

# Return of Organization Exempt From Income Tax

**2008**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the **2008** calendar year, or tax year beginning **2008**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization: <b>GREATER DES MOINES COMMUNITY FOUNDATION</b> Doing Business As: <b>COMMUNITY FOUNDATION OF GREATER DES MOINES</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite: <b>1915 GRAND AVENUE</b> City or town, state or country, and ZIP + 4: <b>DES MOINES, IA 50309-7271</b>	<b>D</b> Employer identification number: <b>42-6139033</b> <b>E</b> Telephone number: <b>(515) 883-2608</b>
<b>F</b> Name and address of principal officer: <b>J. BARRY GRISWELL</b> <b>1915 GRAND AVENUE DES MOINES, IA 50309</b>		<b>G</b> Gross receipts \$: <b>100,269,929.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: <b>WWW.DESMOINESFOUNDATION.ORG</b> <b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L</b> Year of formation: <b>1969</b>	<b>M</b> State of legal domicile: <b>IA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE COMMUNITY FOUNDATION OF GREATER DES MOINES IS A DONOR-DRIVEN PUBLIC FOUNDATION WHOSE PURPOSE IS TO IMPROVE THE QUALITY OF LIFE IN GREATER DES MOINES THROUGH PHILANTHROPY.</u>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		25
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		25
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>		17
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		43
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>		-830,385.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		-828,809.
<b>8</b>	Contribution and grants (Part VIII, line 1h)	<b>8</b>	Prior Year	Current Year
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	37,624,595.	39,658,560.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	14,932,563.	NONE
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	357,841.	69,047.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	52,914,999.	39,653,182.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	26,774,674.	27,159,070.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>		NONE
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	759,729.	1,138,634.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>		NONE
<b>16b</b>	Total fundraising expenses, Part IX, column (D), line 25 ▶ <b>36,500.</b>	<b>16b</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>17</b>	1,117,616.	1,699,776.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	28,652,019.	29,997,480.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	24,262,980.	9,655,702.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	Beginning of Year	End of Year
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	182,188,851.	139,161,446.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	1,747,451.	2,156,849.
<b>22</b>		<b>22</b>	180,441,400.	137,004,597.

COPY  
FOR PUBLIC INSPECTION

**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.

<b>Sign Here</b>	Signature of officer: _____ Date: _____ Type or print name and title: _____
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<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Nancy Noorman</i> Firm's name (or yours if self-employed), address, and ZIP + 4: <b>HAMILTON JUFFER &amp; ASSOCIATES, LLP</b> <b>666 GRAND AVENUE, SUITE 2400 DES MOINES, IA 50309</b>	Date: <b>11-12-09</b>	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): <b>P00666288</b> EIN: <b>20-3626340</b> Phone no.: <b>515-245-3737</b>
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May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  X
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	GREATER DES MOINES COMMUNITY FOUNDATION	42-6139033
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	1915 GRAND AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DES MOINES, IA 50309-7271	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► KARLA JONES-WEBER

Telephone No. ► 515 883-2608 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17, 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2008 or
- tax year beginning \_\_\_\_\_ , \_\_\_\_\_ , and ending \_\_\_\_\_ , \_\_\_\_\_ .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>GREATER DES MOINES COMMUNITY FOUNDATION</b>	Employer identification number <b>42-6139033</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1915 GRAND AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DES MOINES, IA 50309-7271</b>	

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **KARLA JONES-WEBER**  
Telephone No. **515 883-2608** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/16/2009**.

5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Nancy Norman* Title *CPA* Date *8-5-09*

HAMILTON JUFFER & ASSOCIATES, LLP  
666 GRAND AVENUE; SUITE 2400  
DES MOINES, IA 50309

Form 8868 (Rev. 4-2008)

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION OF GREATER DES MOINES IS A DONOR-DRIVEN PUBLIC FOUNDATION WHOSE PURPOSE IS TO IMPROVE THE QUALITY OF LIFE IN GREATER DES MOINES THROUGH PHILANTHROPY.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 20,527,717. including grants of \$ 18,683,508. ) (Revenue \$ 26,195,394. )

WE OFFER OUR DONORS THE OPPORTUNITY TO CREATE A LASTING LEGACY BY ESTABLISHING THEIR OWN CHARITABLE FUNDS OR BY SUPPORTING THE SPECIFIC CAUSES THEY CARE ABOUT MOST. NEARLY 600 FUNDS ARE ADMINISTERED AND CONNECTED TO THE COMMUNITY THROUGH THE COMMUNITY FOUNDATION OF GREATER DES MOINES. IN TOTAL, THE FUNDS AT THE COMMUNITY FOUNDATION AWARDED GRANTS TO OVER 1,000 RECIPIENT ORGANIZATIONS.

4b (Code: ) (Expenses \$ 798,956. including grants of \$ 798,956. ) (Revenue \$ )

THE COMMUNITY FOUNDATION OF GREATER DES MOINES GRANTMAKING PROGRAM ACTIVELY INVESTS IN THE LOCAL NONPROFIT SECTOR BY PROVIDING LEADERSHIP FUNDING TO PROJECTS THAT STRENGTHEN GREATER DES MOINES. IN ADDITION, THE PROGRAM PROVIDES FUNDING OPPORTUNITIES FOR NONPROFITS TO ENHANCE AND BUILD ORGANIZATIONAL CAPACITY AND INFRASTRUCTURE AND TO PARTICIPATE IN LOW-COST PROFESSIONAL DEVELOPMENT WORKSHOPS. THE PROGRAM IS DESIGNED TO ADDRESS THE NEEDS OF THE LOCAL NONPROFIT SECTOR. THROUGH STRATEGIC GRANTMAKING, THE PROGRAM WORKS TO IMPROVE THE QUALITY OF LIFE IN GREATER DES MOINES THROUGH ARTS AND CULTURE, EDUCATION, HEALTH, HUMAN SERVICES AND COMMUNITY BETTERMENT.

4c (Code: ) (Expenses \$ 8,986,670. including grants of \$ 8,815,161. ) (Revenue \$ 13,463,166. )

THE COMMUNITY FOUNDATION OF GREATER DES MOINES LENDS ITS NONPROFIT STATUS TO COMMUNITY BETTERMENT INITIATIVES. THESE INITIATIVES FULFILL SHORT-TERM NEEDS IN THE COMMUNITY FOR A SPECIFIC PROJECT OR PROGRAM. BY LENDING ITS STATUS, THE COMMUNITY FOUNDATION ELIMINATES THE NEED FOR THESE GROUPS TO ESTABLISH AN UNNECESSARY NONPROFIT ORGANIZATION. THE COMMUNITY FOUNDATION PROVIDES ADMINISTRATIVE AND FINANCIAL SERVICES FOR THESE PROJECTS. EXAMPLES INCLUDE GRAY'S LAKE PARK & MEREDITH TRAIL, PRINCIPAL RIVERWALK, RESTORATION INGERSOLL, JOHN & MARY PAPPAS JOHN SCULPTURE PARK, AND PRINCIPAL CHARITY CLASSIC.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶ \$ 30,313,343. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	X	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on prohibited tax shelter transactions, contributions, and charitable trusts.

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b>	Does the organization have members or stockholders? . . . . .		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>9b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official? . . . . .	X	
<b>15b</b>	b Other officers or key employees of the organization? . . . . . Describe the process in Schedule O. (see instructions)	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KARLA JONES-WEBER 1915 GRAND AVENUE, DES MOINES, IA 50309-7271  
(515) 883-2608



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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SEE SCHEDULE J-2										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Total row shows 167,089 for (D), NONE for (E), and 22,431 for (F).

1b Total 167,089 NONE 22,431
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization NONE

Table with 3 columns: Question, Yes, No. Row 3: Did the organization list any former officer... No. Row 4: For any individual listed on line 1a... No. Row 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization... 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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: HAMMOND ASSOCIATES, INVEST. CONSULTANT, 107,547.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

**Part VIII Statement of Revenue**

42-6139033

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	141,064.			
	e	Government grants (contributions) . . . . .	1e	7,054,335.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	32,463,161.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		4,767,708.			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		39,658,560.			
Program Service Revenue			<b>Business Code</b>				
	2a						
	b						
	c						
	d						
	e						
	g	<b>Total.</b> Add lines 2a-2f . . . . .		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,008,741.	-830,385.	4,039,126.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	5	Royalties . . . . .		NONE			
	6a			(i) Real	(ii) Personal		
				20,487.			
				20,487.			
				20,487.			
	d	Net rental income or (loss) . . . . .		20,487.		20,487.	
	7a			(i) Securities	(ii) Other		
				56,533,581.			
				60,616,747.			
				-4,083,166.			
	d	Net gain or (loss) . . . . .		-4,083,166.		-4,083,166.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	a				
	b	Less: direct expenses . . . . .	b				
c	Net income or (loss) from fundraising events . . . . .		NONE				
9a	Gross income from gaming activities. See Part IV, line 19. . . . .	a					
b	Less: direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .		NONE				
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less: cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory. . . . .		NONE				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a	FUND SPECIAL EVENTS . . . . .		48,560.	48,560.			
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		48,560.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		39,653,182.	48,560.	-830,385.	776,447.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	28,297,625.	28,297,625.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	167,089.	133,671.	33,418.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	757,871.	627,676.	112,448.	17,747.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . . . .	38,420.	31,025.	6,508.	887.
9 Other employee benefits . . . . .	66,992.	54,371.	12,532.	89.
10 Payroll taxes . . . . .	108,262.	91,218.	14,976.	2,068.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	7,291.		7,291.	
c Accounting . . . . .	61,275.	22,497.	38,778.	
d Lobbying . . . . .	16,667.	16,667.		
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	482,135.	479,120.	3,015.	
g Other . . . . .	270,918.	212,297.	58,621.	
12 Advertising and promotion . . . . .	131,003.	6,034.	124,969.	
13 Office expenses . . . . .	62,485.	21,808.	40,677.	
14 Information technology . . . . .	41,926.	5,991.	35,935.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	81,224.	5,236.	75,988.	
17 Travel . . . . .	20,424.	2,925.	17,499.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	38,525.	10,888.	27,637.	
20 Interest . . . . .	78,035.	78,035.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	36,473.	2,248.	34,225.	
23 Insurance . . . . .	37,854.	26,419.	11,435.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTING SERVICES -----	91,653.	53,953.	37,700.	
b SPECIAL EVENT EXPENSE -----	81,052.	81,052.		
c DONOR RELATIONS OUTREACH -----	52,107.		36,398.	15,709.
d SPONSORSHIP ACTIVITIES -----	22,385.		22,385.	
e DUES/MEMBERSHIP/SUBSCRIPTION -----	18,865.	348.	18,517.	
f All other expenses -----	67,479.	52,239.	15,240.	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>31,136,035.</b>	<b>30,313,343.</b>	<b>786,192.</b>	<b>36,500.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing . . . . .	612,885.	1	3,686,456.
	2	Savings and temporary cash investments . . . . .	20,960,002.	2	26,252,381.
	3	Pledges and grants receivable, net . . . . .	2,391,754.	3	4,500,564.
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sales or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment: cost basis . . . . .	10a 1,017,011.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 188,559.	832,900.	10c 828,452.
	11	Investments - publicly traded securities . . . . .	156,145,632.	11	101,927,498.
	12	Investments - other securities. See Part IV, line 11 . . . . .		12	
	13	Investments - program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .	1,245,678.	15	1,966,095.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	182,188,851.	16	139,161,446.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	107,802.	17	260,145.
	18	Grants payable . . . . .	320,073.	18	20,000.
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	1,225,148.	23	1,500,000.
	24	Unsecured notes and loans payable. . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	94,428.	25	376,704.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,747,451.	26	2,156,849.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	179,484,280.	27	134,096,704.
	28	Temporarily restricted net assets . . . . .	957,120.	28	2,907,893.
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	180,441,400.	33	137,004,597.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	182,188,851.	34	139,161,446.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c	If "Yes" to lines 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? . . . . .	X	
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? . . . . .		X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		

Name of the organization

Employer identification number

GREATER DES MOINES COMMUNITY FOUNDATION

42-6139033

BUSINESS RELATIONSHIP

PART VI LINE 2

PRESIDENT J BARRY GRISWELL WAS THE FORMER CEO OF PRINCIPAL FINANCIAL GROUP AND BOARD OF DIRECTOR MARY O'KEEFE IS THE CHIEF MARKETING OFFICER OF PRINCIPAL FINANCIAL GROUP.

TEREE CALWELL-JOHNSON IS THE CEO OF OAKRIDGE NEIGHBORHOOD SERVICES, AN ORGANIZATION WHICH HAS RECEIVED GRANTS FROM DONOR FUNDS OF THE COMMUNITY FOUNDATION.

MARK OMAN IS AN EXECUTIVE VP AT WELLS FARGO & CO. WELLS FARGO PROVIDES BANKING AND CUSTODIAL SERVICES TO THE COMMUNITY FOUNDATION.

SIGNIFICANT CHANGES

PART VI LINE 4

THE BYLAWS CHANGED TO ADD THE FINANCE AND DEVELOPMENT COMMITTEES AND TO LEGALLY ADOPT THE NAME COMMUNITY FOUNDATION OF GREATER DES MOINES - WHICH HAD BEEN THE 'DOING BUSINESS AS' NAME.

FORM 990 REVIEW

PART VI LINE 10

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

Name of the organization

Employer identification number

GREATER DES MOINES COMMUNITY FOUNDATION

42-6139033

CONFLICT OF INTEREST POLICYPART VI LINE 12

ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO  
SIGN A STATEMENT THAT HE OR SHE HAS RECEIVED A COPY OF THE CONFLICT OF  
INTEREST POLICY, HAS READ AND UNDERSTOOD IT, HAS AGREED TO COMPLY WITH  
THE POLICY, HAS DISCLOSED ALL POTENTIAL CONFLICTS OF INTEREST, IF ANY,  
AND HAS AGREED TO MAINTAIN CONFIDENTIALITY WITH REGARD TO THE COMMUNITY  
FOUNDATION ACTIVITIES.

DETERMINING COMPENSATIONPART VI LINE 15

THE BOARD AND THE PRESIDENT USE THE COUNCIL ON FOUNDATION'S ANNUAL SALARY  
SURVEY AND LOCAL SALARY INFORMATION TO GAUGE APPROPRIATENESS OF SALARIES.  
THE BOARD APPROVES THE PRESIDENT'S COMPENSATION AND CONDUCTS AN ANNUAL  
PERFORMANCE REVIEW. THE PRESIDENT CONDUCTS OTHER OFFICER AND KEY  
EMPLOYEES' PERFORMANCE REVIEWS AND DISCUSSES THE COMPENSATION WITH THE  
BOARD OR BOARD'S EXECUTIVE COMMITTEE. CURRENTLY, THE PRESIDENT IS NOT  
PAID. NONE OF THE PARTIES ARE RELATED.

GOVERNING DOCUMENTSPART VI LINE 19

THE ORGANIZATION PROVIDES SOME GOVERNING DOCUMENTS ONLINE, AND THE  
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE  
PUBLIC ON REQUEST.

Name of the organization

GREATER DES MOINES COMMUNITY FOUNDATION

Employer identification number

42-6139033

## FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	TOTAL REVENUE	UNRELATED	EXCLUDED
		BUSINESS REV	REVENUE
INTEREST	3,564,419		3,564,419
INCOME FROM SCHEDULE K-1			
ORD BUS AND RENTAL INC	-830,344	-830,344	
INTEREST INCOME	428,731		428,731
ORDINARY DIVIDENDS	671,459		671,459
ROYALTIES	8,548		8,548
NET SHORT-TERM CAP GAIN	-859,820		-859,820
NET LONG-TERM CAP GAIN	1,061,837	-41	1,061,878
NET SECTION 1231 GAIN	39,553		39,553
OTHER PORTFOLIO INCOME	-327,880		-327,880
SEC 1256 CONTRACTS	56		56
OTHER INCOME	626,466		626,466
CHARITABLE CONTRIBUTION	-905		-905
INVESTMENT INT EXP	-392		-392
PORTFOLIO DEDUCTIONS	-251,074		-251,074
OTHER DEDUCTIONS	-74,483		-74,483
FOREIGN TAXES PAID	-47,430		-47,430
	4,008,741	-830,385	4,839,126