BUSINESS SCHOOL, 13% TO MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER
UNIVERSITY OF IOWA - UI SERVICE CENTER 2700 UNIVERSITY CAPITOL CENTRE IOWA CITY, IA 52242	42-6004813	501(C)(3)	52,415				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS, BENJAMIN C TVEDT MEMORIAL LECTURES

**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 CENTER FOR ADVANCEMENT PO BOX 4550 IOWA CITY, IA 522444550	42-0796760	501(C)(3)	47,490				ANNUAL DESIGNATED DISTRIBUTION, 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, DANCE MARATHON, DIRECTED CANCER GIFT FUND TO SUPPORT THE WORK OF DR O'DONNELL'S CANCER RESEARCH, FOR THE CARE AND MEDICAL TREATMENT OF CHILDREN WHO ARE PATIENTS AT THE CHILDRENS HOSPITAL , FUND TO PURCHASE TOYS/GAMES/BOOKS FOR TOY ROOMS AT THE STEAD FAMILY CHILDREN'S HOSPITALS, GENERAL PURPOSE USE BY THE HAWKEYE LEGACY FOOTBALL DISCRETIONARY FUND, GENERAL SUPPORT FOR UI STEAD FAMILY CHILDREN'S HOSPITAL FUND, IN SUPPORT OF HEART FRIENDS FUND (30-530-099) DONATION TO THE 2018 HEART FRIENDS GOLF FUNDRAISER , INTERNATIONAL WRITERS WORKSHOP FOR SCHOLARSHIPS IN HONOR OF PAUL ENGLE, KHAK 2018 RADIOTHON, UI STEAD FAMILY CHILDREN'S HOSPITAL, LOCAL EMPLOYEE MATCH MELISSA RECK, LADIES FOOTBALL ACADEMY 2018, LOCAL TIPPIE IMPACT COMPETITION, SUPPORT FOR THE PROGRAMS OF THE
UNIVERSITY OF NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID 105 GILCHRIST HALL CEDAR FALLS, IA 50614	42-6004333	GOVERNMENT	11,400				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
VARIETY - THE CHILDREN'S CHARITY OF IOWA - EASTERN IOWA 505 5TH AVE STE 310 DES MOINES, IA 503092322	42-6077108	501(C)(3)	6,750				GENERAL SUPPORT FOR 2018, 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)	63,309				GENERAL SUPPORT, ANNUAL DESIGNATED DISTRIBUTION, ENHANCING EARLY LEARNING WITH EDUCATIONAL TABLETS, GENERAL SUPPORT FOR MADGE PHILLIPS CENTER, WAYPOINT DOMESTIC VIOLENCE SAFETY NET PROJECT

**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				SUPPLIER SUPPORT
WILLIS DADY EMERGENCY SHELTER INC 1247 4TH AVE SE CEDAR RAPIDS, IA 524034020	42-1311668	501(C)(3)	61,406				ANNUAL DISTRIBUTION SPENDABLE, GENERAL SUPPORT, GENERAL SUPPORT FOR CAPITAL FUND , GENERAL SUPPORT FOR TARGET VETERANS , HOMELESS PREVENTION AND STREET OUTREACH, HOMELESS PREVENTION OUTREACH ADVOCATE, HOMELESS SERVICES EXPANSION AND RENOVATION PROJECT, WELBORN HOUSE EXPENSES

**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
WOMEN'S BEAN PROGRAM 3201 CURTIS ST DENVER, CO 80205	84-1144973	501(C)(3)	35,000				AC CEO OF YOUR NEW LIFE - NEBRASKA PROGRAM
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	501(C)(3)	21,531				2018 BUSINESS APPEAL, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, EMPLOYEE MATCH, FUNDING FOR THE XAVIER HIGH SCHOOL LEARNING COACH POSITION TO ASSIST STUDENTS WHO EXPERIENCE ACADEMIC, SOCIAL OR EMOTIONAL DIFFICULTY , 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
YMCA OF THE CEDAR RAPIDS METRO AREA 207 7TH AVE SE CEDAR RAPIDS, IA 524012001	42-0680306	501(C)(3)	60,143				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, ANNUAL DISTRIBUTION TO CAMP WAPSIE TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, FOR CAMP WAPSIE FACILITIES IMPROVEMENTS , SUPPORT TO CAPITAL CAMPAIGN, YMCA CAMP WAPSIE 100 YEAR CENTENNIAL IMPROVEMENTS
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	44,283				BROADWAY MAYBIES, BUILDING BRIGHT FUTURES, GENERAL SUPPORT, NONPROFIT LEADERSHIP EXCELLENCE AWARD IN MEMORY OF BRIAN STUTZMAN

**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
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	157,300				CONNECTING KIDS ON COURSE TO COLLEGE AND CAREER, EXPANDING KIDS ON COURSES REACH, GENERAL SUPPORT, KIDS ON COURSE CLASSIC BENEFITING KIDS ON COURSE COLLEGE SCHOLARSHIP FUND, KIDS ON COURSE UNIVERSITY SUMMER ACADEMIC PROGRAM, KIDS ON COURSE YEAR-ROUND PROGRAM, KOC SUMMER UNIVERSITY, MEALS SUPPORT FOR KIDS ON COURSE

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

**1b** Yes

**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?

**2** Yes

**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?

**4a** No

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

**4b** No

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

**4c** No

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?

**5a** No

**b** Any related organization?

**5b** No

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?

**6a** No

**b** Any related organization?

**6b** No

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

**7** No

**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

**8** No

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

**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.

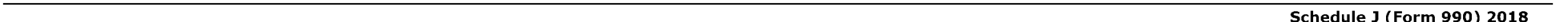
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**Part III**   **Supplemental Information**

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.

Return Reference	Explanation
PART I, LINE 1B	THERE IS NO WRITTEN POLICY, HOWEVER THE BOARD APPROVED THE PAYMENT OF THE DUES AS PART OF THE PRESIDENT & 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.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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	17	876,881	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?

Yes

No

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?

Yes

31

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

No

32a

No

b If "Yes," describe in Part II

33

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



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

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

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

42-6053860

**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 -142,031 ADJUSTMENT FOR TRANSFER OF FUNDS TO AMOUNTS HELD ON BEHALF OF OTHER -12,493 ADJUSTMENT FOR AGENCY EXPENSES 5,399

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART XII, LINE 2C	NO CHANGES HAS BEEN MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR