

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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

**D** Employer identification number  
42-6053860

**E** Telephone number  
(319) 366-2862

**G** Gross receipts \$ 26,600,029

**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.GCRFC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1987

**M** State of legal domicile: IA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
WE 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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	22
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	218
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-101,718
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-118,181

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	9,283,701	14,491,611
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,920,679	3,573,638
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-130,289	-40,560
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,074,091	18,024,689
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,817,111	8,182,549
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,659,193	1,772,163
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	552	552
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶823,520		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	921,241	830,060
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,398,097	10,785,324
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,675,994	7,239,365
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	161,918,998	187,433,007
<b>21</b> Total liabilities (Part X, line 26)	37,316,993	39,097,030
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	124,602,005	148,335,977

## 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  
Date 2020-11-11  
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 2020-11-09 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

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 8,975,887 including grants of \$ 8,182,549 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 293,242 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 95,997 including grants of \$ ) (Revenue \$ 13,525 )  
See Additional Data

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

**4e** Total program service expenses ▶ 9,365,126

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16b with corresponding input fields and checkboxes.

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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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.

See instructions for the order in which to list the persons above.

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) LESLIE H GARNER JR PRESIDENT & CEO	40.00			X			212,763	0	27,078	
(2) MICHELLE BEISKER VP OF DEVELOPMENT	40.00					X	124,006	0	29,437	
(3) JEAN BRENNEMAN CFO	40.00			X			119,089	0	17,517	
(4) KARLA TWEDT-BALL SENIOR VP OF PROGRAMS	40.00					X	105,020	0	24,705	
(5) AMY LYNCH CHAIR	2.00	X		X			0	0	0	
(6) KATE MINETTE CHAIR-ELECT	2.00	X		X			0	0	0	
(7) CHARLIE SCHIMBERG TREASURER	2.00	X		X			0	0	0	
(8) SUE OLSON SECRETARY	2.00	X		X			0	0	0	
(9) BRENT COBB PAST-CHAIR	2.00	X		X			0	0	0	
(10) JASMINE ALMOAYYED DIRECTOR	2.00	X					0	0	0	
(11) MOLLY ALTORFER DIRECTOR	2.00	X					0	0	0	
(12) JIM CHOATE DIRECTOR	2.00	X					0	0	0	
(13) TERRI CHRISTOFFERSEN DIRECTOR	2.00	X					0	0	0	
(14) ROD DOOLEY DIRECTOR	2.00	X					0	0	0	
(15) PEGGY HARDESTY DIRECTOR	2.00	X					0	0	0	
(16) SALMA IGRAM DIRECTOR	2.00	X					0	0	0	
(17) JON LANDON 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) DIANA LEDFORD ..... DIRECTOR	2.00 .....	X						0	0	0
(19) CHRIS LINDELL ..... DIRECTOR	2.00 .....	X						0	0	0
(20) JOE LOCK ..... DIRECTOR	2.00 .....	X						0	0	0
(21) JULIE NOSEK ..... DIRECTOR	2.00 .....	X						0	0	0
(22) OKPARA RICE ..... DIRECTOR	2.00 .....	X						0	0	0
(23) MIKE SHEELEY ..... DIRECTOR	2.00 .....	X						0	0	0
(24) OATHER TAYLOR III ..... DIRECTOR	2.00 .....	X						0	0	0
<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> . . . . .								560,878	0	98,737

**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 ▶ **4**

	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 RW BAIRD	INVESTMENT CONSULTING	147,284
200 5TH AVENUE SE SUITE 102 CEDAR RAPIDS, IA 52401	INVESTMENT CONSULTING	128,615

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<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>	14,491,611		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	4,678,567		
	<b>h Total.</b> Add lines 1a-1f . . . . .		14,491,611		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		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. . . . .						

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,780,355		3,780,355	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents		(i) Real	(ii) Personal			
			<b>6a</b>	62,572			
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>	14,939			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	47,633			
	<b>d</b> Net rental income or (loss) . . . . .				47,633		47,633
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			<b>7a</b>	8,353,684			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	8,560,401			
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	-206,717			
	<b>d</b> Net gain or (loss) . . . . .				-206,717		-206,717
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</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>9a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER INCOME	900099		13,525	13,525			
<b>b</b> PARTNERSHIP UBIT	900099		-101,718		-101,718		
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			-88,193				
<b>12 Total revenue.</b> See instructions . . . . .			18,024,689	13,525	-101,718	3,621,271	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	8,118,784	8,118,784		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	13,765	13,765		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	50,000	50,000		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	713,229	249,852	188,687	274,690
<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 . . . . .	903,297	398,803	194,796	309,698
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	59,366	26,210	12,802	20,354
<b>9</b> Other employee benefits . . . . .	95,887	42,334	20,678	32,875
<b>10</b> Payroll taxes . . . . .	384	169	83	132
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	734		734	
<b>c</b> Accounting . . . . .	52,828		52,828	
<b>d</b> Lobbying . . . . .	4,500		4,500	
<b>e</b> Professional fundraising services. See Part IV, line 17	552			552
<b>f</b> Investment management fees . . . . .	258,661	258,661		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,741		12,741	
<b>12</b> Advertising and promotion . . . . .	59,284	10,255	24,768	24,261
<b>13</b> Office expenses . . . . .	43,427	17,421	8,928	17,078
<b>14</b> Information technology . . . . .	132,492	57,101	28,493	46,898
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	99,109	44,068	18,848	36,193
<b>17</b> Travel . . . . .	22,759	12,175	3,961	6,623
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	44,249	28,062	9,847	6,340
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	62,947	27,129	13,537	22,281
<b>23</b> Insurance . . . . .	13,674	1,889	10,106	1,679
<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	36,529	8,448	4,215	23,866
<b>b</b> ACCRUED VACATION	5,000		5,000	
<b>c</b> LIFE INSURANCE EXPENSE	-19,679		-19,679	
<b>d</b>				
<b>e</b> All other expenses	805		805	
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,785,324	9,365,126	596,678	823,520
<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 . . . . .	8,425,836	<b>2</b>	10,858,250	
	<b>3</b> Pledges and grants receivable, net . . . . .	136,534	<b>3</b>	1,623,599	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<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 . . . . .	19,206	<b>9</b>	25,074	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,829,922			
	<b>b</b> Less: accumulated depreciation	774,790	1,994,221	<b>10c</b>	2,055,132
	<b>11</b> Investments—publicly traded securities . . . . .	108,532,530	<b>11</b>	126,262,586	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	41,063,017	<b>12</b>	43,697,684	
	<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 . . . . .	1,747,654	<b>15</b>	2,910,682	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	161,918,998	<b>16</b>	187,433,007		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	539,190	<b>17</b>	86,683	
	<b>18</b> Grants payable . . . . .	549,948	<b>18</b>	95,941	
	<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	34,590,948	<b>21</b>	37,598,350	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<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	1,636,907	<b>25</b>	1,316,056	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	37,316,993	<b>26</b>	39,097,030	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	121,390,989	<b>27</b>	143,426,680	
	<b>28</b> Net assets with donor restrictions . . . . .	3,211,016	<b>28</b>	4,909,297	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	124,602,005	<b>32</b>	148,335,977		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	161,918,998	<b>33</b>	187,433,007		

**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>	18,024,689
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,785,324
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,239,365
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	124,602,005
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,443,524
<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>	51,083
<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>	148,335,977

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 42-6053860

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

Form 990 (2019)

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**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 1,015 FUNDS BUILT WITH GIFTS AND BEQUESTS. IN 2019, THE FOUNDATION RECEIVED \$14.5 MILLION IN CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES, AND BUSINESSES. ALSO IN 2019, THE COMMUNITY FOUNDATION AWARDED \$8.2 MILLION IN GRANTS AND SCHOLARSHIPS TO LOCAL NONPROFIT ORGANIZATIONS AND STUDENTS.

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

**Employer identification number**  
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) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,781,931	10,911,696	11,929,096	9,283,701	14,491,611	57,398,035
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	10,781,931	10,911,696	11,929,096	9,283,701	14,491,611	57,398,035
<b>5</b> 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) . . .						6,164,980
<b>6 Public support.</b> Subtract line 5 from line 4.						51,233,055

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	10,781,931	10,911,696	11,929,096	9,283,701	14,491,611	57,398,035
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	3,578,565	3,223,505	3,767,744	5,172,671	3,585,353	19,327,838
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	58,875	1,537	12,176	46,202	13,525	132,315
<b>11 Total support.</b> Add lines 7 through 10						76,858,188

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	66.660 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.750 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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</b>	<b>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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 Part VI.</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 Part VI.</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 Part VI.</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 Part VI.</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>		

**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>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>		

**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>		

**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>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>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>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<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>	Yes	No
<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>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>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>		

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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  
  
**2019**  
**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-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>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

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

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 FOUNDATION ISSUES WITH THE FEDERAL LEGISLATURE.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Line number, Held at the End of the Year. Rows 2a-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? 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)? 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. 1b 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.

**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 . . . . .	110,849,692	117,947,297	105,320,077	95,766,984	97,863,849
<b>b</b> Contributions . . . . .	7,666,186	5,535,942	5,423,417	8,605,920	6,425,741
<b>c</b> Net investment earnings, gains, and losses	18,115,349	-6,509,610	14,733,276	6,276,974	-3,398,306
<b>d</b> Grants or scholarships . . . . .	2,905,035	2,793,037	2,659,751	2,705,716	2,572,572
<b>e</b> Other expenditures for facilities and programs . . . . .	1,449,300		2,015,474		
<b>f</b> Administrative expenses . . . . .	3,283,580	3,330,900	2,854,248	2,624,085	2,551,728
<b>g</b> End of year balance . . . . .	128,993,312	110,849,692	117,947,297	105,320,077	95,766,984

**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 ▶ 0 %
- c** Temporarily restricted endowment ▶ 0 %

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 . . . . .

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

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

**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 . . . . .	576,000	70,000		646,000
<b>b</b> Buildings . . . . .		1,715,242	376,295	1,338,947
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		236,987	181,353	55,634
<b>e</b> Other . . . . .		231,693	217,142	14,551
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,055,132

**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	2,165,037	F
(B) HEDGE FUNDS	5,066,199	F
(C) PRIVATE EQUITY FUNDS	29,677,238	F
(D) GLOBAL FIXED INCOME BOND FUNDS	6,789,210	F
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	43,697,684	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,316,056

**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>	34,224,491
<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>	16,443,524
<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>	14,939
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	16,458,463
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,766,028
<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>	258,661
<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>	258,661
<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>	18,024,689

**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>	10,489,065
<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>	-37,598
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-37,598
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,526,663
<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>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	258,661
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	258,661
<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>	10,785,324

**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 THE FUNDS HELD ON BEHALF OF THESE ORGANIZATIONS HAS BEEN REFLECTED AS A LIABILITY ON THE STATEMENT OF FINANCIAL POSITION. ON THE STATEMENT OF ACTIVITIES, THE FOUNDATION REPORTS THE GROSS AMOUNT OF SUPPORT, REVENUE AND EXPENSES WITH THE AMOUNT RAISED AND EXPENDED ON BEHALF OF OTHERS BEING SHOWN AS A REDUCTION IN THE GROSS AMOUNTS OF SUPPORT, REVENUE AND EXPENSES.



## 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 INTERNAL REVENUE SERVICE HAS RECOGNIZED THE FOUNDATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION FOLLOWS THE ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. 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 OR STATE AUTHORITIES FOR YEARS PRIOR TO 2016 NOR HAS THE FOUNDATION 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 14,939.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED WITH REVENUE 14,939. ACTUARIAL ADJUSTMENT ON ANNUITIES -103,524. ADJUSTMENT FOR INTERACCOUNT TRANSFERS 50,987.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES NETTED WITH REVENUE ON F/S 258,661.

## Supplemental Information

Return Reference	Explanation
SCH D, PART 5, LINE E:	RECLASSIFICATION IN 2019 OF IRREVOCABLE TRUST TO TEMPORARILY RESTRICTED FUNDS.

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY  
FOUNDATION

**Employer identification number**  
42-6053860

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>3a</b> Sub-total . . . . .	0	0			0
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			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" on 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MODELING C-3 GLOMERULOPATHY RISK FACTORS IN MICE	50,000	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 . . . . . ▶ 1

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





**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.

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III ACCOUNTING METHOD:	

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

Schedule I (Form 990)

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number 42-6053860

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 173
3 Enter total number of other organizations listed in the line 1 table 7

**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	273	12,380			
(2) CASH AWARDS TO WASHINGTON HIGH SCHOOL AND FRANKLIN MIDDLE SCHOOL STUDENTS FOR ACCOMPLISHMENT IN ART, WRITING, AND/OR MUSIC	49	1,385			
(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.

<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
AGING SERVICES INC 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 524012009	23-7085316	509(A)(1)	23,735				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR WITWER CENTER, CREATING AN ADAPTIVE ORGANIZATIONAL CULTURE , GENERAL SUPPORT
AIMING FOR A CURE FOUNDATION 401 KIMBALL ROAD IOWA CITY, IA 522455828	32-0118340	509(A)(2)	6,500				GENERAL SUPPORT, PLATINUM SPONSORSHIP FOR 2020

**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 720 29TH ST SE CEDAR RAPIDS, IA 524033007	42-0698056	501(C)(3)	7,020				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT GIRL SCOUTS PROGRAMMING AT ALL SAINTS CATHOLIC CHURCH, FOR GREATEST NEED.
ALZHEIMER'S ASSOCIATION 620 S 76TH ST SUITE 160 MILWAUKEE, WI 53214	13-3039601	509(A)(1)	12,990				2019 ALZHEIMER'S WALK TO SUPPORT THE EFFORTS OF GEANNE PAPPAS AA WI CHAPTER, CEDAR RAPIDS WALK TO END ALZHEIMER'S IOWA CHAPTER, ANNUAL DESIGNATED DISTRIBUTION IOWA CHAPTER, GENERAL FUND IOWA CHAPTER, GENERAL SUPPORT, GENERAL SUPPORT: A ROUND TO REMEMBER



**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
AMERICAN NATIONAL RED CROSS - SERVING GREATER IOWA 2116 GRAND AVE DES MOINES, IA 50312	53-0196605	509(A)(1)	12,741				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE GRANT WOOD AREA CHAPTER, SOUND THE ALARM CAMPAIGN IN IOWA
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 3636 WESTOWN PARKWAY STE 204 WEST DES MOINES, IA 50266	30-0051272	509(A)(1)	10,000				ALS ASSOCIATION IOWA EQUIPMENT LOAN PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 524042328	42-1114396	509(A)(1)	46,750				ASAC FIRST ANNUAL CHAMPIONS OF HOPE FUNDRAISER BREAKFAST, ASAC TECHNOLOGY IMPROVEMENT PROJECT , EXPANDING HEART OF IOWA CHILDCARE SERVICES , LINN COUNTY YOUTH ADVISORY COUNCIL , SUBSTANCE USE DISORDER PREVENTION PROJECT
BIG BANG FOUNDATION 852 OAKLAND ROAD NE CEDAR RAPIDS, IA 52402	81-2131997	509(A)(2)	9,920				CEDAR RAPIDS LIGHTS ON

**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
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & EAST CENTRAL IOWA INC 3150 E AVE NW STE 103 CEDAR RAPIDS, IA 524052900	42-1170475	509(A)(1)	67,400				BIG MAGIC, BOWL FOR KIDS' SAKE, BUILDING CAPACITY FOR BBBS MENTORING , DEFENDING THE POTENTIAL IN YOUTH , GENERAL SUPPORT , INVESTING IN KIDS CAMPAIGN , MENTORING LINN COUNTY YOUTH , STRATEGIC GROWTH CAMPAIGN
BOYS AND GIRLS CLUB OF CEDAR RAPIDS DBA BOYS AND GIRLS CLUB OF THE CORRIDOR 420 6TH ST SE STE 240 CEDAR RAPIDS, IA 52401	42-1434056	509(A)(1)	73,349				ANNUAL DESIGNATED DISTRIBUTION, BOYS & GIRLS CLUB READY FOR SUCCESS , FISH O RAMA, JUNIOR STAFF ACADEMY, STREET SMART STARS, VOLUNTEERS COUNT, MODERNIZING A VMS

**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
BRIDGEHAVEN PREGNANCY SUPPORT CENTER 701 CENTER POINT RD NE CEDAR RAPIDS, IA 524024643	42-1203675	509(A)(1)	7,500				2019 BRIDGEHAVEN SAFE RIDE/SAFE SLEEP PROGRAM , GENERAL SUPPORT, PREVENTION EDUCATION
BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 524031748	42-1170531	509(A)(3)	96,207				ANNUAL DESIGNATED DISTRIBUTION, BRUCEMORE 2019 HERITAGE EVENT SPONSORSHIP , CAPITAL CAMPAIGN, GENERAL SUPPORT, NONPROFIT LEADERSHIP EXCELLENCE AWARD STAFF DEVELOPMENT IN HONOR OF DAVID JANSSEN., ORGANIZATIONAL TRANSITION: ENVISIONING THE FUTURE , PRIDE AND PRESERVATION CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP COURAGEOUS OF IOWA PO BOX 418 MONTICELLO, IA 523100418	23-7210932	509(A)(1)	63,292				CAMPERSHIP, SOLAR PROJECT, DIAMOND THERAPY DOG, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, FILL SANTA'S SLEIGH, SPRINT TRIATHLON, SUPPORT FOR TWO CAMPERS
CAMP FIRE - HEART OF IOWA 5615 HICKMAN RD DES MOINES, IA 503101119	42-0680459	509(A)(1)	5,100				ANNUAL DESIGNATED DISTRIBUTION TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP AND OUTDOOR EDUCATION FIELD TRIPS FOR CAMP FIRE CLUBS

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<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 WYOMING 9106 42ND AVE WYOMING, IA 523627647	42-0848153	509(A)(3)	5,436				ANNUAL DESIGNATED DISTRIBUTION
CATHERINE MCAULEY CENTER INC 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	509(A)(1)	125,181				A PLACE OF WELCOME: CAPITAL CAMPAIGN , AC: TRANSITIONAL HOUSING PROGRAM, BUILDING FUND, CAPITAL CAMPAIGN, FOR IMMIGRANT AND REFUGEE SERVICES., FRIENDS ANNUAL SPONSORSHIP, GENERAL SUPPORT, IMMIGRANT & REFUGEE COMMUNITY RESOURCE NAVIGATION , IMPROVING QUALITY OF ADULT ENGLISH INSTRUCTION , IN SUPPORT OF "A PLACE OF WELCOME" CAMPAIGN FROM JOHN & CINDY BLOOMHALL, ONGOING SUPPORT FOR REFUGEES AND WOMEN IN TRANSITION., REFUGEE HEALTHCARE ACCESS & HEALTH LITERACY

**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
CATHOLIC CHARITIES ARCHDIOCESE OF DUBUQUE - CEDAR RAPIDS OFFICE 420 6TH ST SE STE 220 CEDAR RAPIDS, IA 524011906	42-0680493	509(A)(1)	20,000				IMMIGRATION LEGAL SERVICES
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 524051015	42-6023551	170(C)(1)	67,228				AMERICA READS: READING IS CONTAGIOUS, ANNUAL DESIGNATED DISTRIBUTION FOR JEFFERSON HIGH SCHOOL, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT JEFFERSON HIGH SCHOOL'S SCHOLARSHIP PROGRAM, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT THE PERFORMING ARTS AT MCKINLEY MIDDLE SCHOOL, AP GHOSH T SHIRTS FOR STUDENTS AT KENNEDY HIGH SCHOOL, AP GHOSH T SHIRTS FOR STUDENTS AT WASHINGTON HIGH SCHOOL, DASH FOR CASH AT PIERCE ELEMENTARY SCHOOL, DASH FOR CASH AT HARDING MIDDLE SCHOOL, DESIGNATED DISTRIBUTION FOR 2018 FIELD TRIPS TO ORCHESTRA IOWA CONCERT., KIDS ON COURSE UNIVERSITY, MITCHELL B. ODELL SCHOLARSHIP PROGRAM AT WASHINGTON HIGH SCHOOL, PURCHASE IPAD COMPUTERS FOR TRICIA WEBER'S CLASSROOM AT GRANT WOOD ELEMENTARY SCHOOL., SCHOOL'S AFTERSCHOOL INTERMURAL SPORTS AT HOOVER ELEMENTARY SCHOOL, SUPPORT FOR DEBATE PROGRAM AT WASHINGTON HIGH SCHOOL, WASHINGTON HIGH SCHOOL MENTORS PROGRAM, WASHINGTON HS HUMANITIES FIELD TRIP FUND

**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 COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52405	42-1197912	509(A)(1)	41,745				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL STIPEND OF \$100 TO ALL CRCSD ELEMENTARY SCHOOLS FOR THE UNRESTRICTED USE OF THE CLASSROOM MUSIC TEACHER., CRCSD AUTISM PROGRAM , GRATEFUL GRANNIES, LIP SYNC FOR LEARNING EVENT OPENING ACT LEVEL
CEDAR RAPIDS HOCKEY ASSOCIATION 1100 ROCKFORD RD SW CEDAR RAPIDS, IA 52404	82-0558842	509(A)(2)	25,000				SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CEDAR RAPIDS METRO ECONOMIC ALLIANCE FOUNDATION 501 1ST ST SE CEDAR RAPIDS, IA 52401	42-1206276	509(A)(1)	12,500				MATCHING GRANT FUNDING FOR GATEWAYS FOR GROWTH CHALLENGE APPLICATION, AWARDED WITH THE CONDITION THAT THE CITY OF CEDAR RAPIDS ENGAGE IMMIGRANT AND REFUGEE REPRESENTATIVES AND SERVICE PROVIDERS IN THE PLANNING PROCESS AND PROJECT IMPLEMENTATION.
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 524011606	42-0680248	509(A)(1)	228,704				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, EXHIBITION AND EDUCATIONAL PROGRAM SUPPORT , EXHIBITION SPONSORSHIP, GENERAL SUPPORT, GENERAL SUPPORT ART GALA, SUPPORT BRONZE SPONSORSHIP FOR GALA '19, SPRING 2020 PROGRAMMING SUPPORT (EXPRESSIONASM EXHIBIT) , THE ANNUAL FUND LEADERSHIP SOCIETY

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

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CEDAR RAPIDS OPERA THEATRE 425 2ND ST SE SUITE 960 CEDAR RAPIDS, IA 52401	42-1476568	509(A)(2)	62,972				AGENCY DISTRIBUTION, CR OPERA THEATRE: 2019-20 SCHOOL OUTREACH OPERA, FISCAL YEAR 2019-20 BOARD SUPPORT, GENERAL SUPPORT FOR OPERATIONS., MIKE AND ESTHER WILSON CHALLENGE, YOUNG ARTIST PROGRAM 2019-20 SEASON SPONSORSHIP
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 450 5TH AVE SE CEDAR RAPIDS, IA 52401	23-7292786	509(A)(1)	44,304				2019 LITERARY VINES: A WINE & BEER TASTING TO BENEFIT THE LIBRARY FOUNDATION GENERAL SUPPORT, AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR DOLLY PARTON'S IMAGINATION LIBRARY, ANNUAL DESIGNATED DISTRIBUTION IN MEMORY OF HAZEL DAWN HOBBS., CAPITAL PROJECTS OR SPECIAL PROGRAMS, DOLLY PARTON'S IMAGINATION LIBRARY (DPI), 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
CEDAR RAPIDS SYMPHONY ORCHESTRA FOUNDATION INC 119 3RD AVE SE CEDAR RAPIDS, IA 52401	42-1335662	509(A)(3)	26,286				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT SUPPORT, KIDSIGHT SCREENING CAMERA
CEDAR RAPIDS THURSDAY NOON LIONS CHARITIES 709 GREEN VALLEY TERR SE CEDAR RAPIDS, IA 52403	42-1299206	509(A)(2)	10,300				SUPPORT, KIDSIGHT SCREENING CAMERA

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CEDAR VALLEY FRIENDS OF THE FAMILY DBA FRIENDS OF THE FAMILY PO BOX 784 WAVERLY, IA 50677	42-1390144	509(A)(1)	19,000				SAFETY AND HOUSING STABILITY , VICTIM SERVICES
CEDAR VALLEY HABITAT FOR HUMANITY 350 6TH AVE SE CEDAR RAPIDS, IA 52401	42-1320296	509(A)(1)	42,801				2019 HOPE BUILDERS HOME , 2020 FAIRFAX BUILD , ANNUAL DESIGNATED DISTRIBUTION FOR THE RESTORE, GENERAL SUPPORT, HUDDLE, LOCAL GIVING: HOUSING DEVELOPMENT IN FAIRFAX, IA BLUEPRINT

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

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CEDAR VALLEY HUMANE SOCIETY 7411 MT VERNON RD SE CEDAR RAPIDS, IA 524037131	42-0814023	509(A)(2)	6,911				ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS
CENTER ON WRONGFUL CONVICTIONS - NORTHWESTERN PRITZKER SCHOOL OF LAW 375 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	509(A)(1)	5,728				ANNUAL DESIGNATED DISTRIBUTION

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

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CENTRAL COLLEGE PO BOX 5800 812 UNIVERSITY STREET PELLA, IA 50219	42-0680344	509(A)(1)	6,189				SCHOLARSHIPS, PROGRAM SUPPORT FOR JOURNEY SCHOLARSHIP, PROGRAM SUPPORT FOR MEN'S TENNIS PROGRAM
CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN AKA ANNA MARIE'S ALLIANCE 500 11TH AVE NORTH ST CLOUD, MN 56303	41-1344743	509(A)(1)	25,000				AC: EMERGENCY SAFE HOUSING

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CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	26-2250997	509(A)(1)	15,000				SO: YOUTH DEVELOPMENT GARDEN PROGRAM
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE CHICAGO, IL 606042596	36-2167823	509(A)(1)	29,200				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	170(C)(1)	36,179				ANNUAL DESIGNATED DISTRIBUTION FOR AMPHITHEATRE MAINTENANCE, ANNUAL DESIGNATED DISTRIBUTION FOR CR PUBLIC LIBRARY, ANNUAL DESIGNATED DISTRIBUTION FOR OLD MCDONALD'S FARM, ANNUAL DESIGNATED DISTRIBUTION FOR THE WILLIAM MARTIN KACENA AND LIBBY MARTINEK KACENA MEMORIAL FUND, IMPACTING YOUTH THROUGH ROLLING REC MOBILE , NEIGHBORHOOD FINANCE CORPORATION , PARKS & RECREATION DEPARTMENT: CAPITAL CAMPAIGN CONTRIBUTION FOR OLD MACDONALD'S FARM PHASE 2
CITY OF CENTER POINT 200 FRANKLIN ST PO BOX 299 CENTER POINT, IA 522137604	42-6006060	170(C)(1)	11,500				CENTER POINT/WASHINGTON TOWNSHIP FIRE STATION , DISASTER PLAN CONSULTANT



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CITY OF CENTRAL CITY 137 4TH ST N SUITE 1 CENTRAL CITY, IA 522149596	42-6004353	170(C)(1)	11,500				GENERATOR READY ELECTRICAL WORK FOR WELL AND SEWAGE SYSTEM, SENIOR DINING HOME DELIVERED MEALS FY20
COASTAL ROOTS FARMS 441 SAXONY RD ENCINITAS, CA 92024	47-1570910	509(A)(1)	25,000				SO: PRODUCE SUPPORT PROGRAM

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COE COLLEGE OFFICE OF FINANCIAL AID 1220 1ST AVE NE CEDAR RAPIDS, IA 524025092	42-0686467	509(A)(1)	298,387				SCHOLARSHIPS, AIDING DEMENTIA PATIENTS: COE AND ALZHEIMER'S ASS. , ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL FUND, ATHLETIC DEPARTMENT, GENERAL SUPPORT FOR MEN'S AND WOMEN'S TENNIS TEAMS., GREATEST NEED
COMMUNITY HEALTH FREE CLINIC 947 14TH AVE SE CEDAR RAPIDS, IA 524012610	13-4228071	509(A)(2)	170,753				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, AREA OF MOST NEED, CHFC FY20 PRESCRIPTION SERVICES, DIRECT PATIENT CARE , GENERAL SUPPORT

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COMMUNITY THEATRE OF CEDAR RAPIDS DBA THEATRE CEDAR RAPIDS 102 3RD ST SE CEDAR RAPIDS, IA 524011246	42-0890913	509(A)(2)	102,354				2018-19 CRST BROADWAY SERIES SPONSORSHIP , ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, SUPPORT, EMERGING OPPORTUNITY: INCLUSION FOR COMMUNITY, FIDDLER ON THE ROOF SPONSORSHIP , SETTING THE STAGE FOR TCR'S SUCCESS , TCR THEATRE ACCESSIBILITY PROGRAM
CONNECTCR PO BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	509(A)(1)	253,250				AWAKENING CONNECTIONS CAMPAIGN SUPPORT, CAPITAL CAMPAIGN, IPADDLE PORTABLE RENTAL STATION & DOCK

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CORNELL COLLEGE 600 1ST ST SW MOUNT VERNON, IA 523141006	42-0680335	509(A)(1)	199,458				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION, BERRY CENTER, GENERAL SUPPORT
DEAF IOWANS AGAINST ABUSE 1652 42ND ST NE STE D CEDAR RAPIDS, IA 52402	47-5002341	509(A)(1)	15,000				STANDING UP & STANDING TOGETHER: DEAF YOUTH CAMP

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DEAFINITELY DOGS INC 2802 LIPPISH PLACE SW CEDAR RAPIDS, IA 52404	47-1590153	509(A)(1)	8,950				ANNUAL SHIFTING GEARS AND SCRATCHING EARS CHARITY MOTORCYCLE RIDE SILVER SPONSOR, CAMPUS PUPS PROGRAM EXPANDING INTO CEDAR RAPIDS , CHARITY GOLF TOURNAMENT
DISCOVERY LIVING INC 1015 OLD MARION RD NE CEDAR RAPIDS, IA 524025765	42-1082773	509(A)(1)	31,271				ANNUAL DESIGNATED DISTRIBUTION, COMMUNITY INTEGRATION THROUGH TRANSPORTATION , ENDOWMENT

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DONORSCHOOSEORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 191706656	13-4129457	509(A)(1)	25,000				2019 MATCH TO SUPPORT LINN COUNTY PUBLIC SCHOOLS
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	509(A)(1)	50,000				AC: PEER LEADERS PROGRAM

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DREAM FACTORY INC AKA DREAM FACTORY OF IOWA PO BOX 1133 CEDAR RAPIDS, IA 52401	61-1208652	509(A)(1)	8,000				DREAMS COME TRUE!
EASTERN IOWA AFRICAN DIASPORA 1669 20TH STREET NW CEDAR RAPIDS, IA 52405	83-4617894	509(A)(1)	6,500				EMERGING OPPORTUNITY: AMERICORPS FEE, YOUTH DEVELOPMENT PROGRAM

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EASTERN IOWA ARTS ACADEMY 1841 E AVE NE CEDAR RAPIDS, IA 52402	26-0557542	509(A)(1)	75,275				ANNUAL DESIGNATED DISTRIBUTION, DRUM CIRCLE PROGRAM, EIAA'S AFTER SCHOOL ARTS ENRICHMENT PROGRAM , FOR GREATEST NEED, FOR THE EASTERN IOWA ARTS ACADEMY GENERAL FUND AND VOLTA YOUTH MUSIC FEST, GENERAL SUPPORT, HEALING HEARTS & COFFEE & ART CLUB PROGRAM SUPPORT , IT TAKES A VILLAGE MURAL PROJECT, MUSIC & ARTS STUDIOS FINANCIAL AID FUND , OPEN STUDIOS - OPEN MINDS 2019-2020, OPEN THE DOOR TO THE ARTS, WHEREVER NEEDED THE MOST
EASTERN IOWA HEALTH CENTER PO BOX 2205 CEDAR RAPIDS, IA 52406	20-2405575	509(A)(2)	15,750				BIRTH CONTROL, EASTERN IOWA DIAPER BANK SPONSORSHIP NEWBORN DIAPER SPONSOR, EIDB, GENERAL SUPPORT, STRATEGIC PLANNING



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EASTERN IOWA HONOR FLIGHT PO BOX 10704 CEDAR RAPIDS, IA 52410	27-1666013	509(A)(1)	6,750				COMMUNITY GIVING: PULLING FOR HONOR 2019, GENERAL SUPPORT: IN MEMORY OF THOMAS CUNNINGHAM, BOB SCHMIDT AND JIM BENEDICT, PULLING FOR HONOR 2019 TYLER THOMPSON & BRANDON RILEY
ECUMENICAL COMMUNITY CENTER FOUNDATION 601 2ND AVE SE STE 3 CEDAR RAPIDS, IA 524011325	42-1456338	509(A)(1)	7,374				ANNUAL DESIGNATED DISTRIBUTION, EMERGENCY EXPENSE: HVAC REPLACEMENT FOR GREEN SQUARE MEALS, HELPING HANDS MINISTRY

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EMERGENCY FOOD NETWORK 3318 92ND ST SOUTH LAKEWOOD, WA 98499	94-3131776	509(A)(1)	50,000				SO: MOTHER EARTH FARM
ESSENTIAL INSTRUCTION CO MARION MIXERS PO BOX 2107 CEDAR RAPIDS, IA 524062107	46-5762244	509(A)(1)	19,500				GENERAL SUPPORT

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FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD CEDAR RAPIDS, IA 52402	71-0985937	509(A)(1)	31,000				BUILDING CONFIDENCE IN CHILDREN AFTER ABUSE , CLOTHING & BASIC NEEDS FOR FOSTER CHILDREN , FOSTER CARE PROGRAM SUPPORT LINN CO. NON-METRO, SUPPORT FOR CLOTHING, SCHOOLS SUPPLIES AND HYGIENE NEEDS AS WELL AS SCHOLARSHIP SUPPORT FOR ART, MUSIC AND SPORTS.
FAMILY PROMISE OF LINN COUNTY 310 5TH ST SE CEDAR RAPIDS, IA 52401	27-3296139	509(A)(1)	16,973				ANNUAL SUPPORT FOR 2019, FOR THE CONTINUATION OF THIS VALUABLE PROGRAM OF HELPING FAMILIES STAY TOGETHER., SETTING THE FOUNDATION FOR FUTURE SUCCESS

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FARMSHARE AUSTIN 3608 RIVER RD CEDAR CREEK, TX 78612	46-1200713	509(A)(1)	10,000				SO: FRESH FOR LESS MOBILE MARKET EXPANSION
FEED IOWA FIRST PO BOX 1190 CEDAR RAPIDS, IA 52406	45-4058376	509(A)(1)	28,513				BUDDY CART, GENERAL SUPPORT, INCREASE FEED IOWA FIRST'S PRODUCTION AND IMPACT , SO: FEED IOWA FIRST GENERAL OPERATING EXPENSES

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FELLOWSHIP OF CHRISTIAN ATHLETES--EASTERN IOWA 1800 46TH ST NE CEDAR RAPIDS, IA 52402	44-0610626	509(A)(1)	5,859				GENERAL SUPPORT, TO SUPPORT THE NEW INITIATIVES OF EASTERN IOWA FCA
FIRST LUTHERAN CHURCH 1000 3RD AVE SE CEDAR RAPIDS, IA 524032481	42-0752621	509(A)(1)	5,608				ANNUAL DESIGNATED DISTRIBUTION, SATURDAY EVENING MEALS.

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FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS 310 5TH ST SE CEDAR RAPIDS, IA 524011676	42-0680489	509(A)(1)	30,457				CAPITAL CAMPAIGN CONTRIBUTION, FOR USE IN THE OVERALL MISSION OF THE CHURCH AND FOR PHYSICAL IMPROVEMENTS TO THE PHYSICAL STRUCTURE., GENERAL SUPPORT, PAY DOWN DEBT.
FOUNDATION 2 INC 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 524054865	42-1078444	509(A)(1)	32,884				BASIC NEED ITEMS INCLUDING CLOTHING, SCHOOLS SUPPLIES AND HYGIENE SUPPLIES., EMERGENCY YOUTH SHELTER BASIC NEEDS SUPPORT, EMERGENCY YOUTH SHELTER TECHNOLOGY SUPPORT , GENERAL SUPPORT, MOBILE CRISIS, PAYROLL SYSTEM GRANT , THE BANDANA PROJECT

**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	509(A)(1)	68,380				26TH ANNUAL FOUR OAKS GOLF CLASSIC SPONSORSHIP, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL SPEND RATE ON ENDOWMENT, COLLABORATING FOR A RESTORATIVE SCHOOL CULTURE , GENERAL SUPPORT, JOE AND DAVES KIDS, MCINTYRE PROGRAM, MENTAL HEALTH NEEDS FOR JUVENILES, TOTAL CHILD
FRIENDS OF ACTION GROUP ON EROSION TECHNOLOGY AND CONCENTRATION INC 441 AVON ST OAKLAND, CA 94618	13-4181753	509(A)(1)	25,000				RESEARCH: NEXT GENERATION GENETIC ENGINEERING SUPPORTING THE MATURING CAMPAIGN

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<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
FRIENDS OF MARION CARNEGIE LIBRARY DBA THE FRIENDS OF THE MARION PUBLIC LIB 1095 6TH AVE MARION, IA 523023428	42-1335663	509(A)(2)	6,500				IMAGINATION LIBRARY
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FL WASHINGTON, DC 20005	23-7420660	509(A)(1)	25,000				RESEARCH: GMOS 2.0: NEXT GENERATION GENETIC ENGINEERING AND THE FUTURE OF FOOD



**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
GCW MUTUAL AID SOCIETY PO BOX 161 WALKER, IA 52352	33-1095647	509(A)(1)	7,000				OUTFIT NEW FIRE TRUCK PURCHASED BY CITY OF WALKER
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC 317 7TH AVE SE STE 201 CEDAR RAPIDS, IA 524012007	42-1008848	509(A)(1)	15,500				GIRL SCOUT OUTREACH PROGRAM FOR AT RISK GIRLS, LEADERSHIP AND CHARACTER BUILDING PROGRAM , RAISE YOUR VOICE, LORAS COLLEGE

**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
GOOD FRIDAY PRAYER BREAKFAST CLUB 3523 LOCHWOOD DR NE CEDAR RAPIDS, IA 52402	77-0646383	509(A)(2)	11,550				PROGRAM SUPPORT FOR GOOD FRIDAY BREAKFAST CLUB
GREEN SQUARE MEALS INC PO BOX 5303 CEDAR RAPIDS, IA 524065303	42-1307429	509(A)(1)	11,000				GENERAL SUPPORT, GREEN SQUARE MEALS 2019

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HARMONY SCHOOL OF MUSIC 3415 MOUNT VERNON ROAD SE CEDAR RAPIDS, IA 52403	81-5157369	509(A)(1)	12,600				HARMONY STRINGS EL SISTEMA , STRATEGIC PLANNING AND VISION IMPACT INITIATIVE
HAWKEYE AREA COMMUNITY ACTION PROGRAM PO BOX 490 HIAWATHA, IA 522330490	42-0898405	509(A)(1)	70,725				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR HACAP INN CIRCLE, ANNUAL DESIGNATED DISTRIBUTION FOR OPERATION BACKPACK, AWARD WILL SUPPORT ADDITIONAL STUDENTS AT JOHNSON ELEMENTARY., FOOD RESERVOIR, OPERATION BACKPACK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA 660 32ND AVE SW CEDAR RAPIDS, IA 524043910	42-0680304	509(A)(1)	15,453				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR STAFF ALUMNI SCHOLARSHIP PROGRAM, CAMPERSHIP SPONSORSHIP, SCOUTREACH , SCOUTREACH AT RISK YOUTH PROGRAM
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52402	83-0545648	509(A)(1)	15,271				ANNUAL DESIGNATED DISTRIBUTION, HOME PEST CONTROL AND EXTERMINATION PROGRAM

**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	509(A)(1)	19,865				25TH EDITION OF REFLECTIONS IN THE PARK HILLCREST LIGHT FESTIVAL, HILLCREST FAMILY SERVICES SUPPORTED LIVING PROGRAM , REFLECTIONS IN THE PARK
HIS HANDS MINISTRIES DBA HIS HANDS FREE CLINIC 1245 SECOND AVE SE CEDAR RAPIDS, IA 52403	39-1878606	509(A)(1)	23,500				FOR DENTAL SERVICES., MEDICATIONS FOR THOSE IN NEED , PRAISE ON THE RIVER SPONSORSHIP

**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
HLV COMMUNITY SCHOOL 402 HARRISON ST VICTOR, IA 52347	42-6037189	170(C)(1)	45,501				ANNUAL DESIGNATED DISTRIBUTION
HOOVER PRESIDENTIAL FOUNDATION PO BOX 696 WEST BRANCH, IA 523580696	42-0848288	509(A)(1)	63,072				ANNUAL DESIGNATED DISTRIBUTION FOR THE HOOVER LIBRARY & MUSEUM

**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
HORIZONS - A FAMILY SERVICE ALLIANCE 819 5TH ST SE PO BOX 667 CEDAR RAPIDS, IA 52406	42-1135083	509(A)(1)	24,417				CREATING COMMUNITY CHAMPIONS , MEALS ON WHEELS, NTS BUILDING RENOVATION
INDIAN CREEK NATURE CENTER 5300 OTIS RD SE CEDAR RAPIDS, IA 524037100	23-7260197	509(A)(1)	298,325				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION EXCLUSIVELY TO SUPPORT EFFORTS AND PROGRAMS RELATED TO RESTORATION AND RECONSTRUCTION OF NATIVE ECOSYSTEMS IN IOWA, INCLUDING LANDOWNER EDUCATION AND TRAINING., ANNUAL DESIGNATED DISTRIBUTION FOR OPERATING AND MAINTAINING ETZEL SUGAR GROVE FARM AND ASSOCIATED LAND, ANNUAL DESIGNATED DISTRIBUTION TO MANAGE, RESTORE AND UPGRADE LANDS AND FACILITIES, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT PROGRAMMING AND TRANSPORTATION FOR AT-RISK YOUTH, CONCERTS AT THE CREEK 2019 , CO-OP GIVING: MIDWEST ORGANIC CENTER, CREATING CHAMPIONS OF NATURE IN CHILDREN , DIVERSE PROGRAMMING FOR ALL AGES , EMPLOYEE MATCH FOR ALICIA SIMMONS: LAND ACQUISITION PROJECT, FRONTIER CO-OP ORGANIC FIELD, GENERAL SUPPORT, INCREASE INTERCULTURAL AWARENESS OF ICNC STAFF , INDIAN CREEK EXHIBIT: BENEATH THE WATER'S SURFACE , LAND & CREEK LEGACY PROJECT, LOCAL: ETZEL SUGAR GROVE FARM, SUPPORT FOR SPONSORSHIP OF LIVING BUILDING CHALLENGE CELEBRATION EVENT, SPONSOR F

**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
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 91730	33-0502676	509(A)(1)	15,275				GENERAL SUPPORT
IOWA ART WORKS DBA IOWA CERAMICS CENTER 329 10TH AVE SE STE 117 CEDAR RAPIDS, IA 524012339	42-1112539	509(A)(2)	8,887				EDUCATIONAL & CULTURAL OUTREACH FOR AT-RISK YOUTH



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

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IOWA BROADCASTERS ASSOCIATION FOUNDATION PO BOX 65361 WEST DES MOINES, IA 50265	45-4574664	509(A)(1)	124,295				ANNUAL DESIGNATED DISTRIBUTION
IOWA COLLEGE ACCESS NETWORK 1770 BOYSON RD HIAWATHA, IA 52233	27-0915418	509(A)(1)	20,000				LINN COUNTY FAFSA CHALLENGE PHASE TWO

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IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES, IA 503092396	42-0745995	509(A)(2)	24,750				ANNUAL FUND-DESIGNATED FOR CORNELL COLLEGE, GENERAL SUPPORT, ICF ANNUAL FUNDING REQUEST FEBRUARY 2019 , ICF FUNDING REQUEST TO WORLD CLASS INDUSTRIES
IOWA JAG INC 1111 9TH ST SUITE 268 DES MOINES, IA 50314	42-1492988	509(A)(1)	25,000				IJAG: PREPARING THE NEXT GENERATION WORKFORCE , IJAG: SUCCESS IN EDUCATION, CAREER AND LIFE

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IOWA LEGAL AID 317 SEVENTH AVE SE SUITE 404 CEDAR RAPIDS, IA 524012003	42-1079227	509(A)(1)	20,000				HEALTH & LAW PROJECT
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVE STE 444 DES MOINES, IA 503092321	42-1127544	509(A)(1)	6,233				40 YEARS PROTECTING IOWA'S NATURAL HERITAGE , ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR EASTERN IOWA PROJECTS, GENERAL SUPPORT

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

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IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES, IA 500112028	42-6004224	170(C)(1)	32,000				SCHOLARSHIPS
IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT 920 48TH AVE AMANA, IA 52203	42-1481272	509(A)(1)	15,000				LINN COUNTY FOOD ASSET MAPPING

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

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JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 524012610	42-0680359	509(A)(1)	72,196				ANNUAL DESIGNATED DISTRIBUTION, CEDAR VALLEY MENTORS , CHALLENGE CAMP, GENERAL SUPPORT, PROGRAM ACHIEVEMENT ACADEMY, PROJECT MY CITY, SUSTAINING SERVICES FOR FAMILY SUPPORT
JDRF INTERNATIONAL DBA EASTERN IOWA CHAPTER JDRF EASTERN IOWA CHAPTER 1026 A AVENUE NE SUITE 113 CEDAR RAPIDS, IA 52406	23-1907729	509(A)(1)	16,250				2019 COMMUNITY ONE WALK SPONSORSHIP REQUEST , APPLY TO TEAM MATT WALK TEAM FOR NEXT YEAR., COMMUNITY GIVING: JDRF ONE WALK, EMPLOYEE MATCH BECKY SCHULTE, JDRF 2019 ONE WALK CEDAR RAPIDS TO SUPPORT THE TEAMMATT TEAM (MATT NEUMEYER CEDAR RAPIDS), JDRF COMMUNITY ONE WALK SPONSORSHIP REQUEST , 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	509(A)(1)	101,909				ANNUAL DESIGNATED DISTRIBUTION, BUILDING THE FUTURE: ECONOMIC EDUCATION , CREATING ECONOMIC STABILITY THROUGH K-12 EDUCATION, CREATING ECONOMIC STABILITY THROUGH WORK READINESS , EARN, SAVE, SPEND, DONATE: FINANCIAL LITERACY , GENERAL SPONSORSHIP JA STOCK MARKET CHALLENGE , GENERAL SUPPORT, GENERAL SUPPORT.. HALL OF FAME, PIERCE ELEMENTARY PROJECT IN HONOR OF LAUREN AND ERIK BOYER, SPONSOR ONE CLASSROOM, TRANSFORMING "I CAN'T" INTO "I CAN!" , TRUSTEE GIFT, VOLLEY 4 EDUCATION GENERAL SUPPORT, WHAT CHOICE DO I HAVE? JA ECONOMICS, YOUTH PROGRAMS IN LOCAL SCHOOLS
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVE SE STE 24 CEDAR RAPIDS, IA 524012007	42-6060212	509(A)(2)	16,000				BRIDGING THE G.A.P. - APARTMENT IN A SUITCASE , BRIDGING THE GAP PROGRAM

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

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KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	20-2199649	509(A)(1)	56,316				ADVOCACY FOR CHILDREN OF HIGH CONFLICT DIVORCE, CHILD ADVOCACY IN HIGH CONFLICT CUSTODY CASES, CREATING A FRAMEWORK FOR GROWTH , FOR CONTINUED ASSISTANCE FOR CHILDREN., FOR GREATEST NEED, GENERAL SUPPORT, YOUTH RESTORATIVE JUSTICE
KING OF KINGS LUTHERAN CHURCH 3275 N CENTER POINT RD CEDAR RAPIDS, IA 52411	42-1183065	509(A)(1)	10,000				GENERAL SUPPORT

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KIRKWOOD COMMUNITY COLLEGE FOUNDATION PO BOX 2068 CEDAR RAPIDS, IA 52406	23-7076632	509(A)(1)	132,394				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP ACTIVITIES, ANNUAL DESIGNATED DISTRIBUTION TO "THE AREA OF GREATEST NEED FOR UNRESTRICTED SCHOLARSHIP SUPPORT AND/OR OTHER EMERGENCY FINANCIAL ASSISTANCE FOR KIRKWOOD STUDENTS", GENERAL SUPPORT, GENERAL SUPPORT - KCCK-FM, OPPORTUNITY CENTER AT LADD LIBRARY , THE CORRIDOR JAZZ PROJECT XIII - KCCK-FM, WORKPLACE LEARNING CONNECTION :CONNECTING FUTURE WORKERS TO EMERGING CAREERS
LBA FOUNDATION PO BOX 544 CEDAR RAPIDS, IA 524010544	27-5343988	509(A)(1)	43,250				CR DREAMS PROGRAM GROWTH AND ENHANCEMENTS 2019-2021, LBA 2019-2020 CR DREAMS PROGRAMMING, LBA FOUNDATIONAL INFRASTRUCTURE BUILD OUT , PROFESSIONAL CUSTOMER SERVICE WORKSHOP, PROFESSIONAL SKILLS CLASS



**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	509(A)(1)	21,230				AREA OF MOST NEED, CLIFTON LARSON ALLEN PAYROLL DEDUCTIONS, EMERGENCY EXPENSES: HIRE INTERIM DIRECTOR
LINN AREA EDUCATION ASSOCIATIONS COMMUNITY FOUNDATION DBA THE TEACHER STORE LINN AREA CREDIT UNION 3015 BLAIRS FERRY RD NE CEDAR RAPIDS, IA 52402	26-2607522	509(A)(1)	5,889				CLASSROOM SUPPLIES FOR LOCAL EDUCATORS

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LINN COUNTY CONSERVATION BOARD 10260 MORRIS HILLS RD TODDVILLE, IA 52341	42-6004338	170(C)(1)	17,435				ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT EASEMENT, MORGAN CREEK PARK REDEVELOPMENT PHASE 1, WINGS TO WATER
LINN COUNTY HISTORICAL SOCIETY DBA THE HISTORY CENTER 800 2ND AVE SE CEDAR RAPIDS, IA 52403	23-7311415	509(A)(2)	78,314				2019 YEAR END OPERATING GIFT, ANNUAL DESIGNATED DISTRIBUTION, FOR GREATEST NEED., GENERAL SUPPORT, GENERAL SUPPORT IN MEMORY OF NAN WOOD GRAHAM, OPENING DAY EXPENSES, TARGET PRESERVATION OF FACILITY., THE HISTORY CENTER, VERBAL HISTORY EXPENSES

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LINN-MAR SCHOOL FOUNDATION 2999 N 10TH STREET MARION, IA 52302	42-1267125	509(A)(1)	17,288				CLASSROOM, CURRICULUM AND ENRICHMENT GRANTS MADE BY THE LINN-MARR SCHOOL FOUNDATION TO OUR TEN K-12 SCHOOLS
LORAS COLLEGE PO BOX 178 DUBUQUE, IA 52004	42-0680412	509(A)(1)	10,681				CLASS OF 1969, TENNIS COURT CAPITAL PROJECT

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

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LUTHER COLLEGE OFFICE OF FINANCIAL AID 700 COLLEGE DRIVE DECORAH, IA 521011041	42-0680466	509(A)(1)	9,000				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE DES MOINES, IA 503113809	42-0698267	509(A)(2)	9,567				GENERAL SUPPORT

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LYRIC OPERA OF CHICAGO 20 N WACKER DR CHICAGO, IL 606062806	36-6008929	509(A)(1)	29,450				ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF IOWA 3009 100TH STREET URBANDALE, IA 50322	42-1310530	509(A)(1)	5,550				SUNRISE ROTARY WISH UPON A PAR GOLF OUTING GENERAL SUPPORT, UNCORK A WISH SPONSORSHIP FOR MAKE A WISH IOWA

**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 18819 ATLANTA, GA 31126	13-1846366	509(A)(1)	9,250				2020 MARCH FOR BABIES BRONZE SPONSOR, CELEBRATE CEDAR RAPIDS MARCH FOR BABIES 2019 , GENERAL SUPPORT, MARCH OF DIMES CEDAR RAPIDS WALK, MARCH OF DIMES MARCH FOR BABIES
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION 777 SOUTH 15TH STREET MARION, IA 52302	42-1343360	509(A)(1)	8,593				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS

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MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	509(A)(1)	95,024				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR THE CULTIVATE HOPE PROGRAM, CAPITAL CAMPAIGN CONTRIBUTION, GENERAL SUPPORT, GROW POSSIBILITIES CAMPAIGN, HEALTHY TIME CHECK , PROGRAM SUPPORT, TO FURTHER THE MISSION OF MATTHEW 25 AND GROUNDSWELL CAFE
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 524031251	42-0698295	509(A)(1)	20,000				2019 ESPECIALLY FOR YOU RACE SPONSORSHIP

**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
MERCY MEDICAL CENTER FOUNDATION 701 10TH ST SE CEDAR RAPIDS, IA 52403	51-0233180	509(A)(3)	82,666				ANNUAL DESIGNATED DISTRIBUTION FOR OLDORF HOSPICE HOUSE, ANNUAL DESIGNATED DISTRIBUTION FOR THE MERCY CANCER CENTER, ESPECIALLY FOR YOU SPONSORSHIP, FAMILY CAREGIVERS CENTER OF MERCY, GENERAL SUPPORT, GENERAL SUPPORT -HOSPICE OF MERCY, GENERAL SUPPORT FOR FAMILY CARE GIVERS PROGRAM, GENERAL SUPPORT HOSPICE HOUSE OF MERCY, GENERAL SUPPORT: ANNUALLY FOR FIVE YEARS PENDING RECEIPT OF FUNDS, MEMORIAL FUND FOR DAVID JUNGE SET UP BY FAMILY FOR HOSPICE OF MERCY, SCHOLARSHIPS, PROGRAM SUPPORT, PURCHASE OF FUNITURE FOR THE DENNIS & DONNA OLDORF HOSPICE HOUSE OF MERCY, SUPPORT MMC GREATEST NEEDS., SUPPORT MMC HOSPICE HOUSE., SUPPORT THE HALL PERRINE CANCER CENTER., THIS GIFT IS IN MEMORY OF CLEAVE R RAINWATER AND SHOULD BE USED TO SUPPORT THE ONGOING OPERATIONS OF OLDORF HOSPICE HOUSE IN HIAWATHA, IA., HALL-PERRINE CANCER CENTER
METH-WICK COMMUNITY 1224 13TH ST NW CEDAR RAPIDS, IA 524052404	42-0838541	509(A)(2)	25,776				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL PROJECTS OR SPECIAL PROGRAMS



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MID PRAIRIE COMMUNITY SCHOOL DISTRICT FOUNDATION PO BOX 389 KALONA, IA 52247	42-1304224	509(A)(2)	5,022				ANNUAL DESIGNATED DISTRIBUTION FOR ANNUAL SCHOLARSHIP FOLLOWING THE CRITERIA PROVIDED, ANNUAL DESIGNATED DISTRIBUTION TO SUPPORT SCHOLARSHIPS, SCHOLARSHIP FUND
MONARCH RESEARCH PROJECT 4970 LAKESIDE RD MARION, IA 52302	47-5292786	509(A)(1)	112,000				MONARCH RESEARCH PROJECT SUPPORT GRANT , TO ACCOMPLISH THE MISSION OF MONARCH RESEARCH PROJECT: RE-POPULATE THE MONARCH BUTTERFLY AND RE-ESTABLISH POLLINATOR HABITAT LANDS

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MOUNT MERCY UNIVERSITY STUDENT FINANCIAL SERVICES CENTER 1330 ELMHURST DR NE CEDAR RAPIDS, IA 524024763	42-0681046	509(A)(1)	87,608				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR BUSINESS OR FINE ARTS SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR MOUNT MERCY UNIVERSITY GRADUATE CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR THE MOUNT MERCY LIBRARY, COLLEGE OF NURSING.. TRUSTEES FUND, SUPPORT, GENERAL SUPPORT, GREATEST NEED, MOUNT MERCY UNIVERSITY JUMP START
MOUNT VERNON COMMUNITY SCHOOL DISTRICT FOUNDATION 525 PALISADES RD SW MOUNT VERNON, IA 523141761	42-1304892	509(A)(3)	109,406				ANNUAL DESIGNATED DISTRIBUTION FOR THE ADRIENNE SMITH SCHOLARSHIP, CAPITAL CAMPAIGN, GENERAL SUPPORT

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MOUNT VERNON LISBON CHARITABLE DEVELOPMENT GROUP INC PO BOX 31 MT VERNON, IA 52314	81-1018832	509(A)(1)	8,000				DESIGNATED DISTRIBUTION FOR THE FIRST STREET COMMUNITY CENTER,
NATIONAL CZECH & SLOVAK MUSEUM & LIBRARY 1400 INSPIRATION PL SW CEDAR RAPIDS, IA 52404	51-0189030	509(A)(1)	143,796				2019 FAMILY AND COMMUNITY PROGRAMS , ANNUAL DESIGNATED DISTRIBUTION, BOARD TRAINING FOR ENGAGED LEADERSHIP , EDUCATION, NCSML HERITAGE & FOOD PROGRAMS , RECURRING CONTRIBUTION FOR GENERAL SUPPORT, STEAM-POWERED ROBOTICS,

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NATURE CONSERVANCY 505 5TH AVE STE 930 DES MOINES, IA 503092316	53-0242652	509(A)(1)	33,033				ANNUAL DESIGNATED DISTRIBUTION FOR PROJECTS IN IOWA WITH PREFERENCE FOR PROJECTS IN EASTERN IOWA, EXPAND CAPACITY TO REDUCE LINN COUNTY FLOOD RISK , FOR USE IN NATURE CONSERVATION PRACTICES IN IOWA., REDUCING FLOOD RISK AND IMPROVING WATER QUALITY , REDUCING FLOOD RISK IN CEDAR RAPIDS ,
NEW BOHEMIAN INNOVATION COLLABORATIVE INC DBA NEWBOCO 415 12TH AVENUE SE CEDAR RAPIDS, IA 52401	46-4387860	509(A)(1)	27,000				GENERAL SUPPORT

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NEWBO CITY MARKET 1100 THIRD STREET SE CEDAR RAPIDS, IA 524012306	27-0600567	509(A)(1)	7,500				2019 FREE & FAMILY FRIENDLY PROGRAMMING AND EVENTS
OLD CREAMERY THEATRE COMPANY 39 38TH AVE STE 200 AMANA, IA 522038200	42-0985212	509(A)(2)	10,240				2020 THEATRE FOR YOUNG AUDIENCES SCHOOL TOUR

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OLIVET NEIGHBORHOOD MISSION 237 10TH ST NW CEDAR RAPIDS, IA 524053905	42-0757412	501(C)(3)	43,345				ANNUAL DESIGNATED DISTRIBUTION FOR OLIVET PRESBYTERIAN CHURCH, FOOD PANTRY & CLOTHING CLOSET , FOOD PANTRY EXPANSION , FUND THE FOOD PANTRY TRANSITION TO TWICE A MONTH SERVICE., INCREASE FOOD PRESERVATION CAPACITY ,
OMAHA COMMUNITY FOUNDATION 3555 FARNAM STREET SUITE 222 OMAHA, NE 68131	47-0645958	509(A)(1)	9,702				SPRING FLOODING IN IOWA: FREMONT COUNTY FLOOD FUND, MILLS COUNTY FLOOD FUND, AND HARRISON COUNTY FLOOD FUND,

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ONE CITY UNITED 22484 RIDGE RD E28 ANAMOSA, IA 52205	83-2071578	509(A)(1)	10,000				LOCAL GIVING: RETURNING CITIZENS APPRENTICESHIP PROGRAMMING
ORCHESTRA IOWA 119 3RD AVE SE CEDAR RAPIDS, IA 524011403	42-0772544	509(A)(2)	141,348				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR FIRST TRUMPET, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL OPERATIONS, ANNUAL DESIGNATED DISTRIBUTION FOR MUSIC INSTRUMENT MAINTENANCE AND/OR PRINTED MUSIC PURCHASE OR RENTAL, ANNUAL DESIGNATED DISTRIBUTION FOR SYMPHONY SCHOOL SCHOLARSHIPS OR INSTRUMENT RENTAL FOR YOUNG PEOPLE WHO HAVE A DEMONSTRATED PASSION AND WOULD OTHERWISE BE UNABLE TO PARTICIPATE, ANNUAL DESIGNATED DISTRIBUTION FOR THE SYMPHONY CENTER, GENERAL SUPPORT, ORCHESTRA IOWA'S 18-19 SEASON & EDUCATION PROGRAMS , SYMPHONY ON THE ROCKS - NOVEMBER 8, 2019 GENERAL SUPPORT, TO SUPPORT THE MISSION OF ORCHESTRA IOWA AS ONE OF OUR MOST IMPORTANT FINE ARTS INSTITUTIONS IN THE STATE.

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PLANNED PARENTHOOD OF THE HEARTLAND INC DBA PLANNED PARENTHOOD OF THE NOR 818 5TH AVE STE 200 DES MOINES, IA 50309	42-0727488	509(A)(1)	24,744				ANNUAL DESIGNATED DISTRIBUTION FOR CEDAR RAPIDS HEALTH CENTER, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT, CEDAR RAPIDS LOCATION, FOR GENERAL SUPPORT OF PPIOVA/ UNITE EVENT, HEALTHY CONNECTIONS CEDAR RAPIDS, UNRESTRICTED / OPERATIONS
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 524047035	42-1171215	509(A)(1)	8,593				ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIPS



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PROSPECT MEADOWS 1890 COUNTY HOME ROAD MARION, IA 52402	45-1186453	509(A)(1)	13,536				BILL QUINBY FIELD, CAPITAL CAMPAIGN CONTRIBUTION, ROTARY DONOR WALL
RED CEDAR CHAMBER MUSIC PO BOX 154 MARION, IA 523020154	42-1473672	509(A)(1)	35,675				ANNUAL DESIGNATED DISTRIBUTION, CHAMBER MUSIC IN LINN COUNTY PUBLIC SCHOOLS , GENERAL OPERATING SUPPORT , MUSIC ALIVE: CHAMBER MUSIC FOR LINN COUNTY , MUSIC IN RURAL LINN COUNTY LIBRARIES , RECORDING FEES, YEARLY DISTRIBUTION

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RESONANCE CENTER FOR WOMEN 1608 S ELWOOD AVE TULSA, OK 74119	73-1023752	509(A)(1)	52,250				AC: RETURNING CITIZENS
REVIVAL THEATRE COMPANY 1380 60TH ST NE PO BOX 11274 CEDAR RAPIDS, IA 52410	46-5106582	509(A)(2)	8,500				FOR GREATEST NEED, GENERAL SUPPORT

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RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530	23-7206884	509(A)(1)	134,090				CO-OP GIVING: MIDWEST ORGANIC CENTER
RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS 730 HAWKINS DRIVE IOWA CITY, IA 522462509	42-1189783	509(A)(1)	6,500				GENERAL PROGRAMS, GRANT INTENDED FOR RONALD MCDONALD FAMILY ROOM AT ST LUKE'S, CEDAR RAPIDS, IOWA, RONALD MCDONALD FAMILY ROOM AT UNITY POINT

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SAFE PLACE FOUNDATION 527 6TH AVE SE CEDAR RAPIDS, IA 524011921	42-1348441	509(A)(1)	10,000				WORK CLOTHING FOR RESIDENTS
SALVATION ARMY NATIONAL CORP DBA SALVATION ARMY OF CEDAR RAPIDS 1000 C AVE NW CEDAR RAPIDS, IA 524053819	22-2406433	509(A)(1)	31,182				2019 FOOD THE RUN SPONSORSHIP (LAUREN SHOVEIN), ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR SALVATION ARMY OF CEDAR RAPIDS HEARTLAND DIVISION, ANNUAL GIFT, FINANCIAL ASSISTANCE , GENERAL SUPPORT, RED KETTLE CAMPAIGN MATCH FOR 12/7/2018

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SCHOLARSHIP AMERICA INC DBA SOLON DOLLARS FOR SCHOLARS PO BOX 551 SOLON, IA 52333	46-5034853	509(A)(2)	9,000				SCHOLARSHIPS
SOLON FIREFIGHTERS ASSOCIATION 131 N IOWA ST SOLON, IA 52333	26-0187147	509(A)(2)	6,500				OFFICERS/ADMINISTRATIVE OFFICE

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SPROUTS HEALTHY COMMUNITIES FOUNDATION 5455 E HIGH ST STE 111 PHOENIX, AZ 85054	47-2975827	509(A)(1)	10,000				CO-OP GIVING: HEALTHY COMMUNITIES PROGRAMMING
SPT THEATRE COMPANY 311 ASHLAND CT SE CEDAR RAPIDS, IA 52403	20-0644595	509(A)(2)	10,000				SPT'S TALES FROM THE WRITERS' ROOM SEASON 12

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ST FRANCIS OF ASSISI PARISH 122 W WASHINGTON OTTAWA, IL 61350	36-2264415	501(C)(3)	7,500				ALTAR ROSARY SOCIETY, CCD PROGRAM
ST JUDE CATHOLIC CHURCH 50 EDGEWOOD ROAD NW CEDAR RAPIDS, IA 52405	42-0866468	501(C)(3)	10,320				GENERAL SUPPORT, SECURING OUR FUTURE, EMPLOYEE MATCH: TONY BEDARD, GENERAL SUPPORT, SWEET CORN FESTIVAL GENERAL FUND

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ST LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE STE 105 CEDAR RAPIDS, IA 52403	42-1106819	509(A)(1)	10,362				NASSIF COMMUNITY CANCER CENTER FOR GENERAL SUPPORT, THE SPIRIT FUND, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR ST. LUKE'S HOSPITAL WOMEN'S HEALTH CARE FUND, GENERAL SUPPORT, PLEASE DIRECT THIS SUPPORT APPROPRIATELY TO ENHANCE CARE WITHIN THE ST. LUKE'S HEART CENTER
ST MARK'S LUTHERAN CHURCH 8300 C AVE NE MARION, IA 523029362	42-0810662	509(A)(1)	5,130				GENERAL SUPPORT



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ST MATTHEW'S CATHOLIC CHURCH 2310 1ST AVE NE CEDAR RAPIDS, IA 524024935	42-0730342	501(C)(3)	6,000				2019 ST. MATTHEW MARDI GRAS, ANNUAL CHURCH CONTRIBUTIONS, GENERAL SUPPORT
ST PAUL'S UNITED METHODIST CHURCH OF CEDAR RAPIDS FOUNDATION 1340 3RD AVE SE CEDAR RAPIDS, IA 524034019	75-3093308	509(A)(1)	10,624				ANNUAL DESIGNATED DISTRIBUTION

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ST WENCESLAUS CHURCH 1224 5TH ST SE CEDAR RAPIDS, IA 52401	42-0688080	501(C)(3)	5,666				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR MAINTENANCE, REPAIR, UPKEEP OR IMPROVEMENT TO THE ST. WENCESLAUS CATHOLIC CHURCH BUILDING AND PROPERTIES, INCLUDING THE CZECH HERITAGE PARK. AC: WORKING CLASSROOM KITCHEN AND CULINARY PROGRAM
SUNDARI FOUNDATION INC DBA LOTUS HOUSE WOMEN'S SHELTER SUNDARI FOUNDATION INC DBA LOTUS HOUSE 217 NW 15TH ST MIAMI, FL 33136	81-0652266	509(A)(1)	45,000				AC: WORKING CLASSROOM KITCHEN AND CULINARY PROGRAM

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TABLE TO TABLE 840 S CAPITOL ST IOWA CITY, IA 52240	42-1457219	509(A)(1)	15,000				LOCAL GIVING: BIG TRUCK PROGRAM
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 524043707	42-0688079	509(A)(2)	151,754				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION TO CAMP TANAGER TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5-21) ATTENDING RESIDENTIAL SUMMER CAMP, BUILDING CAPACITY FOR THE LGBTQ YOUTH CENTER , CAMP TANAGER CAMPERSHIPS FOR RURAL LINN COUNTY , CAPITAL CAMPAIGN CONTRIBUTION, EMERGING OPPORTUNITY: FORUM FOR REDUCING VIOLENCE: TWO EVENTS, GENERAL SUPPORT, GLENBROOK APARTMENTS DROP IN PROGRAM, LGBTQ HANDOUT FULL PAGE, MINNIE RUBECK STAFF EXCELLENCE AWARD FOR STAFF DEVELOPMENT IN HONOR OF TIM FELDMAN., MOBILE INTEGRATION FOR COMMUNITY BASED SERVICES, ONE WEEK OF SUMMER CAMP AT CAMP TANAGER , ROBIN'S CABIN , WHEREVER IT IS NEEDED MOST.

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THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 524012026	42-0805377	509(A)(2)	48,915				ANNUAL DESIGNATED DISTRIBUTION, AWARD TO SCHOLARSHIP FUND FOR OVERNIGHT EXPERIENCES., INVESTING IN OUR GREATEST ASSET: OUR PEOPLE , GENERAL SUPPORT, SUSTAINING GROWTH THROUGH TECHNOLOGY , THE ARC'S SUPPORTED EMPLOYMENT PROGRAM EXPANSION
THE FREEDOM FOUNDATION PO BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	509(A)(1)	10,250				GENERAL SUPPORT, VETERANS EMERGENCY ASSISTANCE FUND

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TREES FOREVER 80 W 8TH AVE MARION, IA 52302	42-1419181	509(A)(1)	30,833				AGENCY DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, CEDAR RAPIDS GROWING FUTURES , EYE 380 2019 , GENERAL SUPPORT, TREES FOREVER TREEKEEPERS
UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	509(A)(1)	9,300				FT. WAYNE/COLUMBUS MATCH AMOUNT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	509(A)(1)	258,759				CAMPAIGN CONTRIBUTION, ANNUAL CONTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR GENERAL SUPPORT, GENERAL SUPPORT, RED AHEAD, SPARK *5, SUPPORT THE NEEDS OF THE DISADVANTAGED IN LINN COUNTY AND SURROUNDING COUNTIES., TO SUPPORT THE MISSION OF UNITED WAY OF EAST CENTRAL IOWA, UNITED WAY CAMPAIGN 2019, VOLUNTEER HYGIENE KIT PACKAGING EVENT - 200 HYGIENE KITS, WOMEN UNITED
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT SUITE 700 CHICAGO, IL 60615	36-2177139	509(A)(1)	67,160				ANNUAL DESIGNATED DISTRIBUTION: COLLEGE FUND, GRADUATE BUSINESS SCHOOL, AND MAINTENANCE OF THE GERALD RATNER ATHLETIC CENTER

**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 IOWA - UI SERVICE CENTER 2700 UNIVERSITY CAPITOL CENTRE IOWA CITY, IA 52242	42-6004813	170(C)(1)	55,965				SCHOLARSHIPS, ANNUAL DESIGNATED DISTRIBUTION FOR SUMMER JOURNALISM WORKSHOP SCHOLARSHIPS FOR LINN COUNTY STUDENTS AND TEACHERS, SUPPORT OF C3G MEETING IN MADRID, SEPTEMBER 2019, UI GRANT ACCOUNTING OFFICE
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT PO BOX 4550 IOWA CITY, IA 522444550	42-0796760	509(A)(1)	243,431				2019 KHAK RADIOTHON / KATHY E. CALL IN MATCH UICH, ANNUAL DESIGNATED DISTRIBUTION- BRADLEY LECTURE SERIES AND UPKEEP OF THE HENDRICKS SUITE AT THE IOWA HOUSE, ANNUAL DESIGNATED DISTRIBUTION FOR THE UNIVERSITY OF IOWA COLLEGE OF LAW, SCHOLARSHIPS, CHILDREN'S HOSPITAL, DANCE MARATHON , EMPLOYEE MATCH: STEAD FAMILY CHILDREN'S HOSPITAL, FOR THE STEW AND LENORE HANSEN FOOTBALL PERFORMANCE CENTER, INTERNATIONAL WRITERS WORKSHOP FOR SCHOLARSHIPS IN HONOR OF PAUL ENGLE, KINNICK EDGE GIFT FUND, LOCAL GIVING: TIPPIE COLLEGE OF BUSINESS IMPACT COMPETITION, PREFER TO BE USED FOR PURCHASE OF TOYS/GAMES/ELECTRONICS FOR UICH., TO SUPPORT THE MISSION OF THE BELIN-BLANK CENTER AND THE COLLEGE OF EDUCATION

**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 NORTHERN IOWA OFFICE OF STUDENT FINANCIAL AID 105 GILCHREST HALL CEDAR FALLS, IA 50614	42-6004333	170(C)(1)	8,800				SCHOLARSHIPS
UNIVERSITY OF NORTHERN IOWA FOUNDATION 205 COMMONS CEDAR FALLS, IA 506140282	42-6058591	509(A)(1)	25,500				SCHOLARSHIPS, GENERAL SUPPORT, THIS GRANT IS PROVIDED TO SUPPORT "THE SUFFRAGIST PROJECT" #223420 A MUSICAL , TUITION ASSISTANCE PROGRAM FOR STUDENTS IN NEED.



<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<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
WALKER LITTLE LEAGUE ASSOCIATION 5278 N CENTER POINT RD WALKER, IA 52352	47-2179549	509(A)(2)	10,000				BALL DIAMOND LIGHTING REPLACEMENT
WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES 318 5TH ST SE CEDAR RAPIDS, IA 524011601	42-0680307	509(A)(1)	51,396				ANNUAL DESIGNATED DISTRIBUTION, CAPITAL CAMPAIGN DESIGNATION FOR DOMESTIC VIOLENCE WAITING AREA, GENERAL SUPPORT, GENERAL SUPPORT FOR MADGE PHILLIPS CENTER, I BELIEVE IN WAYPOINT CAMPAIGN, PROGRAM SUPPORT FOR MADGE PHILLIPS CENTER SHELTER, TO HELP WOMEN AND CHILDREN WITH DOMESTIC VIOLENCE AND HOMELESSNESS, WAYPOINT CUSTOMER RELATIONS ASSOCIATE , 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
WHEELCHAIR RAMP ACCESSIBILITY PROGRAM COALITION ST LUKES HOSPITAL VOLUNTEER CENTER 1026 A AVENUE NE CEDAR RAPIDS, IA 524020000	27-0841627	509(A)(1)	18,200				FOOD FOR RAMP BUILDERS, MEALS FOR RAMP WORKERS, WRAP RAMP DESIGNER SPECIALIST
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 787034677	20-2376273	501(C)(3)	100,000				CO-OP GIVING: GLOBAL MICRO LOAN PROGRAM FOR SMALL BUSINESSES

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
WILLIS DADY EMERGENCY SHELTER INC 1247 4TH AVE SE CEDAR RAPIDS, IA 524034020	42-1311668	509(A)(1)	163,604				EVICTION & HOMELESS PREVENTION , GENERAL SUPPORT, HOMELESS PREVENTION SERVICES , HOMELESS SERVICES EXPANSION AND RENOVATION PROJECT, HUMAN CAPACITY DEVELOPMENT , LOCAL GIVING: PREVENTION GRANT, NEW FACILITY FINISHING TOUCHES, SERVICE TO VETERANS, TARGET FUNDS TO THE NEEDED COTS AND PILLOWS WITH 10% ALLOCATED FOR BETTER QUALITY COST, ALLOWING FOR A QUALITY COMPARISON EXPERIMENT TO INFORM PURCHASES IN FUTURE YEARS., WHERE EVER NEEDED THE MOST, YOUTH AMBASSADOR PROGRAM
WOMEN'S EMPOWERMENT 1590 NORTH A ST SACRAMENTO, CA 95811	03-0520643	509(A)(1)	47,750				AC: ENDING HOMELESSNESS FOR WOMEN THROUGH EMPOWERMENT, EDUCATION AND EMPLOYMENT

**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
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	509(A)(1)	10,081				2019 BUSINESS APPEAL, 2019 PARISH APPEAL, ANNUAL DESIGNATED DISTRIBUTION FOR SCHOLARSHIP IN HONOR OF ELIJAH JAMES WAGNER, DANCING WITH THE STARS, EMPLOYEE MATCH FOR DEB SULLIVAN, EMPLOYEE MATCH FOR ELLEN BOUCHARD, GENERAL SUPPORT, LOCAL: EMPLOYEE MATCH FOR DALE AND LINDA MESKIMEN, PARISH APPEAL, XAVIER FOUNDATION BUSINESS APPEAL
YMCA OF THE CEDAR RAPIDS METRO AREA 207 7TH AVE SE CEDAR RAPIDS, IA 524012001	42-0680306	509(A)(1)	36,521				ANNUAL DESIGNATED DISTRIBUTION, ANNUAL DESIGNATED DISTRIBUTION FOR CAMP WAPSIE, ANNUAL DESIGNATED DISTRIBUTION FOR PARTNERSHIP WITH YOUTH PROGRAM WHICH SUPPORTS MEMBERSHIPS FOR DISADVANTAGED YOUTH, ANNUAL DESIGNATED DISTRIBUTION TO CAMP WAPSIE TO PROVIDE CAMPERSHIPS TO EASTERN IOWA YOUTH (AGE 5, FOR CAMP WAPSIE'S FACILITIES AND IMPROVEMENTS., SUPPORT TO CAPITAL CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG PARENTS NETWORK DBA YPN 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	509(A)(1)	77,594				AFRICAN MOMS GROUP , BUILDING BRIGHT FUTURES , GENERAL SUPPORT, IT ENHANCEMENTS FOR SUSTAINABILITY & GROWTH , TO SUPPORT THE MISSION OF YPN, YPN'S BUILDING BRIGHT FUTURES PRENATAL PROGRAM
YOUTHPORT 2309 C ST SW CEDAR RAPIDS, IA 52404	47-5419601	509(A)(1)	32,000				GREAT EASTERN IOWA DUCK RACE DAYBREAK ROTARY, YOUTHPORT 21ST CENTURY COMMUNITY LEARNING CENTER

**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	509(A)(1)	81,300				BIRDIES THAT CARE PROGRAM AT ELMCREST OCTOBER 7TH., GENERAL SUPPORT, KIDS ON COURSE PROGRAM, KIDS ON COURSE SCHOOL SPONSORSHIP, KIDS ON COURSE UNIVERSITY SUMMER ACADEMIC PROGRAM, PART OF TRUENORTH PRESENTING SPONSORSHIP
AFRICAN AMERICAN HERITAGE FOUNDATION DBA AFRICAN AMERICAN MUSEUM OF IOWA 55 12TH AVE SE CEDAR RAPIDS, IA 524012202	42-1415305	509(A)(1)	60,921				AAMI VISION PROJECT, ANNUAL DESIGNATED DISTRIBUTION, GENERAL SUPPORT, HUMANIZE MY HOODIE, TO ENCOURAGE KNOWLEDGE OF AFRICAN AMERICAN HISTORY, UNTANGLING THE ROOTS: THE CULTURE OF BLACK HAIR

**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
AFFORDABLE HOUSING NETWORK INC 5400 KIRKWOOD BLVD CEDAR RAPIDS, IA 52404	20-8640691	509(A)(2)	15,000				MIDDLE SCHOOL MENTORING PROGRAM (MMP)
ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS PO BOX 2842 CEDAR RAPIDS, IA 52406	45-4289211	509(A)(1)	22,500				GENERAL SUPPORT, THE ACADEMY FOR SCHOLASTIC AND PERSONAL SUCCESS

**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
ABBEHEALTH INC 740 N 15TH AVE HIAWATHA, IA 52233	42-1373123	509(A)(2)	15,000				DEVELOPING EFFECTIVE & SUSTAINABLE LEADERSHIP
6TH JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES 951 29TH AVE SW CEDAR RAPIDS, IA 524043414	42-1186506	170(C)(1)	15,000				THE ANCHOR CENTER FOR WOMEN



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number  
42-6053860

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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	<b>1b</b> Yes	
<b>2</b> 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 on Line 1a?	<b>2</b> Yes	
<b>3</b> 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III Supplemental Information**

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

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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	26	3,181,024	STOCK EXCHANGE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	X	1	1,497,543	INDEPENDENT APPRAISAL
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** 1

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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		No
31	Yes	
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't 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 THE NUMBER OF CONTRIBUTIONS

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

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

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

▶ 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

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

THE GREATER CEDAR RAPIDS COMMUNITY FOUNDATION

Employer identification number

42-6053860

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY-LAWS WERE AMENDED TO ADD THE FOLLOWING PROVISION: ANY ACTION THAT IS REQUIRED OR NEEDED TO BE TAKEN AT A MEETING OF THE BOARD OF DIRECTORS MAY BE TAKEN WITHOUT A MEETING IF A MAJORITY CONSENT IS GIVEN, WHETHER IN WRITING, BY TELEPHONE OR EMAIL. ALL SUCH ACTIONS WILL BE REPORTED IN BOARD MEETING MINUTES OR AGENDAS AND MADE PART OF THE COMMUNITY FOUNDATION'S PERMANENT RECORD. EMAIL RESPONSES WILL BE STORED AS PART OF THE COMMUNITY FOUNDATION'S FILES.

## 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	<p>LINE 15A) THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT &amp; 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 &amp; CEO'S PERSONNEL FILE.</p> <p>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 &amp; CEO. A YEAR-END REVIEW FORM IS COMPLETED AND SIGNED BY THE PRESIDENT &amp; CEO AND THE OFFICER BEING EVALUATED. THE FORM IS FILED IN THE OFFICER'S PERSONNEL FILE.</p>

# 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	ACTUARIAL ADJUSTMENT ON ANNUITIES AND UNITRUST AGREEMENTS 103,524. ADJUSTMENT FOR TRANSFER OF FUNDS TO AMOUNTS HELD ON BEHALF OF OTHER -1,454. ADJUSTMENT FOR INTERACCOUNT TRANSFERS -50,987.

**990 Schedule O, Supplemental Information**

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